

FILED EFFECTIVE



CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

2004 NOV -4 AM 9:13

STATE OF IDAHO

1. The name of the limited partnership is:

Lindencreek L.P.

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

February 14, 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 written Termination Agreement.

6. Other matters (optional):

7. Signatures of all general partners:

Signature Nancy B. Murphy

Typed Name Nancy B. Murphy

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Signature _____

Typed Name _____

Secretary of State use only

g:\corp\partnership forms\cancellation LP pm6 Revised 09/2002

IDAHO SECRETARY OF STATE
11/04/2004 05:00
CK: 9116 CT: 157328 BH: 774943
1 @ 30.00 = 30.00 CANCEL LP # 2

L4817