



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED

2005 DEC -1 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited partnership is:

REYNOLDS FAMILY LIMITED PARTNERSHIP I

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

12/29/1994

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: 12/31/2005

(Leave blank if effective date is to be date of filing, or specify a future date.)

5. The reason for the cancellation is:

Death of General Partner

6. Other matters (optional):

7. Signatures of all general partners:

Signature

Lowen r Reynolds

Typed Name

Lowen r Reynolds

Signature

Typed Name

Signature

Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
12/01/2005 05:00
CK: 5685 CT: 103679 BH: 924548
1 @ 30.00 = 30.00 CANCEL LP # 3

g:\corpforms\lp forms\cancellation LP.pmf
Revised 09/2002

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