Form 668 (Z)

12414 (4)

Department of the Treasury - Internal Revenue Service PO B ox 145595

(Rev. 10-2000)

Certificate of Release of Federal Tax Lien Cincinchi OH 45250

| Area: | rial Number | mber For | | Use by Recording Office | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------|------------------------------|------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------|
| SMALL BUSINESS/SELF EMPLO Lien Unit Phone: (800) 913-60. | | 13594720 | | LIS | Book Date | |
| 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 October 06 2003 , is authorized to note the books to show the release of this lien for these taxes and additions. Name of Taxpayer PATRICIA CARPENTER | | | | | LISA SMITH. COUNTY RECORDER MADISON !OWA | cument 2007 2188 sk 2007 Page 2188 Type 06 e 5/29/2007 Time 1:14 : Amt \$7.00 |
| Residence 1448 MACKSBURG RD MACKSBURG, IA 50155 | | | | | 2 | ₽ 0 3 |
| COURT RECORDING INFORMATION: Liber Page UCC No. Serial No. 2003 6001 n/a 6001 | | | | Pages 1 ANNC ANNC ASCAP CHEF | | |
| Kind of Tax Period Ending | Identifying Numbe | Date of Assessment | R | Day for efiling | for Unpaid Balance of Assessment (f) | |
| 6672 03/30/2002 6672 06/30/2002 6672 09/30/2002 6672 12/31/2002 ******* | | 08/25/2003 08/25/2003 08/25/2003 08/25/2003 | 09/2 09/2 09/2 09/2 | 24/2013 24/2013 24/2013 24/2013 | ***** | 995.63 8612.44 6861.97 8415.84 ****** |
| Place of Filing Madison County Recorder Madison Courthouse Winterset, IA 50273 | | | | | \$ | 24885.88 |
| This notice was prepared and significant the17th_day ofMay | gned at | ST PAUL, MN | · | | • | ; on this, |
| Signature R. A. Mutchell Title Director, Campus Compliance Operations | | | | | | |