COLLECTIONS SECTION

401 S STATE ST 4TH LOON OFFICIAL COPY CHICAGO , IL

99575035





. DEPT-01 RECORDING

\$23.50

T#0011 TRAN 3603 06/16/99 08:46:00

#3056 # TB *-99-575035

COOK COUNTY RECORDER

MC GINNIS CO MILL & CONTRACTOR SUPPLY CO INC 16650 S. STATE P O BOX 1617 SOUTH HOLLAND 60473~7617 IL

ACCOUNT NUMBER 1172036

04/10/1999 DOCUMENT ID. 0992013866

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. (NOT) 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	CONTRIBUTIONS TO 04/30/1999
4/1996	1,406.18	50.00	0.00	729.49
	1,406.18	50.00	0.00	729.49

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 \$2,185.67 (interest included) received on or before 04/30/1999, or a remittance of \$2,213.41 (interest included) on or before 05/31/1999 will clear these delinquencies in your account.



MC GINNIS CO MILL & CONTRACTOR SUPPLY 16650 S. STATE, P.O BOX 1617 , IL SOUTH HOLLAND 60473-7617



ACCOUNT NUMBER 1172096

99575035

04/10/1999 DOCUMENT ID. 0992013866

NOTICE OF LIEN FOR CONTRIBUTIONS UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

Return the attached transmittal with your remittance. Please include the document number (0992013866) 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 50605

Director of Employement Security

By COLLECTIONS UNIT MANAGE

(212) 793-8333 COLLECTIONS UNIT MANAGER

COUNTY CODE RECORD NO. RECORD DATE