



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2005 FILED EFFECTIVE
SECRETARY OF STATE OF IDAHO
NOV 11 AM 8:49

1. The name of the limited partnership is:

Kamman Limited Partnership

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

January 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: _____

(Leave blank if effective date is to be date of filing, or specify a future date.)

5. The reason for the cancellation is:

Discontinuance of business purpose.

6. Other matters (optional):

7. Signatures of all general partners:

Signature *G. Kent Taylor*

Typed Name G. Kent Taylor

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\partnership_forms\cancellation_LP.prm6
Revised 09/2002

IDAHO SECRETARY OF STATE
03/11/2005 05:00
CK: 12792 CT: 153581 BH: 797912
1 @ 30.00 = 30.00 CANCEL LP # 2

L 5146