

CANCELLATION OF STATEMENT OF QUALIFICATION OF 21 Amg. 09 LIMITED LIABILITY PARTNERS HIP....

(Instructions on back of application)

STATE OF I	AL STATE
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J1987

To the Secretary of	State of Idaho
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Pursuant to the provisions of Sec. 53-3-1001(e) and Sec. 53-3-105(c), Idaho Code, the undersigned limited liability partnership states that it hereby cancels its statement of qualification as a limited liability partnership and for that purpose submits the following statement:

1.	The name of the limited liability partnership is:
2.	The name which it used in Idaho is: FILL ETC.
3.	It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the limited liability partnership at the address listed in item 4 below.
4.	The post office address to which process against the limited liability partnership may be mailed is
Sig	nature of at least 2 partners:
1) Type	ed Name Sherrie Oldenburg Secretary of State use only
3)	ed Name Paula M. Barnard ed Name Barnard Barna