



# CERTIFICATE OF TERMINATION OF LIMITED PARTNERSHIP

(instructions on back of application)

## FILED EFFECTIVE

2006 OCT -5 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited partnership is:

Drug Store Limited Partnership (L1341)

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

11/20/1987

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

Typed Name

Don R. Atkinson, GP

Signature

\_\_\_\_\_

Typed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Typed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Typed Name

\_\_\_\_\_

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Revised 07/2006

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/05/2006 05:00  
CK: 132316 CT: 205153 BH: 978763  
1 @ 30.00 = 30.00 CANCEL LP # 2

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