Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services
Fiscal and Business Services
WC Assessments Section
350 Winter Street NE
Salem, OR 97301-3878
http://www.cbs.state.or.us
FAX 503-378-3134

December 13, 2007

DEMAND FOR PAYMENT

ATTENTION: PAYROLL
XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
PORTLAND, OR

RE: BIN XXXXXXX
AMOUNT DUE: $24.96

We have no record of receiving payment in full for our Statement of Account dated **11/05/2007**. If you believe that our records are in error, please contact me at the number below. Otherwise, DEMAND IS HEREBY MADE FOR PAYMENT IN FULL WITHIN 30 DAYS. Interest accrues on past due balances at 9.0% per annum (ORS 82.010).

If you are unable to pay in full, please contact us for payment plan information. **Be advised that failure to make payment arrangements or pay the requested amount by the due date will result in DCBS exercising all appropriate legal remedies to collect this debt. This may include initiating legal proceedings that result in the issuance of warrants and notices of garnishments, the right of offset, or assignment of this account to a collection agency.**

In the event your account is assigned for collection, you will be responsible for the collection agency's fee. This fee is 17% of the total dollars collected for in-state collections and 18% of total dollars collected for out-of-state collections.

NOTE: This notice addresses only balances owing and credits on your WBF assessment account. Additional notices may have been sent from this or other agencies regarding other payroll tax programs or account issues.

Please remit payment with the coupon below within 30 days of the date of this notice. A return envelope is provided for your convenience. Again, if payment has already been made, or if you need additional detail, please contact me at the number below.

Amber Gonzalez, Assessment Coordinator
503-947-7939

VA2375/VA8075

To ensure proper credit, detach and mail with your payment.

Name: XXXXXXXXXXXXXXXXXXXXXX
BIN: XXXXXXXXX
Due: $24.96

Contact Name: _____
Phone: _____

Check appropriate box below:

☐ **Payment already made**
☐ **Payment enclosed $** _____
(MAKE CHECK PAYABLE TO DCBS.)
☐ VISA ☐ MC ☐ Discover

_____ / _____
Card Number Exp. Date

_____ $ _____
Cardholder Signature Amount

Mail to:

DEPT CONSUMER AND BUSINESS SVCS
FISCAL SERVICES SECTION
PO BOX 14610
SALEM OR 97309-0445

VA2375/VA8075 1Q2006 **Do not write below this line**

AKG / 12132007 / 01172008 ASDM FISCAL USE ONLY 38042/0390

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Before