Requested By: I R S	SD
Recording Requested by: Name: Tolern Verland Service Address: PD Box 145695 5top #8240-6 City/State/Zip: Telem 206 Cincinned, OH 45250-5595 When Recorded Mail to:	
Name: Address: City/State/Zip:	-
Mail Tax Statement to: Name: Address: City/State/Zip:	
Notice of Federal Tax Lien (Title of Document)	
Please complete Affirmation Statement below: I the undersigned hereby affirm that the attached document, including any exhibits, hereby	
submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030) -OR-	
I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 201, 5, 7, 133 (f) (3) (1) (3) (1) (3) (4) (4) (5) (5) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Print Signature	
This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4. This cover page must be typed or printed in black ink. (Additional recording fee applies)	

15.00 0.00

1075

Department of the Treasury - Internal Revenue Service

Form 668 (Y) (Rev. February 200		Notice of Federal Tax Lien					
Area: SMALL BUSINESS/SELF EMPLOYED AREA #6 Lien Unit Phone: (800) 913-6050			Serial Number	For Option	nal Use by Recording Office		
Code, we are have been a demand for there is a lie property be	e giving a notice ssessed against to payment of the in favor of the longing to this t	that taxes (inclu he following-nam is liability, but it e United States o axpayer for the a	23 of the Internal Rading interest and perest and perest and perest and remains unpaid. The nall property and rimount of these tax may accrue. a Corporation	nalties) e made erefore, ghts to es, and			
Name of Taxp	ayer AFFORDAE INC	BLE LAWN CAR	E & SNOW REMOV	AL	<u> </u>		
unless notice	NT RELEASE INE of the lien is refile following such date	NE, NV 89449 CORMATION: For the data given	-6142 reach assessment listed in column (e), this notice trificate of release as	ce shall,			
Kind of Tax (a)	Tax Period Ending (b)	Identifying Num	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)		
940 941	12/31/2005 12/31/2005	68-061006 68-061006	3 04/10/2006	05/10/2016 05/10/2016	466.97 367.66		
/ /			_//				

DENVER, CO This notice was prepared and signed at , on this,

28th day of September 2006

2 Of 0690455 Page:

Total

\$

1206 BK-3547 PG-12/12/2006

834.63

Signature

Place of Filing

COUNTY RECORDER

DOUGLAS COUNTY MINDEN, NV 89423

Title REVENUE OFFICER

26-07-3730

for KELLY GURNEY

(775) 325-9334