10194

Form 668 (Y)(c)

(Rev. February 2004)

Department of the Treasury - Internal Revenue Service

## **Notice of Federal Tax Lien**

Area: SMALL BUSINESS/SELF EMPLOYED AREA #4			Serial Number		For Optional Use by Recording Office		
Lien Unit Phon	ne: (800) 913-6	050 AREA #4	15	4548115			
Code, we are have been as a demand fo there is a lie property bel	e giving a notice ssessed against the or payment of the on in favor of the	that taxes (include following-name is liability, but it to the United States caxpayer for the	323 of the Internal uding interest and pled taxpayer. We had remains unpaid. The all property and amount of these tax may accrue.	enalties) we made herefore, rights to		2015 020	
Name of Taxpayer NEW BALANCE OCCUPATIONAL MEDICINE LLC ORANU G IBEKIE SOLE MBR a Corporation					წ კ 8 9		
Residence	751 E 81 MERRILLV	ST AVE	deument:	is		<u>U</u>	
unless notice	of the lien is refile following such dat	d by the date giver	r each assessment listen in column (e), this hot ertificate of release as	tice shall, defined operty	of	2015 N MICI	SI
Kind of Tax (a)	Tax Period Ending (b)	Identifying Nun	Date of Assessment	Last Da Refi (e	ling	Unpaid Ba	lance
941 941 941 941 941	09/30/2013 12/31/2013 03/31/2014 06/30/2014 09/30/2014	27-410553 27-410553 27-410553 27-410553	39 05/19/2014 39 06/16/2014 39 09/29/2014	06/18 07/16 1 0/29	2024 2/2024 2/2024 2/2025	16: 	512555 258.75 777.11 335.85 411.03
Place of Filing  COUNTY RECORDER  LAKE COUNTY  Total  CROWN POINT, IN 46307						\$ 1122	95.29
	as prepared and s		CHICAGO, IL			/	on this,
Signature	Cherf C	under	Title REVENU (219)	JE OFFIC 736-430		24-0	9-2014