



Mark Gordon
Governor

State of Wyoming

Department of Workforce Services

THE DIVISION OF WORKERS' COMPENSATION

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



Elizabeth Gagen, J.D.
Director
Jason Wolfe
Deputy Director

Certificate of Lien

STATE OF WYOMING
SHERIDAN COUNTY

KNOW ALL MEN BY THESE PRESENTS:

WC# 800301815

Oct 9, 2024

Tracking # 30121444

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: TONGUE RIVER TWISTERS GYMNASTICS AND ACTIVITY CENT, 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	Q04 4	\$198.18	\$16.06	\$214.24
Premium	Q01 1	\$217.79	\$11.11	\$228.90

This lien is for premium, interest and penalties and /or liabilities noted above, through Oct 9, 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,

TONGUE RIVER TWISTERS GYMNASTICS AND ACTIVITY CENT
1850 GABRIELLE CT
SHERIDAN, WY 82801

That there is presently due an owing the sum of \$443.14 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



STATE OF WYOMING
LARAMIE COUNTY

2024-795236 10/24/2024 10:38 AM PAGE: 1 OF 1
BOOK: PAGE: FEES: \$20.00 IH 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.

By: Shannel Welsch

The foregoing was acknowledged before me by Shannel Welsch, State of Wyoming, Division of Workers' Compensation Lien Specialist, this 15 day of October 2024

Angelina Llamas
Signature

NOTARY PUBLIC

My Commission Expires 3/31/28

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

NO. 2024-795236 CERTIFICATE OF LIEN

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
WYO WORKER SAFETY & COMPENSATION 1510 E PERSHING BLV
CHEYENNE WY 82002

Collaborating to support a
thriving workforce
and economy.

EMPLOYER SERVICES
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