



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2004 FEB -5 AM 9:16

STATE OF IDAHO

1. The name of the limited partnership is: Kyle W. Petersen Partnership
 Employer Identification number: 82-0370164

2. The date its certificate of limited partnership was filed with the Secretary of State:
02/10/1986

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 partnership was not profitable and the partners want to dissolve it.

6. Other matters (optional):

7. Signatures of all general partners:

Signature Kyle W. Petersen

Typed Name Kyle W Petersen

Signature Richard Kyle Petersen

Typed Name Richard Kyle Petersen

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State-use only

g:\corp\forms\lp forms\cancellation LP pm6
 Revised 09/2002

IDAHO SECRETARY OF STATE
 02/05/2004 05:00
 CK: 291 CT: 176309 BH: 725744
 1 @ 30.00 = 30.00 CANCEL LP # 2

L1072