



# CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

2004 OCT 22 AM 9:11  
STATE OF IDAHO

1. The name of the limited partnership is:

Summit Limited Partnership Three

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

June 10, 1994

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:

Dissolution of Limited Partnership

6. Other matters (optional):

7. Signatures of all general partners:

Signature

Typed Name

Chris Eng, VP, The Summit Group Inc, GP

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

g:\corpforms\lp\_forms\cancellation\_LP.pmf  
Revised 09/2002

IDAHO SECRETARY OF STATE  
10/22/2004 05:00  
CK: 14287 CT: 93804 BH: 772595  
1 @ 38.00 = 38.00 CANCEL LP # 2

L 2467