T. EDEFF.CT

CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP



(Instructions on back of application)

CARTARY OF STATE

STATE OF INAMORE

DEAMOND A B

1.	The name of the limited partnership is:AMOND_A	RANCH LIMITED PARTNERSHIP
2.	The date on which its certificate of limited partnership v State:	vas filed with the Secretary of
3.	The limited partnership hereby cancels its certificate of limited partnership.	
4.	The effective date of cancellation, if other than the date	e of filing, is:
5.	The reason for the cancellation is:	(Leave blank if effective date is to be date of filing.)
	Mutual consent of both General Partners	
		OI MAR I 4 AM IO: SECRETARY OF STA
6.	Other matters (optional):	
7.	Signatures of all general partners: Allen D. Ploss Carrie L. Ploss	\$9000-5ECNEFANY-6P-SYANE 93/14/2001 09:00 CK: 2861 CT: 2853 BH: 384589 1 8 30.60 = 38.00 CANCEL LP # 2

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