



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2004 MAR 16 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: Jon Barnes, L.P.

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

7/26/99

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: 12/31/03

(Leave blank if effective date is to be date of filing, or specify a future date.)

5. The reason for the cancellation is:

Business never had any activity and has been dissolved.

6. Other matters (optional):

7. Signatures of all general partners:

Signature [Signature]

Typed Name Jon Barnes

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

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Revised 1/2001

IDAHO SECRETARY OF STATE
03/17/2004 05:00
CK: 1198 CT: 105145 BH: 733500
1 @ 30.00 = 30.00 CANCEL LP # 2

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