



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

OCT 15 PM 1:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: The Restated Suzanne Kopke Family Limited Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State:
October 16, 2000
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 partnership is dissolved.

6. Other matters (optional):

7. Signatures of all general partners:
SUZANNE KOPKE TRUST

Signature By:
 Typed Name Suzanne Kopke, Trustee
 Signature Suzanne Kopke TR
 Typed Name _____
 Signature _____
 Typed Name _____
 Signature _____
 Typed Name _____

Secretary of State use only

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

IDAHO SECRETARY OF STATE
 01/15/2003 05:00
 CK: 3820 CT: 88795 DH: 656993
 1 @ 30.00 = 30.00 CANCEL LP # 2

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