

STATE OF WYOMING
DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT TAX
CERTIFICATE OF LIEN

GREENLAND HOSPITALITIES 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 **PATRICK L GREEN**, 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 and interest as follows:

Q/Y	Tax	Interest**	Q/Y	Tax	Interest**	Total
3/2015	\$7,089.63*	\$395.34				\$7,484.97



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BOOK: PAGE: FEES: \$20.00 MFP CERTIFICATE OF LIEN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

**Interest accrued to: 01/06/2016

Fees: \$40.00

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,

819 COUNTRY CLUB ROAD, GILLETTE, WY 82718.

That no part of the said sum of \$7,524.97 has been paid and, the Department of Workforce Services hereby asserts and claim 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 COUNTY.
074234011

State of Wyoming
Department of Workforce Services
Unemployment Tax

By: _____

Peggy Lesser

STATE OF WYOMING)
) ss.
COUNTY OF NATRONA)

NO. 2016-724623 CERTIFICATE OF LIEN
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
WY DEPARTMENT OF WORKFORCE SERVICES PO BOX 2760
CASPER WY 82602

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

Subscribed and sworn to before me on **JAN 11 2016**.

(Notary Public)

[Signature]

