

**FILED EFFECTIVE**

2004 NOV 26 11:10:02

STATE OF IDAHO



# CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

1. The name of the limited partnership is:

JACK T. CROLLARD FAMILY LIMITED PARTNERSHIP

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

NOVEMBER 17, 1997

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 OF THE BUSINESS OF THE LIMITED PARTNERSHIP HAS BEEN CONCLUDED AND ALL GENERAL PARTNERS HAVE AGREED IN WRITING PURSUANT TO I.C. 53-244(3) TO DISSOLVE THE PARTNERSHIP

6. Other matters (optional):

7. Signatures of all general partners:

Signature *Susan J. Matza*

Typed Name SUSAN J. MATZA, SUCC TEE

Signature *Robert C. Crollard*

Typed Name ROBERT C. CROLLARD, SUCC TEE

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 11/26/2004 05:00  
 CK: 3133 CT: 183958 BH: 778589  
 1 @ 38.00 = 38.00 CANCEL LP # 2  
 1 @ 28.00 = 28.00 EXPEDITE C # 3

g:\corp\forms\lp forms\cancellation LP pm6  
 Revised 09/2002

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