



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE
2004 DEC 23 PM 5:16
STATE OF IDAHO

1. The name of the limited partnership is:

FLEMING FAMILY PARTNERSHIP LIMITED PARTNERSHIP

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

JANUARY 12, 1998

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 IS NO LONGER FUNCTIONING AND HAS BEEN DISSOLVED.

6. Other matters (optional):

7. Signatures of all general partners:

Signature Bill Charles Fleming

Typed Name BILL CHARLES FLEMING

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

L3648

IDAHO SECRETARY OF STATE
12/23/2004 05:00
CK: 3011 CT: 4894 BH: 783262
1 @ 30.00 = 30.00 CANCEL LP # 2