

234

FILED EFFECTIVE



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

2006 FEB 16 AM 11:24

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited partnership is:

Sandlewood Associates

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

April 7, 1983

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:

Sandlewood Associates was dissolved upon the written consent of all of its partners.

6. Other matters (optional):

7. Signatures of all general partners:

Signature _____

Typed Name SEE ATTACHED

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

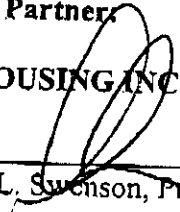
3:\copy\form\lp form\cancellation 1.p ptm
Revised 9/2002

IDAHO SECRETARY OF STATE
02/16/2006 05:00
CK: 729275 CT: 172099 BH: 938223
1 @ 30.00 = 30.00 CANCEL LP # 5

335

General Partner

DBSI HOUSING INC.

By 
Douglas L. Swenson, President