Rev. 5-04)		Certif	icate of Re	elease of	Federal Ta	ax Lien
District	26349		rial Number			Use by Recording Office
	ific Nort	hwast				
I certify that as to of the Internal Re all statutory add	the following- evenue Code ha itions. Therefore	name texpayer ive been satisf e, the lien pro-	, the requirement lied for the taxes vided by Code se proper officer in t	listed below an	d for	FILED FOR RECORD SKAMPNIA CO. WASH BY TRS
nonce of internal	revenue tax lie: authorized to n	n was filed on	July to show the rele	13		Oct 2 12 16 PH '96
Name of Taxpaye		YERS	<u></u>		- L'	OZANY AUDITORO GARY H. OLSON
	BOX 745 RSON, WA	98510		-		1
COURT RECOR Liber n/a	DING INFO Page n/a	RMATION: UCC No n/a	Seri 1054	al No.		
Kind of Tax	Tax Period Ended (b)	Identifying I	Da Number Asse		Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/82		09/2	2/86 10	/22/92 *******	2657.19 *********
				2	~	
	7	ε		- 16.		
lace of Filing		AUDITOR IA COUNTY SON, WA	98648	1	Total	\$ 2657.19
his notice was pr	epar e d and sig	ned at	Scattle, W	A	i	on this.
e20th day of	September	_, 1996				Secretary of the secret
ignature	04.0	00	E Tit	•	ef, SPSS	thailed

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