



CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

FILED EFFECTIVE

APR 23 AM 8:34

SECRETARY OF STATE
STATE OF INDIANA

1. The name of the limited partnership is:

VALLEY LIMITED PARTNERSHIP

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

5/19/1983

3. This limited partnership [is] [is not] a limited liability limited partnership.

4. The limited partnership having been dissolved and having completed the winding up of business hereby cancels its certificate of limited partnership.

5. Other matters (optional):

6. Signatures of all general partners or remaining limited partners:

Signature *Gary Lindhartsen*
Typed Name GARY LINDHARTSEN

Signature _____
Typed Name _____

Signature _____
Typed Name _____

Signature _____
Typed Name _____

g:\coop\forms\lp\forms\cert of termination.lp.pmd
Revised 07/2006

Secretary of State use only

INDIAN SECRETARY OF STATE
04/23/2010 05:00
CK: 1567 CT: 176112 IN: 1219022
1 @ 30.00 = 30.00 CANCEL LP # 2

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