

United States



of America

Department of the Treasury  
Internal Revenue Service

Date: September 8, 2009

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed: transcript of the account of the individual names herein in respect to the taxes specified is a true and complete transcript for the period (s) stated, and assessments, credits, and refunds relating thereto as shown herein. It also contains a statement of all unidentified and advance payments, if any, for the period (s) stated \_\_\_\_\_

**PETER E & DOREEN M HENDRICKSON** Social Security Numbers \_\_\_\_\_ and \_\_\_\_\_  
for the Tax Period December 31, 2002 Form 1040 \_\_\_\_\_

Form 4340, Certificate of Assessment, Payments, and Other Specified Matters consisting of two (2) pages \_\_\_\_\_

\_\_\_\_\_ under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

Handwritten signature of Martha G. Williams in cursive.

Martha G. Williams  
Resident Agent-in-Charge  
Delegation Order CI - 18

GOVERNMENT  
EXHIBIT

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CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

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PETER E & DOREEN M HENDRICKSON

EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
 FORM: 1040 TAX PERIOD: DEC 2002

DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006 )
	ADJUSTED GROSS INCOME	20.00		
08-25-2003	RETURN FILED & TAX ASSESSED 08221-236-16503-3		0.00	09-29-2003
04-15-2003	WITHHOLDING		10,152.96	
03-21-2003	EXTENSION OF TIME TO FILE EXT. DATE 08-15-2003			
04-15-2003	OVERPAYMENT CREDIT TRANSFERRED 1040 200012 372-64-4409		(1,699.86)	
04-15-2003	OVERPAYMENT CREDIT TRANSFERRED 1040 200112		(6,521.11)	
04-15-2003	OVERPAYMENT CREDIT TRANSFERRED 1040 200012		(1,931.99)	
03-13-2009	ASSESSMENT STATUTE EXPIR DATE EXTEND TO 08-14-2009			

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

PETER E & DOREEN M HENDRICKSON

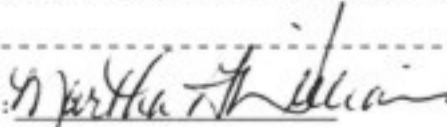
EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2002

BALANCE 0.00

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER:



PRINT NAME:

Martha G. Williams

TITLE:

Resident Agent in Charge

DELEGATION ORDER:

CI # 18

LOCATION: INTERNAL REVENUE SERVICE  
CINCINNATI, OH

ACCOUNT STATUS DATE 09/03/2009

United States



of America

Department of the Treasury  
Internal Revenue Service

Date: September 8, 2009

CERTIFICATE OF OFFICIAL RECORD

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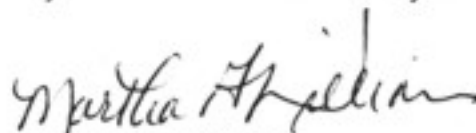
**PETER E & DOREEN M HENDRICKSON** Social Security Numbers \_\_\_\_\_ and  
for the Tax Period December 31, 2003 Form 1040 \_\_\_\_\_

Form 4340, Certificate of Assessment, Payments, and Other Specified Matters consisting of two (2) pages \_\_\_\_\_

\_\_\_\_\_ under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

  
Martha G. Williams  
Resident Agent-in-Charge  
Delegation Order CI - 18

GOVERNMENT  
EXHIBIT

12



CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

PETER E & DOREEN M HENDRICKSON

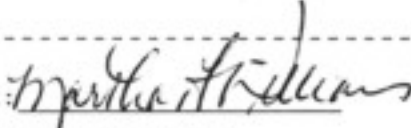
EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2003

BALANCE 0.00

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER:



PRINT NAME:

Martha G. Williams

TITLE:

Resident Agent in Charge

DELEGATION ORDER:

CI # 18

LOCATION: INTERNAL REVENUE SERVICE  
CINCINNATI, OH

ACCOUNT STATUS DATE 09/03/2009

United States



of America

Department of the Treasury  
Internal Revenue Service

Date: September 8, 2009

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**PETER E HENDRICKSON** Social Security Number \_\_\_\_\_ for the Tax Period December 31, 2004 Form 1040 \_\_\_\_\_

Form 4340, Certificate of Assessment, Payments, and Other Specified Matters consisting of two (2) pages \_\_\_\_\_

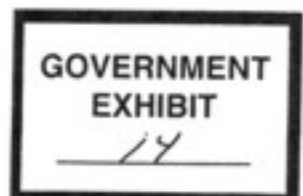
under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

*Martha G. Williams*

Martha G. Williams  
Resident Agent-in-Charge  
Delegation Order CI - 18



CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

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PETER E HENDRICKSON

EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN

FORM: 1040 TAX PERIOD: DEC 2004

DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006 )
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ADJUSTED GROSS INCOME

