



**Certificate Releasing  
Massachusetts Attorney General  
Tax Lien**

Rev. 5/00  
Massachusetts  
Department of  
Revenue

The tax lien recorded on 01/28/10 with respect to the following named taxpayer  
is hereby released insofar as it relates to the following.

Lien No. AG100013

Lien Amt. \$220.00

**Lien Address**

Marcus T. Gordon  
[Redacted]

**Business**

Merrimack Valley Women's Health Services, LLC  
[Redacted]

RECEIVED AND RECORDED  
NORFOLK COUNTY  
REGISTRY OF DEEDS  
DEDHAM, MA

CERTIFY

*William P. O'Donnell*  
WILLIAM P. O'DONNELL, REGISTER

Registry of Deeds: Norfolk

James Powers  
Director, Offer in Settlement Unit  
Collections Bureau  
200 Arlington Street  
Chelsea, MA 02150

# Commonwealth of Massachusetts

## NOTICE OF MASSACHUSETTS TAX LIEN

*Pursuant to the provisions of Section 50 of Chapter 62C of the General Laws, notice is hereby given that penalties have been assessed against the following-named employer which remain unpaid, and that the amount, together with interest, is a tax lien in favor of the Commonwealth of Massachusetts pursuant to G.L. c.149, §27C(b)(7) on upon all property and rights to property belonging to said employer.*

<b>Name:</b>	Marcus T. Gordon	<b>Company:</b>	Merrimack Valley Women's Health Services, LLC
<b>Address:</b>	[REDACTED]	<b>Address:</b>	
<b>SS#:</b>	[REDACTED]	<b>ID#:</b>	[REDACTED]

**Date of Lien:** 1/27/10  
**Lien Number:** AG100013  
**Lien Type:** Wage Violation, Civil Citation #WH090223  
**Assessment Date:** 1/27/10  
**Penalty Amount:** \$100.00  
**Restitution Amount:** \$120.00  
**Statutory Additions:** Interest at 18% per annum from Assessment Date  
**Original Lien Amount:** \$220.00

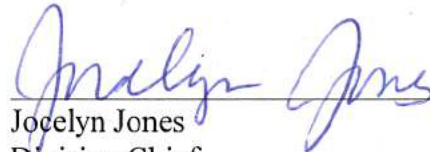
### PLACE OF FILING

Registry of Deeds: Norfolk  
 Secretary of State

**Date Filed:**

RECEIVED AND RECORDED  
 NORFOLK COUNTY  
 REGISTRY OF DEEDS  
 DEDHAM, MA

CERTIFY  
  
 WILLIAM P. O'DONNELL, REGISTER



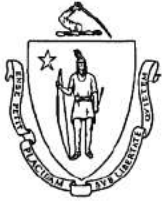
Jocelyn Jones  
 Division Chief  
 Fair Labor Division  
 Office of the Attorney General  
 One Ashburton Place, Room 1813  
 Boston, MA 02108

*For penalty payment information, please contact the Massachusetts Department of Revenue, Lien Department, P.O. Box 7021, Boston, MA, 02204, 617-887-6507*

*For restitution payment information or other questions, please contact the Office of the Attorney General, Fair Labor Division, P.O. Box 6303, Boston, MA 02114, 617-727-2200 x2329*

OFC. OF ATTY GENERAL  
 1 ASHBURTON PL  
 BOSTON MA 02108

# CITATION FOR VIOLATION OF MASSACHUSETTS WAGE AND HOUR LAWS



The Commonwealth of Massachusetts  
Office of the Attorney General  
Fair Labor Division  
One Ashburton Place, Rm. 1813  
Boston, MA 02108

Marcus Gordon, MD, Individually and  
Merrimack Valley Women's Health Service, LLC  
9 Branch Street  
Methuen, MA 01844

**Order of Restitution \$120.00**       **Civil Penalty \$100.00**      **Total Due \$220.00**  
 **You are hereby ordered to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws, Chapters 149 and 151.**  
 **Second or subsequent offense**

