



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED/EFFECTIVE

01 SEP -6 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: APPLE GROVE LIMITED
PARTNERSHIP

2. The date its certificate of limited partnership was filed with the Secretary of State:
12/03/93

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:
Cessation of Business

6. Other matters (optional):

7. Signatures of all general partners:
Signature [Signature]
Typed Name LYNN J. LEVY
Signature [Signature]
Typed Name JOANN LEVY
Signature _____
Typed Name _____
Signature _____
Typed Name _____

g:\corp\forms\lp forms\cancellation LP.pmf
Revised 1/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
09/06/2001 05:00
CK: 1885 CT: 158942 BH: 417731
1 @ 38.00 = 38.00 CANCEL LP # 2

L 2312