

FILED EFFECTIVE



CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

08 JAN -7 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

NELSONS, A LIMITED PARTNERSHIP

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

26th of JANUARY, 1987

3. This limited partnership [is] [is not] a limited liability limited partnership.

4. The limited partnership having been dissolved and having completed the winding up of business hereby cancels its certificate of limited partnership

5. Other matters (optional):

6. Signatures of all general partners or remaining limited partners:

Signature Earl D. Nelson
Typed Name EARL D. NELSON

Signature Susie Nelson
Typed Name SUSIE NELSON

Signature Ralph R. Nelson
Typed Name RALPH R. NELSON

Signature _____
Typed Name _____

Secretary of State use only

g:\comp\forms\lp\form\cert of termination lp.pmd
Revised 07/2005

IDAHO SECRETARY OF STATE
01/07/2008 05:00
CK: 1050 CT: 221182 BH: 1093198
1 @ 30.00 = 30.00 CANCEL LP # 2

L1207