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COLLECTIONS SECTION

33 S STATE ST 10TH FLOOR

CHICAGO IL 60

IL 60603-2802

4545656 211 NL

Doc#: 1110239101 Fee: \$38.00

Doc#: "Gene" Moore
Eugene "Gene" Moore
Cook County Recorder of Deeds
Cook County Recorder of Deeds
Date: 04/12/2011 10:31 AM Pg: 1 of 2

NILES NURSING AND REHAB.CTR LLC NILES NURSING AND REHAB CENTR 9777 N GREENWOOD AVE NILES IL 60714-1002

04/02/2011 ACCOUNT NUMBER 4545656

DOCUMENT ID. 0612002677

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	CONTRI BUTIONS	UNPAID PENALTIES		S INTEREST ON NTRIBUTIONS 04/30/2011
1/2010	2,127.43	0.00	0.00	425.24
	2,127.43	0.00	0.00	425.24

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 \$2,552.67 (interest included) received on or before 04/30/2011, or a remittance of \$2,594.64 (interest included) on or before 05/31/2011 will clear these delinquencies in your account.

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NILES NURSING AND REHAB CENTR CAL COMPANILES NURSING AND REHAB CENTR 9777 N GREENWOOD AVE NILES IL 60714-1002 4545656 211 NI

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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 (0612002677) 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) 793-8333

RECORD NO. \_\_\_\_\_ RECORD DATE \_\_\_\_\_ COUNTY CODE 31