



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2003 JUL -3 AM 8: 52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: M. E. SPARKS FAMILY LIMITED PARTNERSHIP

2. The date its certificate of limited partnership was filed with the Secretary of State:
JUNE 8, 2001

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: *Marcella E. Sparks*

Signature _____

Typed Name MARCELLA E. SPARKS, General Partner

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

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

IDAHO SECRETARY OF STATE
07/03/2003 05:00
CK: 7327 CT: 45546 BH: 689352
1 @ 30.00 = 30.00 CANCEL LP # 2

L 4676