COLLECTIONS SECTION OFFICIAL COPY 33 S STATE ST 10TH FLOOR

CHICAGO

L 60603-2802



Doc#: 1310710043 Fee: \$40.00 Affidavit Fee:

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 04/17/2013 10:12 AM Pg: 1 of 2



HARTFORD FINANCIAL SERVICES

2401 PLUM GROVE RD STE 122 PALATINE IL 60067-7478

04/06/2013 ACCOUNT NUMBER 40+3728

DOCUMENT ID. 0632007300

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	CONTRIBUTIONS	PENALTIES	PLUS INTEREST ON CONTRIBUTIONS OTHER TO 04/30/2013
4/2011 1/2012	632.94 4,338.59	0.00 0.00	0.00 176.88 0.00 955.70
	4,971.53	0.00	0.00 1,132.58

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 \$6,104.11 (interest included) received on or before 04/30/2013, or a remittance of \$6,202.18 (interest included) on or before 05/31/2013 will clear these delinquencies in your account.

20 NO

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HARTFORD FINANCIA 2401 PLUM GROVE RD IL60067-7478 PALATINE

ACCOUNT NUMBER 4043728

04/06/2013 DOCUMENT ID. 0632007300

NOTICE OF LIEN FOR CONTRIBUTIONS UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

Return the attached payment coupon with your remittance. Please include the document number (0632007300) and employer account number on your remittance.

Mail all other correspondence to:

Illinois Department of Employment Security Collections Section 33 S. State Street 160's Chicago, 71 60603

Director of Employment Security

Collection Manager (312) 793-8333

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RECORD	NO.	RECORD	DATE	COUNTY	CODE	- 31
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