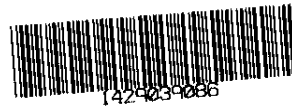


COLLECTIONS SECTION
 33 S STATE ST 10TH FLOOR
 CHICAGO

UNOFFICIAL COPY

IL 60603-2802



Doc#: 1429039086 Fee: \$40.00
 Karen A. Yarbrough
 Cook County Recorder of Deeds
 Date: 10/17/2014 10:09 AM Pg: 1 of 2

4449620 414 NL

FIREFLY, INC.

3335 N HALSTED ST
 CHICAGO IL 60657-4500

10/05/2014
 ACCOUNT NUMBER 4449620

DOCUMENT ID. 0644004445

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	UNPAID PENALTIES	OTHER	PLUS INTEREST ON CONTRIBUTIONS TO 10/31/2014
3/2013	4,845.15	60.00	0.00	1,064.08
	<u>4,845.15</u>	<u>60.00</u>	<u>0.00</u>	<u>1,064.08</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 upon all the real and personal property or rights thereto owned or thereafter acquired by the aforementioned employer.

A remittance of \$5,969.23 (interest included) received on or before 10/31/2014, or a remittance of \$6,067.99 (interest included) on or before 11/30/2014 will clear these delinquencies in your account.

Handwritten notes and signatures:
 S 44
 P J
 S /
 MB 379
 SC NO
 E NO
 INT R

FIREFLY, INC.

UNOFFICIAL COPY



3335 N HALSTED ST
CHICAGO

IL 60657-4500

4449620 414 NL

ACCOUNT NUMBER 4449620

10/05/2014

DOCUMENT ID. 0644004445

NOTICE OF LIEN FOR CONTRIBUTIONS
UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

Return the attached payment coupon with your remittance. Please include the document number (0644004445) 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