



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(instructions on back of application)

RECEIVED 11/23/01 9:55
STATE OF IDAHO

1. The name of the limited partnership is: _____

O&M Thiessen Family Limited Partnership

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

9/2/1993

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: 12/31/2001

(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 and limited partners of the partnership have agreed to dissolve the family limited partnership and subsequently form a limited liability company with the same interests.

6. Other matters (optional): _____

7. Signatures of all general partners:

Signature _____

Typed Name Merle R. Thiessen

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

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Rev-e, A 1 2001

IDAHO SECRETARY OF STATE
11/23/2001 05:00
CK: 30395 CT: 138062 BH: 431060
1 @ 30.00 = 30.00 CANCEL LP # 2

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