



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

FEB 23 PM 4:36

STATE OF IDAHO

1. The name of the limited partnership is: James and Martha Coughlin Family Limited Partnership

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

April 11, 2001

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 limited partnership has been dissolved and terminated.

6. Other matters (optional):

7. Signatures of all general partners:

Signature Martha H. Coughlin

Typed Name Martha H. Coughlin

Signature Michael J. Coughlin

Typed Name Michael J. Coughlin

Signature James H. Coughlin

Typed Name James H. Coughlin

Signature _____

Typed Name _____

Secretary of State use only

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

IDAHO SECRETARY OF STATE
02/24/2004 05:00
CK: 25187 CT: 2618 BH: 720904
1 @ 30.00 = 30.00 CANCEL LP # 2

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