_ _ * _ . Form 668 (Z)

(Rev. 10-2000)

1872

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

For Use by Recording Office Serial Number Area: BUSINESS/SELF EMPLOYED AREA #4 SMALL Lien Unit Phone: (800) 913-6050 247031805 I certify that the following-named taxpayer, under the requirements of section 6325 (a of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of September 19 internal revenue tax lien was filed on _ 2005 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer
D & L WOOD PRODUCTS INC , a Corporation Residence 615 N INDIANA AVE CROWN POINT, IN 46307-3401 COURT RECORDING INFORMATION: Liber Page UCC No. Serial No. n/a n/a n/a 2005 081939 Last Day for Tax Period Date of Unpaid Balance Kind of Tax Identifying Number **Ending** Assessment Refiling of Assessment (b) (d) (e) (4) 1ct (a) 35-1941940 09/20/2004 10/20/2014 12011.90 941 06/30/2004 12/29/2014 11/29/2004 23327.32 941 09/30/2004 1941940 This Document is the property of the Lake County Recorder! Place of Filing COUNTY RECORDER LAKE COUNTY **Total** 35339.22 CROWN POINT, IN 46307 Internal Revenue This instrument was prepared by Susan A. Hansen, Service. ST PAUL, This notice was prepared and signed at , on this, Olst day of March 2006 Signature Title Director, Campus Operations Susan A. Hansen (NOTE: Certificate of officer authorized by law to take acknowledgments is not essential to the validity of Certificate of Release of

Federal Tax lien Rev. Rul. 71-466, 1971 - 2 C.B. 409) Form 668 (Z) (Rev. 10-2000)

Part 1 - RECORDING OFFICE

CAT. NO 600261

Prescribed by the State Board of Accounts (2005)

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

- I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:
 - I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
 - 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

