



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

RECEIVED 13 MAR 9:33

CLERK
IDHO

1. The name of the limited partnership is: Will-O-Dell Farms Limited Partnership (A)

2. The date its certificate of limited partnership was filed with the Secretary of State:
July 17, 1995

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:

Partnership no longer needed

6. Other matters (optional):

7. Signatures of all general partners:

Signature Dale E. Williams

Typed Name Dale E. Williams

Signature Della Ann Williams

Typed Name Della Ann Williams

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/13/2004 05:00
 CK: 9954 CT: 1681 BH: 727325
 1 @ 30.00 = 30.00 CANCEL LP # 2

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

L 2802