

Ent	Name	Acct No	Invoice	Date	Reference	Amount	Discount	Net
84300	EI Portal Center LLC	1180-36600	01/06/16	1/6/2016	Tax abatement applic	1,000.00	0.00	1,000.00
Payor: EI Portal Center LLC		Vendor ID		Date	Check No.	Check Amount		
Payee: County of Webb		547972		1/6/2016	004171	1,000.00		

Retain this statement for your records

THE FACE OF THIS DOCUMENT HAS MICROPRINTING. DO NOT CASH IF MISSING. THE BACKGROUND WILL EXPOSE A HIDDEN VOID WHEN PHOTOCOPIED.

**EI Portal Center LLC**  
**5000 Hakes Drive, Suite 500**  
**Muskegon, MI 49441**

Bank of America  
 135 South LaSalle Street  
 Chicago, IL 60603

2-3  
 710 IL

Date	Check No.	Check Amount
1/6/2016	004171	<b>\$1,000.00</b>

**One Thousand AND 00/100 Dollars**

Pay to the order of:

VOID IF NOT CASHED WITHIN 180 DAYS WITHIN DATE OF ISSUE

**County of Webb**



llcr

⑈004171⑈ ⑆071000039⑆ 5800685223⑈