Request for Filing or Refiling Notice of Federal Tax Lien									
New Lien Request*				☐ Refile			Refile F	Request**	
* Name and address of taxp SOUTHEAST INC	SYSTEMS				*Date: 10/26/2010				
6601 WALT DR STE A BIRMINGHAM, AL 35242			20101027000359610 1/1 \$29.00 Shelby Cnty Judge of Probate 10/27/2010 12:32:10 PM FILED			, AL	*TIN: 63-1196935		
Name(s) and address(es) of Power of Attorney, spouse, partner, single member, etc., if applicable								**Origi	inal Lien SLID <i>(refile only):</i>
POA Co-obligor				POA Co-obligor					
								Periods can be refiled only in the one- year period prior to the Last Day for Refiling shown on the lien (submit a separate form for each SLID).	
*Mark appropriate number   1.   1.   1.   2.   2.   4.   2.   4.   5.   5.   5.   5.   5.   5.   5	6. Nominee of (SLID only 7. Partnership 8. Trust Fund Recovery Personal Sole Proprietor 10. LLC					ually Prepared Lien)			
*BOD SB/S	SE		W&I			В	T	E/GE	
*Tax Form or IRC Code	*Tá	ax Period Ende	edb	*Assessme	nt Date	**C	SED (refile only)		*Unpaid Balance
941		12/31/2001		04/01/2	002				\$43,618.76
941	12/31/2004		03/20/2005			<u> </u>		\$497.07	
941	03/31/2006		07/03/2006			·		\$961.80	
941	09/30/2006		01/08/2007					\$16,676.29	
941	03/31/2007		06/04/2007					\$5,268.15	
941	06/30/2007		01/28/2008					\$7,814.81	
941	09/30/2007		12/31/2007			······································		\$70,268.67	
941	12/31/2007		03/31/2008					\$72,100.91	
941	03/31/2008		06/23/2008				··	\$54,136.12	
941	06/30/2008		09/15/2008					\$76,162.81	
941	09/30/2008		12/29/2008					\$57,939.48	
941		12/31/2008		08/31/2009					\$63,870.28
940		12/31/2007		04/28/2008					\$2,905.37
CIVPEN	12/31/2002		01/30/2006					\$28,441.03	
CIVPEN	12/31/2003			01/29/2007					\$35,205.29
*Filing Location: Parish/County/Town/Secretary of State Shelby County 112 N Main St. Columbiana, AL 35051  If need, Additional Filing Location: Parish/County/Town/Secretary of State:									
SLID only – Suppress printing. NFTL to be manually prepared							LIEN UNIT USE		
(L3172 must be manually issued by RO if posterior *Requested by:				orinting suppressed) itle			SLID# 714441010		
NARIE EARL REVENUE OFFICER							Date Input		Input By
*ICS Assignment/T-sign Number: 25023333 SBSE W			*Telephone Number &I (205)912-5195					Shannon. Lewis	
* Mandatory fields to complete									