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OFFICIAL RECORD APN# Requested By: IRS Recording Requested by: Douglas County - NV Werner Christen - Recorder Name: Totorni Devenue. 2 Address: 00 Boy 145595 BK-1206 PG- 6937 RPTT: City/State/Zip: Terion Cincinnati, OH 4 When Recorded Mail to: Name: Address: (for Recorder's use only) City/State/Zip: Mail Tax Statement to: Name: Address: City/State/Zip: Certificate of Kelense of -ederal Tax Lien (Title of Document) Please complete Affirmation Statement below: L 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) 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 .5.C. 16323(4)/3) 4 Treas. Rea. 301.6323 (f) -1(d) (State specific law) 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

Form 668 (Z)

3362

Department of the Treasury - Internal Revenue Service

Contificate of Dolones of Endoyal Tax Lion

(Rev. 10-2000)		Certificate of	Release of re	ederai Tax Lie		
Area:			al Number	For Us	For Use by Recording Office	
IAGE & INVESTMENT AREA #4 ien Unit Phone: (800) 913-6050			869834519		\wedge	
		expayer, under the requir				
		satisfied the taxes list vided by Code section		- I	\ \	
		proper officer in the c			\ \	
	tax lien was filed	- ·			\ \	
		te the books to show	the release of this	lien for	\ \	
these taxes and	additions.				\ \	
Name of Taxpay BELTRAN VEI	er LASQUEZ				7	
Residence PO E		NT 99410 0077				
GARL	MERVILLE,	NV 89410-0073				
		RECORDING INFO	ORMATION:	/ /		
Liber Page		Serial No.				
0698 6353	3 n/a	0443017	/ /	//		
Kind of Tax	Tax Period Ending	Identifying Number	Date of	Last Day for	Unpaid Balance of Assessment	
(a)	ciding (b)	(c)	Assessment (d)	Refiling	(f)	
	12/31/1996	88-0225079	03/10/1997	04/09/2007	703.80	
	06/30/1997	88-0225079	09/15/1997	10/15/2007	1387.20	
	09/30/1997	88-0225079	12/08/1997	01/07/2008	1834.48	
	L2/31/1997	88-0225079 *******	03/23/1998	04/22/2008	1240.06	
Place of Filing		^				
\		Y RECORDER		+	L 5165 54	
\ \		AS COUNTY N, NV 89423		Total	\$ 5165.54	
+	HINDE	NV 35423	<u> </u>			
This notice was	prepared and si	gned atRe	eno, NV		, on this,	
					BK- 1206	
the 01st	_day of _Octo	ber , 2003.	 069109	99 Page: 2	PG- 6938 Of 2 12/19/2006	
Signature /	R. A. Mi	tchell	Title Dire	ector, Campus rations	s Compliance	

CAT. NO 600261