



STATE OF MICHIGAN  
DEPARTMENT OF TREASURY  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

ROBERT J. KLEINE  
STATE TREASURER

[REDACTED]  
CENTERLINE MI 48015

Date: April 22, 2010  
Account No: [REDACTED]  
Contact Telephone Number:  
[REDACTED]

Our records indicate that you have an outstanding liability with the State of Michigan. You have indicated circumstances that prevent you from making immediate full payment of the amount owed and you have requested to make monthly payments to liquidate your liability.

The installment agreement will begin with your payment \$300.00 due on 05/15/10.

We are offering you the privilege to enter into an installment agreement provided the following conditions are met. Please complete and sign the Installment Agreement (included) in its entirety and return it to our office along with your payment in the envelope provided.

Read the conditions under which this installment agreement is being granted to you. Continue making the payments that you have agreed to make on this debt. Each payment must be at least equal to or greater than the amount you indicated as your monthly payment plan remittance.

Failure to respond to this letter within 10 days will cause the State to take an enforcement action such as: a levy against wages, bank accounts or other financial assets. We hope to hear from you within 10 days. We prefer not to take an enforcement action, but must do so if you do not comply with our request.

Sincerely,

[REDACTED]  
Administrator, Collection Division

[REDACTED]  
Letter G-1069 (MARCS)

Enclosures:

Attachment  
Installment Agreement  
Envelope