



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

05 APR 27 AM 10:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

Savage Limited Partnership

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

July 23, 1999

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:

Agreement of partners

6. Other matters (optional):

7. Signatures of all general partners:

Signature _____

Typed Name _____

Nancy J. Barkell

Signature _____

Typed Name _____

NJB as Trustee of Savage Family Trust

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
04/27/2005 05:00
CK: 2045 CT: 4258 BH: 806992
1 @ 30.00 = 30.00 CANCEL LP # 2

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