



# CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

FILED EFFECTIVE

(Instructions on back of application)

APR 29 AM 8:37

STATE OF IDAHO

STATE OF IDAHO

1. The name of the limited partnership is: The Cone Family Limited  
Partnership
2. The date its certificate of limited partnership was filed with the Secretary of State:  
June 8, 2000
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: N/A  
(Leave blank if effective date is to be date of filing, or specify a future date.)
5. The reason for the cancellation is:  
Dissolution required pursuant to the Limited Partnership Agreement.
6. Other matters (optional):
7. Signatures of all general partners:
 

Signature	<u>Randall Lee Cone</u>
Typed Name	<u>Randall Lee Cone</u>
Signature	_____
Typed Name	<u>Louisa Ann Cone</u>
Signature	<u>Louisa Ann Cone</u>
Typed Name	_____
Signature	_____
Typed Name	_____

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/29/2003 05:00  
CK: 20411 CT: 169556 BH: 677459  
1 @ 30.00 = 30.00 CANCEL LP # 2

g:\corp\forms\lp\forms\cancellation LP.pmf  
Revised 1/2001

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