



Mark Gordon
Governor

State of Wyoming

Department of Workforce Services

Unemployment Tax Division
PO Box 2760
Casper, Wyoming 82602
307-235-3217 ■ Fax: 307-235-3278
dws.wyo.gov



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

1970 (10/2019) UI Tax

CERTIFICATE OF LIEN

WILSON'S LEGACY LLC
(debtor)

Know all men by these presents:

That the undersigned, a duly authorized representative of the State of Wyoming, Department of Workforce Services, Unemployment Tax, hereby gives notice that the Department claims a Lien upon all of the real and personal property of every kind and description whatsoever owned by WILSON'S LEGACY LLC, debtor, and which may afterward, and before the lien expires acquire, and does hereby certify and say: That there is due the Department from said debtor, under the Wyoming Employment Security Law; Title 27, Chapter 3, Wyoming Statutes, as amended, tax, interest and fees as follows:

Q/Y	Tax	Interest**	Total
3 / 2022	\$380.32	\$27.63	\$407.95

**Interest accrued to: 02-17-2023

Amounts shown exclude applicable fees.

This lien is for interest as noted above, plus two percent per month continuing interest on the unpaid tax until the taxes are paid in full. That the Department of Workforce Services has complied with all the provisions of the aforesaid Wyoming Employment Security Law in relation to the computation and levy of the said tax and interest. and that the last known address of said debtor was, 614 HWY 193 BANNER WY 82832.

That no part of the amounts shown above have been paid and, the Department of Workforce Services hereby asserts and claims a lien upon all of the said real and personal property of said debtor, in accordance with the terms and provisions of Section 27-3-511, Wyoming Statutes, as amended.

County Clerk
Sheridan
WILSON'S LEGACY LLC
10-48683-0-00

State of Wyoming
Department of Workforce Services
Unemployment Tax

By: _____



STATE OF WYOMING)

)

COUNTY OF NATRONA)

Peggy Lesser



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FEES: \$20.00 PK CERTIFICATE OF LIEN

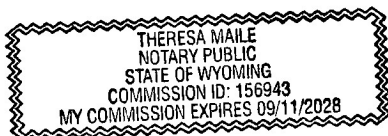
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

_____, of lawful age, being first duly sworn upon his/her oath deposes and says that he/she is an authorized representative of the Unemployment Tax Division; that he/she has read the foregoing notice and Certificate of Lien by his/her subscribed; that he/she knows the contents thereof; and that the same is true.

Subscribed and sworn to before me on 02 21 23

Theresa Maile

(Notary Public)



NO. 2023-784439 CERTIFICATE OF LIEN

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