



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

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

6. Other matters (optional):

7. Signatures of all general partners:

Signature [Signature]

Typed Name SCOTT M. CHANDLER

Signature [Signature]

Typed Name BRENDA L. CHANDLER

Signature _____

Typed Name _____

Signature _____

Typed Name _____

g:\comp\formship_forms\cancel\cancelation LP.ppt
Revised 09/2002

Secretary of State use only

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