|  | APN# None   | DOC # 0697856<br>03/28/2007 09:23 AM Deputy: PK<br>OFFICIAL RECORD<br>Requested By:<br>IRS        |  |  |
|--|---|---|--|--|
|  | Recording Requested by: Name: Triferry   Devenue. Service Address: DD Boy 145595 Strott 8240-6 City/State/Zip: Team 206   | Douglas County - NV Werner Christen - Recorder Page: 1 Of 2 Fee: 15.00 BK-0307 PG-8724 RPTT: 0.00 |  |  |
|  | Cincinnati, CH 45250-5595 When Recorded Mail to:  |   |  |  |
|  | Name: Internal Revenue Service Address: P.O. Box 145595, Stop 8420-G City/State/Zip: Cincinnati, OH. 45250-5595   | ( for Recorder's use only )   |  |  |
|  | Mail Tax Statement to: Name:  | (2)   |  |  |
|  | Address: City/State/Zip:  |   |  |  |
| Certificate of Release of Federal Tax Lien   |   |   |  |  |
| 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 NRS 239B.030)  -OR-  | fany person or persons. (Per  |  |  |
|  | I the undersigned hereby affirm that the attached document, i submitted for recording does contain the social security number of a p law: 7(p, (1, 5, (1), 10, 2), 3, (1), 4, 172, 6, 172, 6, 3, 182, 182, 182, 182, 182, 182, 182, 182 | erson or persons as required by   |  |  |
|  | law: 1/0 U. 5. C. 10323 (+) (3) + 1805. Reg. 30 (State specific law)  Signature  Title  | ager.   |  |  |
|  | 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. (Add   | ditional recording fee applies)   |  |  |

## Form 668 (Z)

12414 Department of the Treasury - Internal Revenue Service

## Certificate of Release of Federal Tax Lien

| (Rev. 10-2000)   | Certifica  | ite of Release of   | i tederal rax bi                          |  |  |
|--|--|---|---|--|--|
| Area:  | I / CEL E EMPLOYED ADDA  | Serial Number   |   | For Use by Recording Office            |  |
| Lien Unit Phone: (   | S/SELF EMPLOYED AREA # 800) 913-6050   |   | 250214605                                 |  |  |
| of the Internal Rev<br>additions. Therefo<br>additions has beer<br>internal revenue ta | llowing-named taxpayer, under venue Code has satisfied the ore, the lien provided by Code n released. The proper office ax lien was filed onO authorized to note the books dditions. | taxes listed below and a<br>e section 6321 for these<br>er in the office where th<br>october 10 | all statutory<br>taxes and<br>e notice of |  |  |
| Name of Taxpayer<br>ALLEN HENRY  |  |   |   | $\neg 1$                               |  |
| Residence PO BO<br>ZEPHY<br>Liber Page<br>1005 3692                                    | TR COVE, NV 89448-   | NG INFORMATION:<br>No.  |   |  |  |
| Kind of Tax  | Tax Period Ending (b) Identifying  | 76  | Last Day for Refiling                     | Unpaid Balance<br>of Assessment<br>(f) |  |
| 1040 12  |  | 3244 07/18/20   | 05 08/17/2015                             | 16695.60                               |  |
|  |  |   |   |  |  |
| Place of Filing  | COUNTY RECORD<br>DOUGLAS COUNT<br>MINDEN, NV 89  | ΓY  | Total                                     | \$ 16695.60                            |  |
| This notice was p  | repared and signed at  | DENVER, CO  |   | , on this,                             |  |
| the 14th   | day of March , 2   | 2007<br>0697856   | Page: 2 Of                                | BK- 0307<br>PG- 8725<br>2 03/28/2007   |  |
| Signature K  | A. Mitchell  | Title I   | Director, Campu<br>Operations             | s Compliance                           |  |
| /NOTE: Considir  | and of officer quality at the terms  |   | not pagestial to the scalidity.           | of Cortificate of Polesce of           |  |

CAT. NO 600261