

Michigan Department of Treasury
3480 (Rev. 7-06)

Installment Agreement Payment Voucher

Make your check payable to "State of Michigan-CD." Write your Account No./Social Security No. and Assessment No. on all checks and correspondence. Allow up to 14 days for processing. A return envelope is enclosed for your convenience. Mail payment and this voucher to:

Michigan Department of Treasury
Dept. 77437
P.O. Box 77000
Detroit, Michigan 48277-0437

Total Amount Due \$650.00	Due Date 08/30/13
Account No./Social Security No. F432093512	
Write Payment Amount Here	\$

Notify the Collection Division in writing if your address below is incorrect.

DO NOT WRITE IN THIS SPACE

000000750007 999988883 0000000000009 243209351204 4

NLMT SOLUTIONS, LLC (09/09)
316 N DRAKE RD
KALAMAZOO, MI 49009

6764
74-83632724
BRCH06

DATE 8-27-13

PAY TO THE ORDER OF State of Michigan-CD \$ 700.00

Seven hundred dollars and 00/100

DOLLARS

First Community
FEDERAL CREDIT UNION

FOR 432093512

Kmp

000000750007 999988883 0000000000009 243209351204 4



First Community Bank

FOR 432093512

First Community Bank

74632774
BRCH06

DATE 8-27-13

PAY TO THE ORDER OF State of Michigan - CD

\$ 900.00

DOLLARS

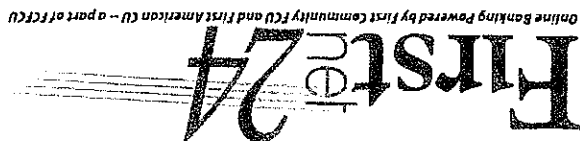
SEVEN HUNDRED DOLLARS AND 00/100

6764

000000700000

0005764# 0272483633: 00701733943#

Display Back Return



Online Banking Powered by First Community FCU and First American CU -- a part of FFCU

Live Support
I'm Online
Start Chat

My Accounts Bill Pay E Statement Options My Finance Additional

My First Net 24

Account Summary

Order Checks

Installment Agreement

Issued under the authority of P.A. 122 of 1941, as amended.
You must file this form if you wish to establish an installment agreement

Name NLMT SOLUTIONS LLC-SMOOTHIE KING		Type of Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other, specify: LLC		Social Security No., FEIN, or Michigan Account No. F432093512	
Address 316 N DRAKE RD		Home Telephone Number (269) 388-5464		Business Telephone Number (269) 388-5464	
City KALAMAZOO		State MI		ZIP Code 49009	

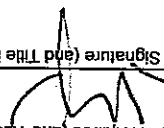
I (We) request an installment agreement to liquidate my (our) debt to the Michigan Department of Treasury and agree to pay the assessment(s) listed below in the following manner (attach additional sheets if necessary):

Assessment Number	Assessment Number	Assessment Number	Assessment Number	Assessment Number
Q422536, Q487382	Q771670 (11/08)	R275501 (05/09)	R630006, R888740	S093799
Q579221, Q656937	Q771671 (12/08)	R275502 (06/09)	TOTAL AMOUNT	
Q709245, Q771669	R275500 (04/09)	R630005 (09/09)	OUTSTANDING	
				\$17,189.18

If Business, enter information about all owners, partners, officers, major shareholders, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	% of Ownership
Matthew Kemp	6/2006	2444444444	269-615-2587	258 575 917	100

Proposed monthly payments \$ 650.00 due on or before the 30TH NEXT PMT 07/30.

Signature Required (and Title if Corporate Officer or Partner)	Social Security Number	Date
	358-545987	7-20-12
Spouse Signature (and Title if Corporate Officer or Partner)	Social Security Number	Date

Your request for an installment agreement to liquidate your debt to the Michigan Department of Treasury will be reviewed. If it is not approved, you will be notified. Make checks and money orders payable to the State of Michigan - CD and include your account number (Social Security No., FEIN, or Michigan Account No.) to ensure proper handling.

