APN#_None	DOC # 0694809 02/12/2007 11:48 AM Deputy: GB OFFICIAL RECORD Requested By:				
Recording Requested by:	UNITED STATES GOVERNMENT/IRS				
Name: Toternil Parine Service	Douglas County - NV Werner Christen - Recorder				
Address: 00 Box 145595 Stop# 8240-6	- · · · · · · · · · · · · · · · · · · ·				
City/State/Zip: Team 200 Cincinnati, OH 45250-5545	Page: 1 Of 2 Fee: 15.00 BK-0207 PG-3558 RPTT: 0.00				
CINCUNIATI, OH 45250-5545	l Jabili Brite Bilin Jeju bigal igili adhe leu Jeel				
When Recorded Mail to:	i ibain Bain alina ibin Mari Ibih baila isi isal				
Name:	\\\				
Address:City/State/Zip:	(for Recorder's use only)				
City/State/Zip.					
Mail Tax Statement to:					
Name:					
Address:					
City/State/Zip:					
· Certificate of Release of Federal Tax Lien					
(Title of Document)					
Please complete Affirmation Statement below:					
1 the undersigned hereby affirm that the attached document, including any exhibits, hereby					
submitted for recording does not contain the social security number of					
NRS 239B.030)	any paositra et parsoner (t et				
· \ \ -OR- \					
I the undersigned hereby affirm that the attached document, in	cluding any exhibits, hereby				
submitted for recording does contain the social security number of a person or persons as required by law: 16 U.5.C. 10323(+)(3) + IVC05. Req. 301.6323(+) -1(d)					
(State specific law)					
$ \mathcal{Q}_{\mathcal{M}} \mathcal{M}_{\mathcal{M}}$					
Signature Title	eger.				
I AA I					
L. Vilinnich					
Print Signature					
This page added to provide additional information required by NRS 111.312 S and NRS 239B.030 Section 4.	Sections 1-2				
This cover page must be typed or printed in black ink. (Add	itional recording fee applies)				

15.00 0.00

12479

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

(Rev. 10-2000)		Certificate of	Release of Fe	ederal Lax Lie	en	
Area:			rial Number	For Us	For Use by Recording Office	
WAGE & INVESTMENT AREA #4 Lien Unit Phone: (800) 913-6050			860279714		^	
I certify that the of the Internal additions. The additions has internal revenue.	ne following-named to I Revenue Code has erefore, the lien pro been released. The ue tax lien was filed , is authorized to no	axpayer, under the requestions at is field the taxes list vided by Code sections proper officer in the	ted below and all stands 16321 for these tax office where the no	atutory es and tice of		
Name of Taxp JOHN K CA	ayer RROLL				$\neg 1$	
Residence PO STA	ATELINE, NV					
	COURT ge UCC No. 46 n/a	RECORDING INF Serial No. 0546773	FORMATION:			
Kind of Tax	Tax Period Ending (b)	Identifying Numbe	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)	
1040	12/31/1993	-2844	06/06/1994	07/06/2004	1972.06	
1040 1040	12/31/1994 12/31/1995	2844 -2844	11/26/2001 09/03/2001	12/26/2011 10/03/2011	11344.85 8178.97	
		********		*****	****	
Place of Filing	COUN' DOUGI	TY RECORDER LAS COUNTY EN, NV 89423		Total	\$ 21495.88	
This notice w	as prepared and si	gned at F	Reno, NV		, on this,	
		1ary , 2007.	069480	9 Page: 2 (BK- 0207 PG- 3559 Of 2 02/12/2007	
Signature R. A. Wutchell Title Director, Campus Compliance Operations						