



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

04 DEC 23 PM 12:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

DED Family Limited Partnership (The)

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

November 6, 1997

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:

Dissolution of the limited partnership

6. Other matters (optional):

7. Signatures of all general partners:

Signature *Doris E. Doty*
Typed Name Doris E. Doty

Signature _____
Typed Name William H. Doty, Sr.

Signature *William H. Doty, Sr.*
Typed Name _____

Signature _____
Typed Name _____

Secretary of State use only

1-3543

IDAHO SECRETARY OF STATE
12/23/2004 05:00
CK: 162 CT: 184624 BH: 783292
1 @ 30.00 = 30.00 CANCEL LP # 2