Bank Name and Address (required)	Employer Name and Address (required)

You should understand that this installment agreement is granted under the following conditions.

If a tax debt:
Lien will be filed against your real and personal property to protect the interest of the State (this is a public record).
Penalty will be charged as provided by statute.
Interest will be charged each month on the unpaid balance as provided by statute.
All other debts:
All delinquent tax returns must be filed before an installment agreement can be issued.
All tax returns and estimated payments that become due during the term of this agreement must be filed and paid on time.
Permission to make installment payments may be withdrawn and the entire tax liability may be collected by levy on income or by seizure of property without further notice if the conditions of this agreement are not met, or if it is determined that collection of these taxes is endangered.
Application of payments under this agreement are at the discretion of the Michigan Department of Treasury.
If debt is a student loan, interest at the rate specified in the agreement will continue to accrue. Payment of the principal does not clear your liability until the related interest is computed and paid.
Any refund, vendor payment or other credit due to you from the State of Michigan may be applied as an additional payment on this debt. For Department of Education debts, your federal income tax refund may be applied.
This agreement is based on your current financial circumstances and is subject to periodic reviews, revision and cancellation if subsequent financial statements required by the Michigan Department of Treasury reflect a change in your ability to pay.
If receiving vendor income you MUST also complete Collection Information Statement Form 3189 for Individuals or Form 856 for Businesses (please request these forms by calling the Collection Division at (517) 636-5250).

SECOND AMENDMENT TO LEASE

THIS SECOND AMENDMENT TO LEASE dated January 13, 2012, is a rider to and forms part of the "Lease Agreement" dated May 12, 2006, *between DRAKE ROAD, L.L.C.*, as Landlord, whose address is 211 East Water Street, Suite 201, Kalamazoo, MI 49007, and *NLMT SOLUTIONS*, as Tenant, whose address is 316 N. Drake Road, Kalamazoo, MI 49009 **FOR THE PREMISES DESCRIBED AS:** 316 N. Drake Road, Kalamazoo, MI 49009.

WHEREAS, the Lease Term expired July 31, 2011; and

WHEREAS, the Landlord and Tenant wish to extend the Lease Term through January 31, 2013; and

WHEREAS, Tenant has requested a Rent reduction.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, Landlord and Tenant hereby amend the Lease per the following:

1. **Renewal.** The first Renewal Term of one (1) years is hereby exercised.

2. **Rent.** Beginning January 13, 2012, Minimum Rent and Additional Rent shall be payable as set forth in the original Lease agreement except that Minimum Rent shall be payable as follows:

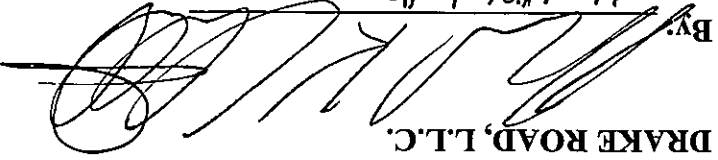
January 13, 2012 – January 31, 2013 \$16.04 PSF; \$19,248.00/year; \$1,582.07/month

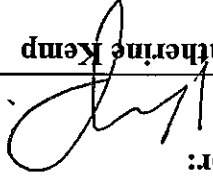
3. **Signed in Counterparts.** This Amendment to Lease may be signed in any number of counterparts, each of which will be deemed to be an original, and all counterparts together will constitute one and the same agreement. Facsimile signatures, or scanned signatures delivered by email with read receipt requested and received, may be relied upon as original signatures.

