

Area: SMALL BUSINESS/SELF EMPLOYED AREA #4
 Lien Unit Phone: (800) 913-6050
 Serial Number: 990148114
 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.

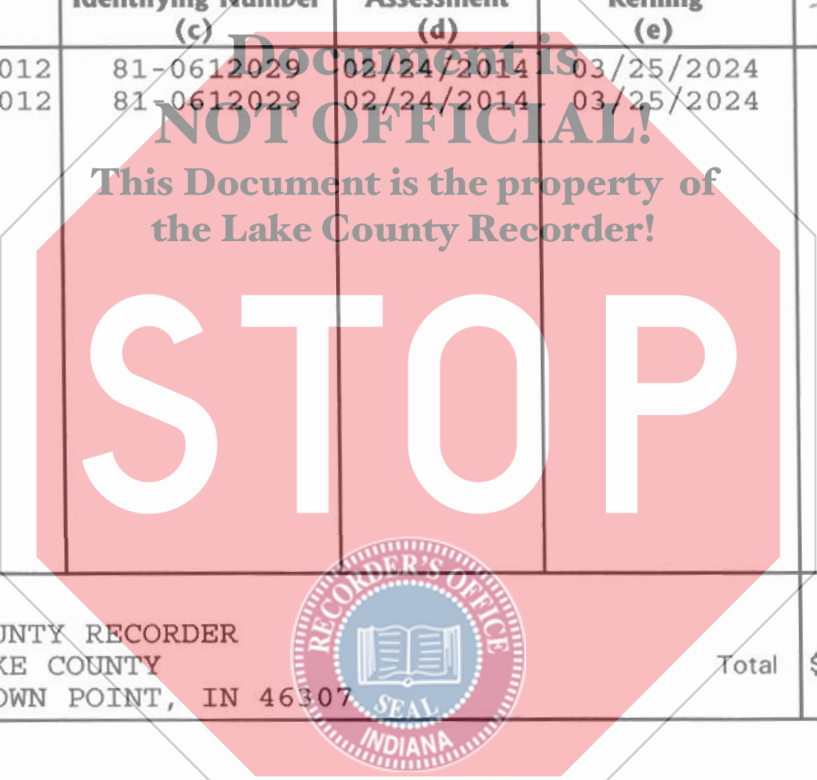
Name of Taxpayer ACE FOSTER CARE AGENCY CORPORATION
 a Corporation

Residence 7026 INDIANAPOLIS BLVD
 HAMMOND, IN 46324-2208

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).

2014 018231
 2014 MAR 31
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDING
 MICHAEL J. BROWN
 RECORDER

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)
941	09/30/2012	81-0612029	02/24/2014	03/25/2014	53827.33
941	12/31/2012	81-0612029	02/24/2014	03/25/2014	49225.46
Total					\$ 103052.79



Place of Filing: COUNTY RECORDER, LAKE COUNTY, CROWN POINT, IN 46307
 CHICAGO, IL

This notice was prepared and signed at _____, on this, the 19th day of March, 2014.

Signature: *[Signature]*
 for CARMEN M ONOHAN
 Title: REVENUE OFFICER
 (219) 736-4309
 24-09-2014

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