



# CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED EFFECTIVE**

1. The name of the limited partnership is:

SCOTT M. CHANDLER, LP

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

NOVEMBER 9, 2004

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: May 1, 2005

(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 PARTNERSHIP

6. Other matters (optional):

7. Signatures of all general partners:

Signature

*Scott M. Chandler*

Typed Name

SCOTT M. CHANDLER

Signature

*Brenda L. Chandler*

Typed Name

BRENDA L. CHANDLER

Signature

Typed Name

Signature

Typed Name

05 APR 12 AM 8:25  
SECRETARY OF STATE  
STATE OF IDAHO

Secretary of State use only

slump/turnship form/cancellation LP.pmt  
Revised 09/2002

IDAHO SECRETARY OF STATE  
04/12/2005 05:00  
CK: 511485 CT: 172099 BH: 804085  
1 @ 30.00 = 30.00 CANCEL LP # 5

LS 311