Department of the Treasury - Internal Revenue Service

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Form	RR	Ωſ	7
Form	w	OI	4

Rev. April 1984)	\	Certificate of Re	IGBOC OI I	udiui iux	A Company Children
311101		Serial Number		For C	ptional Use by Recording Office
m m m m	rland .	850	008878 1708	3	
		med taxpayer, the require	ements of section	n 6325	
I certify that as to	Revenue Code l'	nave been satisfied for the	taxes listed beig	w and	
for all statutory a	additions. I nerest	n released. The proper of	icer in the office	where.	
the notice of inter	rnal revenue tax	lien was filled one books to show the relea	ase of this lien fo	r these	
19, is authorized taxes and addition	orized to note the	B DOOKS to show the foles			
Name of Taxpayer		G NAU			
ABING OF TONPEYOR	& SHAR	ON K NAU			
Residence					
Vetigetion	6727 9	SHASTA HAY	7601	Ì	
	KLAMAT	TH FALLS OR 97	001		ATE FILED 06/13 OOK M85
) F	AGE 8902
				9	SEQ NUM 49827
	Tax Period		Date of	Last Day for Refiling	Unpaid Balance of Assessment
Kind of Tax	Ended	identifying Number	Ancessment (d)	(e)	(1)
(4)	(b)	484-42-1538	05/13/85	06/13/91	10593.86
1040 1040	12/31/81 12/31/82	484-42-1538	03/25/85	04/25/91	12298,39 13534.01
1040	12/31/83	484-42-1538	03/25/85	* * * * * *	* * * * * *
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Place of Filing				Total	\$ 36426+26
					36720+20
k <u>lam</u>	ath county				
				CON	1
This certificate	was prepared and	d signed atPOR	TLAND, UKE	GON	
the <u>28</u> da	y ofMAY	-, 19 - 36			
	1.	11 Silson	Title		
Signature	Koppet 1	C. Commo	CH:	(EF, SPECIA	L PROCEDURES
	/W-R K EF	RICKSON	not essential to the valid	ity of Certificate of Relea	ise of Federal Tax Lion Rev. Rul. 71-
NOTE: Certificate	Of Officer Buthorized by	With the state and desired and and and and and and and and and an			
C.B. 409)					
(J.D. 403)					
	EGON: COUNT	Y OF KLAMATH: ss.			نه شد
STATE OF OR		I OI REALINATION			the 11th M86
STATE OF OR	d at request of	- 40 96 0: 9:2	9 o'clock	n Dogo IUI/U	recorded in VolM86

FEE \$5.00