

FILED EFFECTIVE



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2003 SEP 24 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: The Pearson Limited Partnership

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

May 2, 1994

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:

The General Partner, Michael Lee Pearson, died on November 10, 2002 and the Limited Partners, Steven Pearson and Loren Pearson have agreed to voluntarily dissolve the Partnership.

6. Other matters (optional):

7. Signatures of all general partners:

Signature *Steven L. Pearson*

Typed Name Steven L. Pearson

Signature *Loren H. Pearson*

Typed Name Loren H. Pearson

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp_forms\cancellation LP.pms
Revised 1/2001

IDAHO SECRETARY OF STATE
09/24/2003 05:00
CK: 112 CT: 173157 BH: 703211
1 @ 30.00 = 30.00 CANCEL LP # 2

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