



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

03 JUL -9 PM 3:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is: Historic Home Partners I Limited
Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State:
August 21, 1989
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: Changed to a limited liability
partnership.
6. Other matters (optional):

7. Signatures of all general partners:

Signature _____

Typed Name Greg Luce

Signature _____

Typed Name James R. Tomlinson

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/09/2003 05:00
CK: 25102 CT: 4643 BH: 698221
1 @ 30.00 = 30.00 CANCEL LP # 2

L1588