

Governor

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



THE DIVISION OF WORKERS' COMPENSATION

5221 Yellowstone Road Cheyenne, WY 82002 https://dws.wyo.gov

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# 800503604 Jan 6, 2024

Tracking # 30109584

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: JEFFREY GILSTRAP DBA JEFFREY D GILSTRAP, 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 2023	\$0.00	\$11.28	\$11.28
Premium	Q03 2023	\$957.88	\$19.48	\$977.36

This lien is for premium, interest and penalties and /or liabilities noted above, through Jan 6, 2024, plus accruing interest of 1% 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.

JEFFREY D GILSTRAP DBA G4 MASONRY LLC

40 UPPER PRAIRIE DOG RD

BANNER, WY 82832

That there is presently due an owing the sum of \$988.64 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

## STATE OF WYOMING LARAMIE COUNTY

1/22/2024 9:05 AM PAGE: 1 OF 1 2024-789845

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

I, Shannel Welsch, 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 Welsch, State of Wyoming, Division of Workers' Compensation

Lien Specialist, this \\ day of

Lavita D. Heller NOTARY PUBLICatary Public - State of Wyoming Commission ID- 141794 My commission expires on 03/03/2028

My Commission Expires 3 13 128

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