



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2006 FEB -6 PM 1:27

SECRETARY OF STATE

1. The name of the limited partnership is:

The Glenn Family Limited Partnership

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

6/4/1999

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:

General Partner elects to dissolve the Limited Partnership as allowed per Section 16.1.c of the Limited Partnership Agreement.

6. Other matters (optional):

7. Signatures of all general partners:

Signature *L. Glenn*

Typed Name L. Glenn

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

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Revised 08/2002

IDAHO SECRETARY OF STATE
02/06/2006 05:00
CK: 2312 CT: 196715 BH: 936342
1 @ 30.00 = 30.00 CANCEL LP # 2

L4078