

Notice of Federal Tax Lien

Area: WAGE & INVESTMENT AREA #2
 Lien Unit Phone: (800) 829-7650
 Serial Number: 278175206
 For Optional Use by Recording Office

As provided by section 6321, 6322, and 6323 of the Internal Revenue Code, we are giving a notice that taxes (including interest and penalties) have been assessed against the following-named taxpayer. We have made a demand for payment of this liability, but it remains unpaid. Therefore, there is a lien in favor of the United States on all property and rights to property belonging to this taxpayer for the amount of these taxes, and additional penalties, interest, and costs that may accrue.

Name of Taxpayer: KENTERRA GREEN
 Residence: 2137 TANGLEWOOD PL APT 2C
 HAMMOND, IN 46323-1347

IMPORTANT RELEASE INFORMATION: For each assessment listed below, unless notice of the lien is refiled by the date given in column (e), this notice shall, on the day following such date, operate as a certificate of release as defined in IRC 6325(a).

Kind of Tax (a)	Tax Period Ending (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/1997	XXX-XX-3626	03/22/2004	04/21/2014	5298.84
1040	12/31/1998	XXX-XX-3626	03/22/2004	04/21/2014	677.34
1040	12/31/1999	XXX-XX-3626	03/22/2004	04/21/2014	488.38
1040	12/31/2000	XXX-XX-3626	03/22/2004	04/21/2014	4339.36

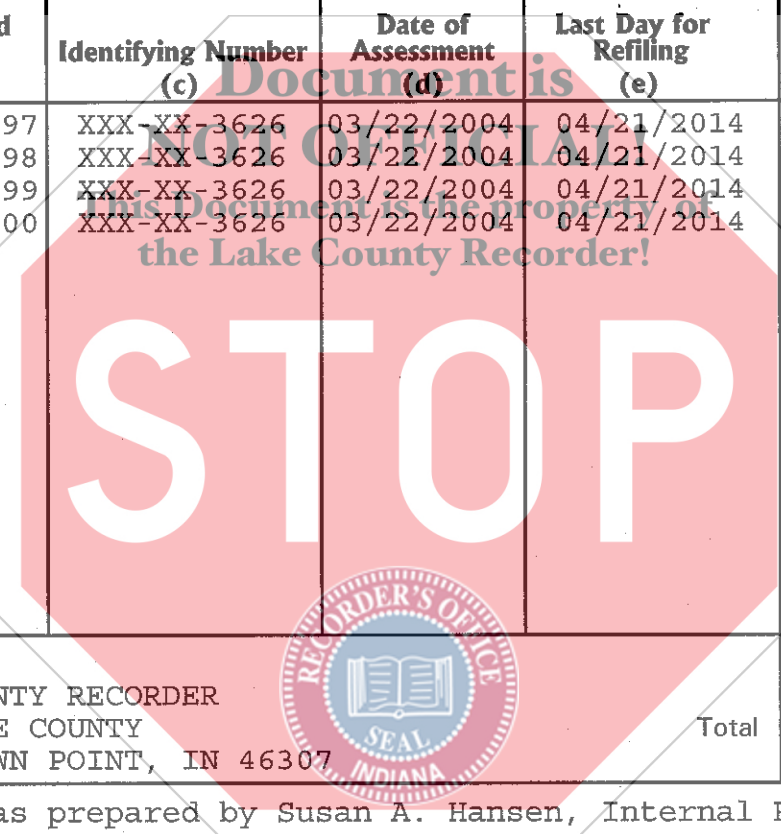
Place of Filing: COUNTY RECORDER
 LAKE COUNTY
 CROWN POINT, IN 46307
 Total \$ 10803.92

This instrument was prepared by Susan A. Hansen, Internal Revenue Service.
 This notice was prepared and signed at ST PAUL, MN, on this, the 08th day of March, 2006.

Signature: *R. A. Mitchell*
 Susan A. Hansen
 Title: Director, Campus Compliance Operations 12-00-0000

2006 022353

2006 MAR 17 AM 11:33
 STATE RECORDS
 FILED
 CROWN POINT, IN
 REC'D



Prescribed by the
State Board of Accounts
(2005)

County Form 170

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:

1. 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.



Lori Minnich
Signature of Declarant

Lori Minnich
Printed Name of Declarant

COPY