APN# NOME.	OFFICIAL RECORD Requested By: IRS
Recording Requested by: Name: Internal Veneral Service Address: Do Box 115605 6to 0# Charles	Douglas County - NV Werner Christen - Recorder Page: 1 Of 2 Fee: 15.00 BK-0207 PG-6186 RPTT: 0.00
Address: Po Box 145695 Stop#8240-G City/State/Zip: Illiam 206 Lincinnati, OH 45250-5595 When Recorded Mail to:	
Name:Address:	(for Recorder's use only)
Mail Tax Statement to: Name:	
Address: City/State/Zip:	
Notice of Federal (Title of Document)	Tax Lien
Please complete Affirmation Statemen	nt below:
I the undersigned hereby affirm that the attached document, submitted for recording does not contain the social security number of NRS 239B.030) -OR-	197
I the undersigned hereby affirm that the attached document, submitted for recording does contain the social security number of a recording the social security number of a recording does contain the security numbe	person or persons as required by
(State specific law) Signature Title	11.1623(+)-1(d)
Print Signature	
This page added to provide additional information required by NRS 111.312 and NRS 239B.030 Section 4.	Sections 1-2
This cover page must be typed or printed in black ink. (Ad	ditional recording fee applies)

0.00

Department of the Treasury - Internal Revenue Service

Form 668 (Y)(c)

(Rev. February 2004	4)	Notice of Federal Tax Lien					
Area: SMALL BUSINESS/SELF EMPLOYED AREA #6 Lien Unit Phone: (800) 913-6050			ial Number	For Option	tional Use by Recording Office		
Code, we are have been as a demand for there is a lie property be	e giving a notice ssessed against the payment of the in favor of the longing to this t	that taxes (including that taxes (including the following-named take liability, but it reme United States on all axpayer for the amou, and costs that may	interest and per expayer. We have ains unpaid. The property and rig int of these taxe	nalties) e made refore, ghts to			
Name of Taxp	ayer SCOTT RE	MINGTON			\supset		
Residence	P O BOX STATELIN	2231 IE, NV 89449-22	31				
unless notice	of the lien is refile following such dat	ORMATION: For each do by the date given in come, operate as a certific	olumn (e), this notic	e shall,			
Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)		
6702 6702	12/31/2004 12/31/2005	XXX-XX-3328	11/06/2006 11/06/2006	12/06/2016 12/06/2016	500.00 500.00		
Place of Filing	COUNTY DOUGLA	RECORDER S COUNTY , NV 89423		Total	\$ 1000.00		
This notice wa	as prepared and s	signed atDE	NVER, CO		, on this,		
the06t		oruary , 2007	0695305	Page: 2 Of	BK- 0207 PG- 6187 2 02/20/2007		
Signature for J. JO	1	itchell		OFFICER 25-9332 x269	26-10-2369		