

FILED EFFECTIVE

234



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

1. The name of the limited partnership is: Jonathan's Limited Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State:
July 22, 2002
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:

Pursuant to I.C. 53-210, cancellation is sought because a change of business plan has caused dissolution and winding up of this entity.

6. Other matters (optional):

7. Signatures of all general partners:

Signature *John W. Sanders*Typed Name John W. Sanders

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\compliance\lp form\cancelation LP pms
Revised 12/2001

IDAHO SECRETARY OF STATE
05/06/2003 05:00
CK: none CT: 1116 BH: 678994
1 @ 30.00 = 30.00 CANCEL LP # 2

L4896