			i		
DOCUMENT NO.				53140 f Deeds	
SATISFACTION OF LIEN			11	D ssha Wi sster o	
The undersigned certifies that the following is fully paid and satisfied:			M E	S 1 S 1	
Lien executed against Zaid Investment Group, Inc.	_		0 C U N E	SCO!	
by the WI Dept of Safety and Professional Services and recorded in the office of	-		D 0 .	RE Con Print Just	
the Register of Deeds of Kenosha_County, Wisconsin, as Document No				enosi P. I. Aug	
1639951 , in n/a (Volume/Page/Etc.)	٠			At Ke Louíse	
covering the real estate described below	Rec	ording Area			
Part of the Southeast Quarter of Section 31, Town 1 North, Range 23 East of the Fourth Principal Meridian, and being more particularly described as: Beginning at a point that is located by commencing on the North line of said Quarter Section at the center of Sheridan Road (Stage Trunk Highway 32); thence South 5 Degrees 53 Minutes East along the center of said highway, 439.55 feet; thence South 5 Degrees 32 Minutes East along the center of said highway, 751.3 feet to the point of beginning of the property to be herein described; and which					
point is 397 feet North 5 Degrees 32 Minutes West from the parallel to the center of said highway, 212 feet; thence West, 233.15 feet to the center of said highway; thence North 5 Degrees 32 Minutes West along the center of said highway, 212 feet to the point of beginning; lying and being In the Village of Pleasant Prairie, County of Kenosha and State of Wisconsin.	De PE ↓ PO	Department of Safety and Professional Services PECFA Bureau-Attn: Tanya Herranz PO Box 7838 Madison WI 53707-7838			
OF MISCO	Parc	el Identifer N	lo. 93-4-123-31	4-0350	
If checked here, real estate description continues or appears on attached shee	t.				
STATE OF WISCONSIN	WI Depa	artment of Saf	fety and Profess	sional Services	
County ofDANE	NAME OF	4	\mathcal{A}		
This instrument was acknowledged before me	Ву	Tanja	XPORT	an2	
on 14 th day of August, 2012.		Title PECF	A Program Spe	ecialist	
		* Tanya D. H	lerranz		
by Tanya D. Herranz (Name of person(s))	Attent			,	
as PECFA Program Specialist	Attest _				
(Type of authority, e.g., officer, trustee, etc. if any)		Title			
of WI Department of Safety and Professional Services (Name of party on behalf of whom instrument was executed)		*	<u></u> ,		
Christine A. Severson	This inst	rument was d	lrafted & appro	ved by:	

Notary Public, Wisconsin
My Commission expires October 12th, 2014

Dated 14th day of August, 2012

*Type or print name signed above.

(TYPE OR PRINT)

Dept of Safety and Professional Services

P.O. Box 7970

Madison, WI 53707-7970