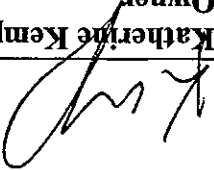
EXCEPT AS MODIFIED BY THIS AMENDMENT, ALL OF THE OTHER TERMS AND PROVISIONS OF THE LEASE ARE HEREBY RATIFIED AND REAFFIRMED AND SHALL CONTINUE TO BE BINDING ON LANDLORD AND TENANT. IN THE EVENT OF A CONFLICT OR INCONSISTENCY BETWEEN THIS AMENDMENT AND ANY OTHER TERMS OF THE LEASE, THE TERMS OF THIS AMENDMENT SHALL GOVERN. THE TERMS OF THIS AMENDMENT MAY ONLY BE MODIFIED BY A WRITING EXECUTED BY BOTH PARTIES. THIS AMENDMENT MAY BE EXECUTED IN MULTIPLE COUNTERPARTS. FACSIMILE SIGNATURE COPIES OF THIS AMENDMENT SHALL BE ENFORCEABLE AND OF THE SAME EFFECT AS ORIGINAL SIGNATURES. THE PARTIES AGREE THAT THEIR ENTIRE AND COMPLETE AGREEMENT WITH REGARD TO THE SUBJECT HEREOF IS INCORPORATED INTO THIS AMENDMENT.

The Parties hereto have set their hand on the date and year first above written.

[Signature Page Follows]

LANDLORD:
DRAKE ROAD, L.T.C.
By: 
Its: Authorized Agent

Guarantor:
By:  Katherine Kemp

TENANT:
NMLT, L.T.C.
By:  Katherine Kemp
Its: Owner

NLMT SOLUTIONS, LLC (09/09)
316 N DRAKE RD
KALAMAZOO, MI 49009

6802
74-8363/2724
BRCH06

VOTED

DATE

PAY
TO THE
ORDER OF

DOLLARS



FOR

MP

⑆006802⑆ ⑆272483633⑆ 00701733943⑆

LICENSE NO.

SFE2539053879

STATE OF MICHIGAN
LICENSE

EXPIRES: 4/30/2014

ISSUED BY THE MICHIGAN DEPARTMENT OF
AGRICULTURE TO OPERATE A FOOD SERVICE
ESTABLISHMENT UNDER THE PROVISIONS OF
THE MICHIGAN FOOD LAW BEING ACT 92 OF
THE PUBLIC ACTS OF 2000.

316 N DRAKE RD KALAMAZOO 49009

IS GRANTED TO:

KATHERINE KEMP

SMOOTHIE KING

PO BOX 20414

KALAMAZOO, MI 49019

THIS LICENSE IS NOT TRANSFERABLE
AS TO PERSON OR PLACE. NOTIFY
THE LOCAL HEALTH DEPARTMENT
PRIOR TO CHANGE OF OWNERSHIP.
(SECTION 4123)
RESTRICTIONS OR CONDITIONS:

10252626505000 ADD
Rev 06-12-10-2011

1102-12-10-2011

DRIVER LICENSE

KATHERINE KEMP
204 WOODWIND CIR
KALAMAZOO, MI 49006-4163

DOB 06-12-1968
DOB 06-12-1968
DOB 06-12-1968

ISS 06-05-2013
EXP 06-05-2017

Sex F
Hgt 507
Eyes BRO
End NONE
Lic Type 0
Restrictions Corrective Lens

10252626505000 ADD

DIRECT INQUIRIES TO:

KALAMAZOO CO HEALTH & COMMUNITY SERVICES 2539

OPERATOR COPY

FAILURE TO POST IN A CONSPICUOUS PLACE IS A MISDEMEANOR SECTION 17A1101 CI 01N 14/00001

164 (Rev. 7-08)

STATE OF MICHIGAN
DEPARTMENT OF TREASURY

NLMT SOLUTIONS LLC
SMOOTHIE KING
316 N DRAKE RD
KALAMAZOO MI 49009

**Sales Tax
License**
ACCOUNT NUMBER
E 43-2093512

EXPIRATION DATE
SEPT 30, 2014

Tax Codes	Type	Co-City	5	34	001	K	Loc.	Seas. Months	Fiscal	File Class
500000	549	39							06	L

Issued under authority of P.A. 167 of 1933, as amended.