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STATE OF ILLINOIS
DEPARTMENT OF REVENUE
NOTICE OF LIEN

THIS INSTRUMENT WAS PREPARED BY

Supervisor of Lien Unit

Illinois Department of Revenue
Springfield, Illinois

INCOME TAX R.O.T. EXCISE TAX OTHER

Under Retailers' Occupation Tax Act; Use Tax Act; Municipal Retailers' Occupation Tax Act; County Retailers' Occupation Tax Act; Service Occupation Tax Act; Service Use Tax Act; Municipal Service Occupation Tax Act; County Service Occupation Tax Act; and Hotel Operators' Occupation Tax Act. The Illinois Income Tax Act and Regional Transportation Authority Ordinance.

August Marketing Corp.
221 North Grove 2
Oak Park, IL 60304

Identification No. REC # 15116-11083
(S.S. No., F.E.I.N., Reg. No.)

Period Covered _____

Assessment No.(s) ROT - A368006, A368887

RTA - A368006, A368887

Code 16

Current Date 04-08-88

Pursuant to Illinois Revised Statutes, Chapter 120, Sections 414 and 439.12, Chapter 24, Section 8-11-1, Chapter 34, Section 25.05-2, Chapter 120, Sections 439.112 and 439.42, Chapter 24, Section 8-11-5, Chapter 34, Section 25.05-3, and Chapter 120, Section 481b.37, Chapter 120, Section 1-101 et seq., as amended, and Chapter 111-273, Section 704.03, Ordinance 77-171, Section 5d and RTA Ordinance 77-170, Section 5d, notice is hereby given that there is due the Department of Revenue of the State of Illinois from the above named person(s).

\$ 0.00 in tax
\$ 0.01 in penalty,
\$ 585.15 in interest through
Total tax, penalty and interest due \$ 585.16

\$12.00 FILING

THAT by virtue of the said Sections of the Illinois Revised Statutes, the amount of the above tax and penalty, plus interest on the unpaid tax until the tax is paid or reduced to judgement, is a lien in favor of the Department of Revenue of the State of Illinois upon all the real and personal property of the above named person(s) owned or hereafter acquired by such person(s).

MJ/LCH/ed

Roger Sweet
Director of Revenue

(RECORDER/REGISTER STAMP AND INFORMATION SPACE)

COOK COUNTY, ILLINOIS
FILED FOR RECORD

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185871-88

INVESTIGATION REPORT
CHARGE: [Illegible]
DATE: [Illegible]
OFFICE: [Illegible]

REPORT MADE BY: [Illegible]
SUPERVISOR: [Illegible]

DESCRIPTION OF INCIDENT: [Illegible]
LOCATION: [Illegible]
TIME: [Illegible]

OFFICER'S COMMENTS: [Illegible]

00512
52127

IS [Illegible Signature]

185871-88 18 11 8 52

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