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APN# NOME	OFFICIAL RECORI Requested By: I R S
Recording Requested by: Name: Internal Verland Service Address: Po Pox 145595 Stop #8240-6 City/State/Zip: Ilam 206 Cincinvati, OH 45250-5595 When Recorded Mail to: Name: Address:	Douglas County - NV Werner Christen - Recorde Page: 1 Of 2 Fee: BK-0307 PG-7594 RPTT:
City/State/Zip:	(10) Recorder 3 dis diny)
Mail Tax Statement to: Name: Address: City/State/Zip:	
(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- I the undersigned hereby affirm that the attached document, in the social security number of NRS 239B.030)	f any person or persons. (Per
submitted for recording does contain the social security number of a p law: 26 1/5, (1, 1, 13) 3 1/1/205, Reg. 30 (State specific law) Signature Title	rerson or persons as required by (3.63)
Print Signature	
This page added to provide additional information required by NRS 111.312 and NRS 239B.030 Section 4. This cover page must be typed or printed in black ink. (Ad	Sections 1-2 ditional recording fee applies)
time correct page inner on typed of printed in black link. (Ad	unional recording fee applies)

15.00 0.00

Department of the Treasury - Internal Revenue Service

(Rev. February 2004	Notice of Enderal Lay Lien				
	STMENT AREA #ne: (800) 829-7	4	al Number	For Option	al Use by Recording Office
Code, we are have been as a demand fo there is a lie property bel	e giving a notice ssessed against to r payment of the in in favor of the longing to this t	1, 6322, and 6323 of that taxes (including the following-named tails liability, but it reme to the limited States on all axpayer for the amous, and costs that may	interest and pe expayer. We have ains unpaid. The property and ri int of these tax	nalties) e made erefore, ghts to	
Name of Taxp	ayer JAMES A	JUNKER			\neg
Residence	PO BOX GENOA, I	776 NV 89411-0776			
unless notice	of the lien is refile following such da	FORMATION: For each ed by the date given in co te, operate as a certific	lumn (e), this notic	ce shall,	
Kind of Tax	Tax Period Ending (b)	Identifying Number	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/2003	XXX-XX-5618	05/01/2006	05/31/2016	14450.94

1040	12/31/2003	XXX-XX-5618 05/01/	/2006 05/31	/2016	14450.94
					· .
Place of Filing					
	DOUGLA	RECORDER S COUNTY , NV 89423		Total	\$ 14450.94

NILLIDEN, NV 03123		
This notice was prepared and signed atDEI	NVER, CO	, on this,
the 13th day of March 2007	0697645 Page: 2 Of 2	BK- 0307 PG- 7595 03/23/2007
Signature R. A. Mitchell for R. RAY JOHNSON	Title ACS (800) 829-7650	14-00-0000
MOTE O CO.	notice and the second section of Mation	of Endored Tay lian