Form 668 (Z)

1872

Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

(Rev. 10-2000) For Use by Recording Office Serial Number Area: BUSINESS/SELF EMPLOYED AREA #4 SMALL Lien Unit Phone: (800) 913-6050 I certify that the following-named taxpayer, under the requirements of section 6325 (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 June 13 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
L & N FURNITURE LTD , a Corporation Residence 213 N MAIN ST CROWN POINT, IN 46307-3248 COURT RECORDING INFORMATION: Serial No. UCC No. Liber Page n/a 2005 048495 n/a n/a Last Day for Refiling Unpaid Balance Date of Tax Period of Assessment Identifying Number Assessment Kind of Tax **Ending** ::(f) (c) 1 (e) (b) (a) 1527,19 07/05/2004 35-1955936 08/04/2014 03/31/2004 941 11/03/2014 2336.00 10/04/2004 06/30/2004 35-1955936 941 **≌** 5410.17 12/06/2004 35-1955936 01/05/2015 09/30/2004 941 ***** the Lake County Recorder! Place of Filing COUNTY RECORDER 9273.36 Total LAKE COUNTY IN 46307 CROWN POINT, Internal Revenue Service. This instrument was prepared by Susan A. Hansen, ST PAUL, This notice was prepared and signed at 2006 08th day of March Director, Campus Compliance Title Signature Operations 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:

- 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.

