Form 668 (Z)

12414

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: SMALL BUSINESS/SELF EMPLOYED AREA #4 283152406 Lien Unit Phone: (800) 913-6050 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 internal revenue tax lien was filed on _____ April 19 2006, is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer CHESTERTON ANIMAL HOSPITAL , a Corporation Residence 114 S 11TH ST CHESTERTON, IN 46304-2133 COURT RECORDING INFORMATION: Page UCC No. Serial No. Liber

| n/a n | /a n/a | 2006-032553 | | | <u> </u> |
|-----------------|-----------------------------|-----------------------------------|--------------------|--------------------------|--|
| Kind of Tax | Tax Period Ending (b) | Identifying Number | Date of Assessment | Last Day for Refiling | Unpaid Balance of Assessment (f) |
| 941 | 09/30/2004 | 35-1425536 | 08/22/2005 | 09/21/2015 | 2703.14 |
| **** | ***** | This Docume | | perty of | ***** |
| Place of Filing | COUN'S | TY RECORDER COUNTY N POINT, IN 46 | 307A | Total | \$ 2703.14 |
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| | nty Recorder! |
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| | |
| Place of Filing COUNTY RECORDER LAKE COUNTY CROWN POINT, IN 46307 | Total \$ 2703.14 |
| This notice was prepared and signed at the 04th day of April , 2007. | AUL, MN, on this, 13- |
| Signature R. A. Witchell | Title Director, Campus Compliance Operations |
| (NOTE: Certificate of officer authorized by law to take acknowle | dgments is not essential to the validity of Certificate of Release of |

Part 1 - RECORDING OFFICE

Form 668 (Z) (Rev. 10-2000) CAT. NO 600261