63.00

04-15-2005 RETURN FILED & TAX ASSESSED  
09221-072-51742-5

0.00

05-09-2005

04-15-2005 WITHHOLDING

10,484.47

FORM 4340 (REV. 01-2002)

PAGE 1

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

PETER E HENDRICKSON

EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2004

BALANCE 10,484.47-

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER:

*Martha G. Williams*

PRINT NAME:

Martha G. Williams

TITLE:

Resident Agent in Charge

DELEGATION ORDER:

CI # 18

LOCATION: INTERNAL REVENUE SERVICE  
CINCINNATI, OH

ACCOUNT STATUS DATE 09/03/2009

United States



of America

Department of the Treasury  
Internal Revenue Service

Date: September 8, 2009

CERTIFICATE OF OFFICIAL RECORD

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**PETER E HENDRICKSON** Social Security Number \_\_\_\_\_ for the Tax Period December 31, 2005 Form 1040 \_\_\_\_\_

Form 4340, Certificate of Assessment, Payments, and Other Specified Matters consisting of two (2) pages \_\_\_\_\_

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

*Martha G. Williams*

Martha G. Williams  
Resident Agent-in-Charge  
Delegation Order CI - 18

GOVERNMENT  
EXHIBIT

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CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

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PETER E HENDRICKSON

EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2005

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DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006 )
09-18-2007	SUBSTITUTE FOR RETURN 29210-888-00000-7		0.00	10-08-2007
03-11-2009	ASSESSMENT STATUTE EXPIR DATE EXTEND TO 04-24-2012			

FORM 4340 (REV. 01-2002)

PAGE 1

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

PETER E HENDRICKSON

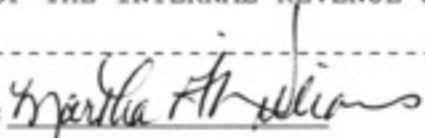
EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2005

BALANCE 0.00

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER:



PRINT NAME:

Martha G. Williams

TITLE:

Resident Agent in Charge

DELEGATION ORDER:

CI # 18

LOCATION: INTERNAL REVENUE SERVICE  
CINCINNATI, OH

ACCOUNT STATUS DATE 09/03/2009

United States



of America

Department of the Treasury  
Internal Revenue Service

Date: September 8, 2009

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**PETER E HENDRICKSON** Social Security Number \_\_\_\_\_ for the Tax Period December 31, 2006 Form 1040 \_\_\_\_\_

Form 4340, Certificate of Assessment, Payments, and Other Specified Matters consisting of two (2) pages \_\_\_\_\_

under the custody of this office.

IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By direction of the Secretary of the Treasury:

A handwritten signature in cursive script that reads "Martha G. Williams".

Martha G. Williams  
Resident Agent-in-Charge  
Delegation Order CI - 18

GOVERNMENT  
EXHIBIT

18

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

---

PETER E HENDRICKSON

EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2006

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DATE	EXPLANATION OF TRANSACTION	ASSESSMENT, OTHER DEBITS (REVERSAL)	PAYMENT, CREDIT (REVERSAL)	ASSESSMENT DATE (23C, RAC 006 )
04-28-2008	SUBSTITUTE FOR RETURN 17210-888-00000-8		0.00	05-19-2008

FORM 4340 (REV. 01-2002)

PAGE 1

CERTIFICATE OF ASSESSMENTS, PAYMENTS, AND OTHER SPECIFIED MATTERS

PETER E HENDRICKSON

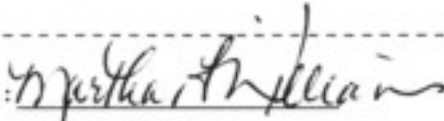
EIN/SSN:

TYPE OF TAX: U.S. INDIVIDUAL INCOME TAX RETURN  
FORM: 1040 TAX PERIOD: DEC 2006

BALANCE 0.00

I CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE TAXPAYER NAMED ABOVE IN RESPECT TO THE TAXES SPECIFIED IS A TRUE AND COMPLETE TRANSCRIPT FOR THE PERIOD STATED, AND ALL ASSESSMENTS, ABATEMENTS, CREDITS, REFUNDS, AND ADVANCE OR UNIDENTIFIED PAYMENTS, AND THE ASSESSED BALANCE RELATING THERETO, AS DISCLOSED BY THE RECORDS OF THIS OFFICE AS OF THE ACCOUNT STATUS DATE ARE SHOWN THEREIN. I FURTHER CERTIFY THAT THE OTHER SPECIFIED MATTERS SET FORTH IN THIS TRANSCRIPT APPEAR IN THE OFFICIAL RECORDS OF THE INTERNAL REVENUE SERVICE.

SIGNATURE OF CERTIFYING OFFICER:



PRINT NAME:

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TITLE:

Resident Agent in Charge

DELEGATION ORDER:

CI # 18

LOCATION: INTERNAL REVENUE SERVICE  
CINCINNATI, OH

ACCOUNT STATUS DATE 09/03/2009