Recording Requested by: Name: The Mile Paralle Struce Address: Many 145915 Struct City/State/Zip: Telim 1/4 Cingling Atj. CH 45250-5595 When Recorded Mail to: Name: Address: City/State/Zip: Mail Tax Statement to: Name: Address: City/State/Zip: Mail Tax Statement to: Name: Address: City/State/Zip: Please complete Affirmation Statement below: Please complete Affirmation Statement below: Please complete Affirmation Statement below: OR- 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- The undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of a person or persons as required by law: 16 U.S.C. (63231+1/3) + 11C05. Req. 301.6323 (f) - 1 (d) Signature Title Pong: 1 of 2 Peec: Necords: Page: Bay: Of Peec Necords: Sue only) Correction of the page: Page: 1 of 2 Peec: Page: 2 Peec:	APN#_NONE	DOC # 0694869 02/13/2007 09:22 AM Deputy: OFFICIAL RECORD Requested By: IRS
Address: City/State/Zip:	Name: Totelon Paralle. Service Address: DOBOY 145595 Stop#8240-6 City/State/Zip: Team 206 Cincinnati, OH 45250-5595 When Recorded Mail to:	Werner Christen - Recorder Page: 1 Of 2 Fee: 15
Name: Address: City/State/Zip: 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 submitted for recording does contain the social security number of a person or persons as required by law: 1604.50. (233/4)/3) + 1805. Reg. 301.6323 (f) - 104 Signature Title	Address:	(for Recorder's use only)
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: 16 4.5.0, 16323(+)/3) + 1805. Reg. 301.6323 (+) -1(4) Signature Title Title	Name:Address:	
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: 160.5.0, 16323(+)/3) + 1605. Reg. 30(.6323(+) - 100) Signature Title	(Title of Document)	
submitted for recording does contain the social security number of a person or persons as required by law: 16 U.S.C., 10323(+)/3) + Treas. Reg. 301.6323(+) - 1(d) (State specific law) Signature Title	I the undersigned hereby affirm that the attached document, in submitted for recording does not contain the social security number of a NRS 239B.030)	cluding any exhibits, hereby
Print Signature	submitted for recording does contain the social security number of a per law: 16 U.S.C. (0323(+)(3) + 1805. Reg. 30((State specific law)	rson or persons as required by
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)	This page added to provide additional information required by NRS 111.312 S and NRS 239B.030 Section 4.	

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Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

(Rev. 10-2000)		Certificate o	i vetease of L	euciai Iax Liv	711
Area: SMALL BUSINE Lien Unit Phone	SS/SELF EMPLO ::(800) 913-60	YED AREA #6	erial Number	For Us	e by Recording Office
I certify that the of the Internal I additions. Ther additions has b internal revenue	following-named to Revenue Code has refore, the lien pro- een released. The tax lien was filed is authorized to no	expayer, under the requestion satisfied the taxes I wided by Code section proper officer in the on	uirements of section 6 isted below and all ston 6321 for these taxe office where the no 03 with the release of this	atutory es and otice of	
Name of Taxpa GREGORY YO 611 OLUA S	RK & SHARON	HENNESSY-YO	RK		\neg
Residence PO 1 MINI Liber Pag 0602 001	COURT TE UCC NO.	RECORDING IN			
Kind of Tax	Tax Period	Identifying Numb	Date of Assessment	Last Day for Refiling	Unpaid Balance of Assessment (f)
*****	12/31/1989		06/08/1992	07/08/2002	27301.42
Place of Filing	DOUGL	Y RECORDER AS COUNTY N, NV 89423		Total	\$ 27301.42
	s prepared and sign			Page: 2 Of	, on this, BK- 0207 PG- 3917 2 02/13/2007
Signature	R. A. Mi	tchell	Title Dir Ope	ector, Campus rations	S Compliance