

# CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

**FILED/EFFECTIVE**



JAN 19 AM  
STATE OF IDAHO

1. The name of the limited partnership is: ELLINGSEN FAMILY LIMITED PARTNERSHIP
  
2. The date on which its certificate of limited partnership was filed with the Secretary of State: DECEMBER 6, 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: \_\_\_\_\_
  
5. The reason for the cancellation is: \_\_\_\_\_  
(Leave blank if effective date is to be date of filing.)

THE MEMBERS HAVE DETERMINED THAT THE EXISTENCE OF THE COMPANY IS NO LONGER  
NECESSARY FOR THE PURPOSES UNDER WHICH IT WAS FORMED.

6. Other matters (optional):

7. Signatures of all general partners:

Donald A. Ellingsen  
BY DONALD A. ELLINGSEN, GENERAL PARTNER

Leilani A. Ellingsen  
BY LEILANI A. ELLINGSEN, GENERAL PARTNER

Secretary of State use only

IDAHO SECRETARY OF STATE

**01/19/2001 09:00**  
CK: 12151 CT: 14262 BH: 373759

1 @ 30.00 = 30.00 CANCEL LP # 2

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