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STATE OF WASHINGTON  
EMPLOYMENT SECURITY DEPARTMENT  
VANCOUVER DISTRICT TAX OFFICE  
5411 E MILL PLN BLVD 3-C, VANCOUVER, WA 98661  
Tel: (360) 735-5050

FILED FOR RECORD  
SKAMANIA, WASH  
BY Emp. Sec. Dept.  
Nov 30 4 36 PM '00  
GARY H. OLSON  
AUDITOR

STATEMENT AND CLAIM OF LIEN  
RCW 50.24.050

**Lien Claim Against:**

KORY E AND JACQUELIN THOMPSON --, a marital community  
d/b/a MONEY NOW  
ES Reference No.: 074562-00-0, UBI No.: 601-031-261

**Claimant:** EMPLOYMENT SECURITY DEPARTMENT, STATE OF WASHINGTON

NOTICE IS HEREBY GIVEN that the Employment Security Department of the State of Washington claims a lien prior to all other liens or claims and on a parity with prior tax liens against all property and rights to property, whether real or personal, located in the County of SKAMANIA, State of Washington, now owned or hereafter acquired by the above named employer.

This lien is to secure payment of unemployment insurance contributions, penalties and/or interest due the Employment Security Department of the State of Washington, plus recording fees, for the period 4th Quarter 1998, 1st Quarter 1999, 2nd Quarter 1999, 3rd Quarter 1999, 4th Quarter 1999, 1st Quarter 2000, 2nd Quarter 2000, all of which aggregate:

One Thousand Seven Hundred Forty Dollars and Forty Eight Cents (\$1,740.48)

and all of which were incurred under and by virtue of the operations of said employer in respect to which services were performed for said employer under the provisions of the Employment Security Act.  
Interest accrues at 1% per month or fraction thereof. Late payment penalties accrue at 5% the first month, an additional 5% the second month, and an additional 10% the third month. Late report penalty is \$10.00. See RCW 50.12.220, 50.24.040.

It is hereby certified that an action was commenced, as provided by RCW 50.24.190 by execution of Notice of Assessment(s) (RCW 50.24.070) dated May 22, 2000 and November 6, 2000.

DONE UNDER MY HAND this 28th day of November, 2000 at VANCOUVER, WA.



By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

COMMISSIONER  
EMPLOYMENT SECURITY DEPARTMENT

*A. Penland*  
Authorized Representative