



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE
DEC 17 2 50 PM '01

SEC
STILL

1. The name of the limited partnership is: Donald Larson Family Limited Partnership

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

October 24, 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:

The partners have elected to wind up and dissolve.

6. Other matters (optional):

7. Signatures of all general partners:

DLD, Inc., an Idaho corporation

Signature *Donald Randolph Larson*
Typed Name Donald Randolph Larson, President

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp forms\cancellation LP.pmf Revised 1/2001

IDAH0 SECRETARY OF STATE
12/17/2001 05:00
CK: 12746 CT: 75532 DH: 435062
1 @ 30.00 = 30.00 CANCEL LP # 2

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