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COLLECTIONS SECTION
33 S STATE ST 10TH FLOOR
CHICAGO IL 60603-2802



Doc#: 0716615017 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 06/15/2007 08:16 AM Pg: 1 of 2



4352356 207 NL

WILLIAM J MARICONDIS
THE DENTAL STUDIO
2434 E DEMPSTER ST STE 107
DES PLAINES IL 60016-5339

06/01/2007
ACCOUNT NUMBER 4352356

DOCUMENT ID. 0572513501

NOTICE OF LIEN FOR CONTRIBUTIONS UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

PURSUANT to Section 2400 and 2401 of the Illinois Unemployment Insurance Act, as amended, notice is hereby given that there is due to the Director of Employment Security of the State of Illinois from the above named employer:

CONTRIBUTIONS and penalties, and interest on such unpaid contributions at the rate of 1% per month or 1/30 of 1% per day to 12/31/81, and at the rate of 2% per month or 12/365 of 2% per day from 01/01/82. (NOTE: Effective 01/01/88, payment received more than 30 days after the due date is deemed to have been received on the last day of the month preceding the month in which the payment was received).

QTR/YR	UNPAID			PLUS INTEREST ON CONTRIBUTIONS TO 06/30/2007
	CONTRIBUTIONS	PENALTIES	OTHER	
2/2005	351.00	50.00	0.00	154.39
3/2005	28.67	21.33	0.00	10.87
4/2005	0.00	50.00	0.00	0.00
	<u>379.67</u>	<u>121.33</u>	<u>0.00</u>	<u>165.26</u>

THAT, by virtue of the above named sections, the amount of the aforesaid contributions, interest and penalties, together with such contributions, interest and penalties which may hereafter become due, are a lien in favor of the Director of Employment Security of the State of Illinois upon all the real and personal property or rights thereto owned or thereafter acquired by the aforementioned employer.

A remittance of \$666.26 (interest included) received on or before 06/30/2007, or a remittance of \$673.75 (interest included) on or before 07/31/2007 will clear these delinquencies in your account.

Handwritten initials/signature

WILLIAM J MARICONDIA
THE DENTAL STUDIO
2434 E DEMPSTER ST STE 107
DES PLAINES IL 60016-5339

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NOTICE OF LIEN FOR CONTRIBUTIONS
UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

Return the attached payment coupon with your remittance. Please include the document number (0572513501) and employer account number on your remittance.

Mail all other correspondence to:

Illinois Department of Employment Security
Collections Section
33 S. State Street
Chicago, IL 60603

Director of Employment Security
Collection Manager
(312) 793-1782

Thomas J. Conroy

RECORD NO. _____ RECORD DATE _____ COUNTY CODE 31

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