



STATE OF NEW YORK
 WORKERS' COMPENSATION BOARD
 JUDGMENT UNIT
 20 PARK STREET
 ALBANY, NY 12207-1674
 866-298-7830

THIS AGENCY EMPLOYS AND SERVES
 PEOPLE WITH DISABILITIES WITHOUT
 DISCRIMINATION.

ALAN FRANKEN INC
 90 RIVERSIDE DR APT 2G
 NEW YORK NY 10024-5308

WCB EMPLOYER #: 1267821
 UIER #: 55-64934
 FEIN/SS #: 133599200

It is hereby certified that this is a true
 and correct copy of the original as filed
 with the Workers' Compensation Board

Judgment Unit
 Certified on NOV 28 2006

DATE: 08/08/2006

FINAL NOTICE *

Item	Description	Non-Compliance Dates	Accident Date	Balance Due
2005W0053973	Failure to Carry Workers' Comp Ins	06/29/2002-03/28/2005		\$25,000.00
Total Balance Due				\$25,000.00

* If payment is not received immediately, judgment will be filed and the employer is subject to seizure of assets, both business and personal, without further notice from the Board.

(Continued on reverse)

PAYMENT INSTRUCTIONS

In order to insure prompt credit of your payment, complete the following with the Date, Number and Amount of your check and return it, along with your payment to:

WORKERS' COMPENSATION BOARD
 FINANCE OFFICE - ROOM 301
 20 PARK STREET, ALBANY, NY 12207-1674

Please detach and return bottom portion with your payment.

FILED

MAY 29 2007

CITY CLERKS OFFICE
 NEW YORK

MAKE CHECKS PAYABLE TO "UNINSURED EMPLOYERS FUND".
 PLEASE INCLUDE YOUR WCB EMPLOYER NUMBER ON YOUR CHECK.

Employer	ALAN FRANKEN INC		WCB Employer #	1267821
			Customer ID #	1296211
Check Date		Check #	Check Amount	