

**Mark Gordon** Governor

## **State of Wyoming Department of Workforce Services**

THE DIVISION OF WORKERS' COMPENSATION 5221 Yellowstone Road Cheyenne, WY 82002 http://www.wyomingworkforce.org



Robin Sessions Cooley, J.D. Director Elizabeth Gagen, J.D. **Deputy Director** 

## Certificate of Lien

STATE OF WYOMING SHERIDAN COUNTY KNOW ALL MEN BY THESE PRESENTS:

WC# 000004468 Apr 9, 2020 Tracking # 30077169

That the State of Wyoming, Department of Workforce Services, Division of Workers' Compensation, herein called the Division, hereby claims a lien on all real and personal property owned by: WAY OIL CO INC, hereby called the Debtor.

That there is due the Division from the Debtor under the Workers' Compensation Act of 1991, Wyoming Statute 27-14-203(c), as amended, tax/premium, interest and penalties and/or Wyoming Statute 27-14-203(a), as amended, liabilities as follows:

Tax/Premium Interest/Penalties Total **Invoice Type** Period \$174.14 Premium O01 2019 \$156,60 \$17.54

This lien is for premium, interest and penalties and /or liabilities noted above, through Apr 9, 2020, plus accruing interest of 2% per month [WY statute 27-14-203(c)] on the unpaid premium until the premium is paid in full.

That the Division has compiled with the Workers' Compensation Act in the assessment of said premium, interest, and/or liabilities and that the last known address of said Debtor was.

> WAY OIL CO INC **420 CROOK STREET** SHERIDAN, WY 82801-0811

That there is presently due an owing the sum of \$174.14 and the Division hereby asserts a statutory lien on all real and personal property owned by the debtor, as provided for in the Workers' Compensation Act of 1991, Wyoming Statute 27-14-203(e) as amended.

Division of Workers' Compensation, 5221 Yellowstone Road, Cheyenne, WY 82002

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STATE OF WYOMING LARAMIE COUNTY

My Commission Expires

FEES: \$20.00 DO CERTIFICATE OF LIEN EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

I, Shannel Hauff, am an authorized representative of the State of Wyoming, Division of Workers' Compensation, and I have read this Certificate of Lien and I know its contents are true.

The foregoing was acknowledged before me by Shannel Hauff, State of Wyoming, Division of Workers' Compensation

Lien Specialist, this day of

Signature

**NOTARY PUBLIC** 

ANGELINA LLAM COUNTY OF LARAMIE

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NO. 2020-757466 CERTIFICATE OF LIEN

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK WY DEPARTMENT OF WORKFORCE SERVICES PO BOX 2760 CASPER WY 82602

**EMPLOYER SERVICES** PHONE: 307-777-6763 FAX: 307-777-5298 www.wyomingworkforce.org