

CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

FILED EFFECTIVE

7075 OCT -5 AN 9: 16

STATE OF STATE

1.	The name of the limited partnership is:	
-	Drug Store Limited Partnership (L1341)	
2. T h	ne date its certificate of limited partnership was filed with the Secretary of State:	
3. T h	nis limited partnership [□ is] [⊡ is not] a limited liability limited partnership.	
4. Th	ne limited partnership having been dissolved and having completed the winding up of usiness hereby cancels its certificate of limited partnership.	
5. O	ther matters (optional):	
6. Si	ignatures of all general partners or remaining limited partners:	
Signa		
Туре	d Name Don R. Atkinson, GP	
Signa	ature	
Туре	ed Name Secretary of State use only	
Signa	ature	
Туре	ed NameIDAHO SECRETARY OF STI	
Signa	Secretary of State use only atture ed Name 10AHD SECRETARY OF STI 10/05/2006 05 10/05/2006 05 CK: 132316 CT: 285153 BH atture	: 9
-	ed Name	_ •

L 1341