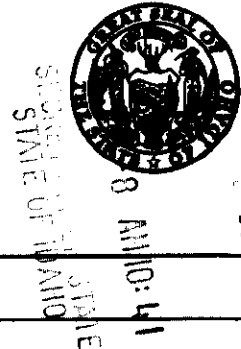


CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

To the Secretary of State of Idaho,
Statehouse, Boise, Idaho 83720



FILED

1. The name of the limited partnership is: _____

Leland J. Jensen Limited Partnership

2. The date on which its certificate of limited partnership was filed with the Secretary of State: 12-30-83; Amended and Restated Certificate filed 12-30-94

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.)

5. The reason for the cancellation is:

The assets of the limited partnership have all been distributed. The debts of the limited partnership have all been paid and the limited partnership has ceased to operate as a limited partnership.

6. Other matters (optional):

7. Signatures of all general partners:

Karen J. Moede
George J. Hallist
Shella J. Porter

Secretary of State use only
IDAHO SECRETARY OF STATE

01/08/1999 09:00
CK: 10637 CT: 2552 BH: 176977

1 @ 38.00 = 38.00 CANCEL LP # 2

L549