

APN# NA

CARRIER # 05950

Recording Requested By:

Name: Department of Motor Vehicle
Motor Carrier - Revenue

Address: 55 Wright Way
City/State/Zip: Carson City, NV 89711

When Recorded Mail to:

Name: Department of Motor Vehicle
Motor Carrier - Revenue

Address: 55 Wright Way
City/State/Zip: Carson City, NV 89711

Mail Tax Statement to:

Name: _____
Address: _____
City/State/Zip: _____

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 0.00
BK-0409 PG-0006 RPTT: 0.00



LIEN
(Title of Document)

Please complete Affirmation Statement Below:

I the undersigned herby affirm that the attached document, including any exhibits, herby submitted for recording does not contain the personal information of any person or person. (Per NRS 239B.030

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, herby submitted for recording does contain the personal information of a person or persons as required by law:

(State specific law)

Cara O'Keefe
Signature

Revenue Officer II
Title

Cara O'Keefe, Revenue Officer II

Printed Name

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)

CARRIER NO: # 05950
ASSESSORS PARCEL NO: #NA

When Recorded Mail to:
Department of Motor Vehicles
Motor Carrier Division
Attention: Revenue Unit
555 Wright Way
Carson City, NV 89711

CERTIFICATE OF TAX, FEE OR ASSESSMENT DUE
(Pursuant to NRS 481.081)

THE STATE OF NEVADA, DEPARTMENT OF MOTOR VEHICLES, hereinafter referred to as Department, hereby certifies that

ERNEST CHAPMAN
DBA ALLSTATE TRUCKING LLC

is liable to the State of Nevada for amounts due from and required to be paid under the provisions of Chapter 366 of the Nevada Revised Statutes, in the amount of \$150.00, plus interest at the rate of 1% per month from March 31, 2009, until paid in full; that the address of Ernest Chapman dba Allstate Trucking LLC as it appears on the records of the Department is:


400 DORLA COURT #197
ZEPHYR COVE, NV 89448

and that the Department has complied with all provisions of Chapter 366 of the Nevada Revised Statutes, when applicable, in the determination of the amounts required to be paid.

IN WITNESS THEREOF, the Department has caused this Certificate to be executed.

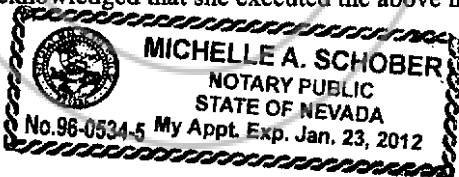
DATE: March 27, 2009

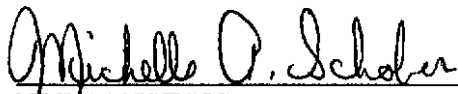
STATE OF NEVADA
DEPARTMENT OF MOTOR VEHICLES

By: 
Cara O'Keefe, Revenue Officer II
Motor Carrier Division

STATE OF NEVADA)
) ss.
CARSON CITY)

On the 27th day of March, 2009, Cara O'Keefe, personally appeared before a notary public, who acknowledged that she executed the above instrument.




NOTARY PUBLIC
My commission expires: _____