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| APN# None | DOC # 0698352 04/02/2007 10:33 AM Deputy: OFFICIAL RECORD Requested By: IRS |
| Recording Requested by: | |
| Name: Troferma Despire Service. | Douglas County - NV Werner Christen - Recorder |
| Name: Triterry DARNUE SPRINCE Address: DO Boy 145595 Strott 8240-6 | Page: 1 Of 2 Fee: 1. |
| City/State/Zip: Team 200 | BK-0407 PG-0123 RPTT: |
| Cincinnati, CH 45250-5595 | i immili maika akila kalan kalan kilah alika ikan k |
| When Recorded Mail to: | . • • • • • • • • • • • • • • • • • • • |
| Name: Internal Revenue Service | \ \ |
| Address: P.O. Box 145595, Stop 8420-G | (for Recorder's use only) |
| City/State/Zip: Cincinnati, OH. 45250-5595 | (TOT ROCATION S 45E ONLY) |
| out, ballo, zip. | (7) |
| Mail Tax Statement to: | |
| Name: | |
| Address: | |
| City/State/Zip: | |
| Certificate of Release of Fer (Title of Document) Please complete Affirmation Statemen | |
| I the undersigned hereby affirm that the attached document, in | ncluding 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, in | · · |
| submitted for recording does contain the social security number of a per law: 10 U.S.C. 10323(+)(3) + 17005. Reg. 30 | erson or persons as required by (6393 (f) - 1 (d) |
| (State specific law) | 3022 |
| Signature Title | |
| 1 107. | |
| Print Signature | |
| Print Signature | |
| This page added to provide additional information required by NRS 111.312 and NRS 239B.030 Section 4. | Sections 1-2 |

(Additional recording fee applies)

This cover page must be typed or printed in black ink.

15.00 0.00

12414

Department of the Treasury - Internal Revenue Service

| orm | 668 | (Z) | |
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(Rev. 10-2000)

Certificate of Release of Federal Tax Lien

| Area: | Serial Number | For Use by | Recording Office |
|--|---|---------------------|-------------------------------------|
| SMALL BUSINESS/SELF EMPLOYED AREA #6 ien Unit Phone: (800) 913-6050 | 263977305 | | Λ |
| I certify that the following-named taxpayer, under the of the Internal Revenue Code has satisfied the tax additions. Therefore, the lien provided by Code is additions has been released. The proper officer internal revenue tax lien was filed on Decode 1005, is authorized to note the books to these taxes and additions. Name of Taxpayer MARK H & STEPHANIE C WAGGONER | xes listed below and all statutory section 6321 for these taxes and in the office where the notice of cember 27 | \ | |
| Residence 2745 CLAPHAM LN MINDEN, NV 89423-9235 COURT RECORDING | INFORMATION: | | |
| Liber Page UCC No. Serial 1 1205 11651 n/a 0664387 | No. | | |
| Kind of Tax Tax Period Identifying No. (c) (c) | umber Date of Last Assessment I | Day for Refiling | Unpaid Balance of Assessment |
| 1040 12/31/1995 -1 | 691 12/28/1998 01/ 691 09/29/1997 10/ | 27/2009 29/2007 | 1961.34 17026.02 |
| | | | • |
| Place of Filing COUNTY RECORDE DOUGLAS COUNTY MINDEN, NV 894 | • | Total \$ | 18987.36 |
| This notice was prepared and signed at | DENVER, CO | | , on this, |
| the 21st day of March , 20 | 007. 0698352 P | age: 2 Of | BK- 0407 PG- 124 2 04/02/2007 |
| Signature R. A. Mitchell | Title Director Operation | r, Campus C ons | ompliance |

CAT. NO 600261