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STATE OF ILLINOIS

DEPARTMENT OF EMPLOYMENT SECURITY

DIVISION OF REVENUE  
401 SOUTH STATE STREET  
CHICAGO, ILLINOIS 60606

### NOTICE OF LIEN FOR CONTRIBUTIONS UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

To: ALPHA FLEXORS, INC.  
2270 ESTER AVE.  
ELK GROVE, IL 60007

ACCOUNT NO: 2024200  
DOCUMENT NO: 011007598-0  
DATE: MARCH 31, 1993

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 1-1-82. Effective 1-1-89, 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. Interest accrues from the date(s) shown below.

PERIOD	TAXABLE WAGES	UNPAID		PLUS INTEREST ON UNPAID CONTRIBUTIONS PER MONTH FROM:
		CONTRIBUTIONS	PENALTIES	
1ST QTR. 1992	\$85,594.04	\$5,820.39	\$ .00	OCTOBER 31, 1992
		\$5,820.39	\$ .00	

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.

DEPT-01 RECORDING \$23.00  
140888 FROM 7661 05/07/93 14.58.00  
#6759 # \*-93-345109  
COOK COUNTY RECORDER

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*Handwritten signature/initials*

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PAGE 2

TO: ALPHA STAIRS, INC.  
2270 ESTER AVE.  
BLK GROVE, IL 60007

ACCOUNT NO: 2024200  
DOCUMENT NO: 011007590-0  
DATE: MARCH 31, 1993

A remittance of \$6,005.19 (interest included) received on or before 06-01-93 will clear the above delinquencies.

Return the attached transmittal with your remittance. Please include the document number and employer account number on your remittance.

Mail all other correspondence to:  
Illinois Department of Employment Security  
Collections Section  
401 S. State Street  
Chicago, IL 60606

LOLETA A DIDRICKSON  
Director of Employment Security

RECORD NO. \_\_\_\_\_ RECORD DATE \_\_\_\_\_ COUNTY CODE 001

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