

Mark Gordon Governor

State of Wyoming Department of Workforce Services

THE DIVISION OF WORKERS' COMPENSATION

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

http://www.wyomingworkforce.org Certificate of Lien

5221 Yellowstone Road

Cheyenne, WY 82002

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

WC# 800450566 Apr 7, 2022 Tracking # 30081658

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: KHANSTRUCTION, LLC, 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:

Invoice Type	Period	Tax/Premium	Interest/Penalties	Total
Premium	Q02 2021	\$662.30	\$53.19	\$715.49
Premium	Q03 2021	\$884.28	\$44.21	\$928.49

This lien is for premium, interest and penalties and or liabilities noted above, through Apr 7, 2022, 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,

KHANSTRUCTION LLC DBA KHANSTRUCTION

765 E 7TH ST

SHERIDAN, WY 82801

That there is presently due an owing the sum of \$1,643.98 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	2022-778287 5/5/2022 9:56 AM
	FEES: \$20.00 PK CERTIFICATE OF LIE
	EDA COLUMNIZ TUDMOCONI, CUEDTOANI O

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK LARAMIE COUNTY

I, Shannel Hauff, am	n an authorized represent	ative of the State of W	yoming, Division of V	Workers' Compensation, and I
have read this Certif	icate 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 day of Lien Specialist, this

NOTARY PUBLIC

Angelina Llamas Notary Public - State of Wyoming Commission ID- 155660 My commission expires on 03/31/2028

LEGAL

My Commission Expires

NO. 2022-778287 CERTIFICATE OF LIEN

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK WYO WORKER SAFETY & COMPENSATION 5221 YELLOWSTONE R **CHEYENNE WY 82002**

EMPLOYER SERVICES

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