



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED

2006 FEB 21 PM 1:20

RECEIVED 2:00 PM
STATE OF IDAHO

1. The name of the limited partnership is:

Taylor Anderson Limited Partnerships

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

1-2-1996

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: March 1, 2006

(Leave blank if effective date is to be date of filing, or specify a future date.)

5. The reason for the cancellation is:

There are no more funds in the Taylor Anderson Limited Partnership and Verda C Anderson is deceased as of Sept 22, 1996. I have no reason to have this Partnership any more.

6. Other matters (optional):

7. Signatures of all general partners: *(I do not have a typewriter)*

Signature Carolyn A Taylor

Typed Name Carolyn A Taylor

Signature Verda C. Anderson by Carolyn A Taylor (mother)

Typed Name Verda C Anderson

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only *is deceased*

g:\corp\forms\lp\forms\cancellation LP.pmf Revised 03/2002

IDAHO SECRETARY OF STATE
02/21/2006 05:00
CK: 1051 CT: 139921 BH: 938003
1 @ 30.00 = 30.00 CANCEL LP # 2

22979