

FILED EFFECTIVE



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2004 JUN 24 AM 9:05
STATE OF IDAHO

1. The name of the limited partnership is: SCHWARZ FAMILY LIMITED PARTNERSHIP
2. The date its certificate of limited partnership was filed with the Secretary of State:
MARCH 29, 1995
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:

Agreement of all Partners to terminate

6. Other matters (optional):

7. Signatures of all general partners:

Signature William M. Schwarz
Typed Name WILLIAM M. SCHWARZ, General Partner

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\forms\lp\forms\cancellation LP.pmf Revised 1/2001

IDAHO SECRETARY OF STATE
06/24/2004 05:00
CK: 8892 CT: 45546 BH: 752163
1 @ 30.00 = 30.00 CANCEL LP # 2

L 2737