



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2004 JUL 16 AM 8:50
STATE OF IDAHO

1. The name of the limited partnership is: Duane & Donna Van Leuven Limited Partnership

2. The date its certificate of limited partnership was filed with the Secretary of State:
February 25, 1998

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:
Unanimous written consent of Partners

6. Other matters (optional):

7. Signatures of all general partners:

Signature Donna M. Van Leuven

Typed Name Donna M. Van Leuven

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/16/2004 05:00
CK: 9857 CT: 84162 BH: 758719
1 @ 38.00 = 38.00 CANCEL LP # 2

g:\corp\forms\lp\formscancellation LP.pmf Revised 1/2001

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