After an investigation by the Fair Labor Division, you have been found in violation of the following provision(s) of the Massachusetts General Laws:

**M.G.L c.149, § 148**      **Failure to make timely payment of wages due and owing from 5/13/09 to 6/6/09 :**  
**Violation #**      1.  Employee: \_\_\_\_\_ Restitution \$120.00  
2.  Employee: \_\_\_\_\_ Restitution \$ \_\_\_\_\_  
3.  Employee: \_\_\_\_\_ Restitution \$ \_\_\_\_\_  
4.  Employee: \_\_\_\_\_ Restitution \$ \_\_\_\_\_  
5.  Employee: \_\_\_\_\_ Restitution \$ \_\_\_\_\_  
6.  Employee: \_\_\_\_\_ Restitution \$ \_\_\_\_\_  
 **Intentional**     **Unintentional**  
 See attached for list of additional violations.      Penalty \$100.00 + Total Restitution \$120.00 = \$220.00

**M.G.L c.149, § 148**      **Failure to furnish a suitable pay slip, check stub or envelope showing the name of the employer, the name of the employee, the day, month, year, number of hours worked, and hourly rate and the amounts of deductions or increases made for the pay period from  / /  to  / /  :**  
**Violation #**      1.  Employee: \_\_\_\_\_  
2.  Employee: \_\_\_\_\_  
3.  Employee: \_\_\_\_\_  
4.  Employee: \_\_\_\_\_  
5.  Employee: \_\_\_\_\_  
 **Intentional**     **Unintentional**  
 See attached for list of additional violations.      Penalty \$ \_\_\_\_\_

**M.G.L c.149, §148B**      **Misclassification of employee(s) as independent contractor(s) from  / /  to  / /  :**  
**Violation #**      1.  Employee: \_\_\_\_\_  
2.  Employee: \_\_\_\_\_  
3.  Employee: \_\_\_\_\_  
4.  Employee: \_\_\_\_\_  
5.  Employee: \_\_\_\_\_  
 **Intentional**     **Unintentional**  
 See attached for list of additional violations.      Penalty \$ \_\_\_\_\_

Citation # WH090233

Inspector: Liz Valadao

Date issued: 12/10/09

By Certified Mail # 7009 2250 0004 0998 4106 and

First Class Mail 12/10/09

### Payment Instructions for Civil Citation

**Payments for orders of restitution and civil penalties must be made payable to the Attorney General's Office and sent to:**

**Office of the Attorney General  
Fair Labor Division  
Civil Citation Unit  
P.O. Box 6303  
Boston, MA 02114**

Only certified checks, bank checks or money orders will be accepted. Please include a copy of the citation and write the citation number (located at the bottom center of the reverse side) on your check.

### Failure to Comply With Civil Citation

In accordance with Massachusetts General Law chapter 149, sections 27C(b)(6) and (7), failure to pay any civil penalty within 21 days of receipt of this citation will result in a one year debarment from bidding on public works projects and a lien for the amount of such penalty and any restitution ordered, plus 18% interest upon the real estate or personal property of the person who has failed to pay such penalty and may result in a criminal prosecution and/or stop work order unless a notice of appeal has been filed with the Attorney General and the Division of Administrative Law Appeals within 10 days of receipt of this citation.

### Right to Appeal This Citation

You have the right to appeal the issuance of this citation to the Division of Administrative Law Appeals ("DALA"). A notice of this appeal must be filed with both the Attorney General and DALA within **10 days** from receipt of the citation.

An employer appealing a citation will be granted a hearing before DALA in accordance with the provisions of General Laws chapter 30A. After the hearing, DALA may affirm, vacate or modify the citation. G.L. c. 149, § 27C(b)(4).

Anyone aggrieved by DALA's decision may appeal to the Superior Court "within thirty days after receipt of notice of the final decision . . . or if a petition for rehearing has been timely filed . . ., within thirty days after receipt of notice of . . . denial of such petition for rehearing." G.L. c. 30, § 14(1).

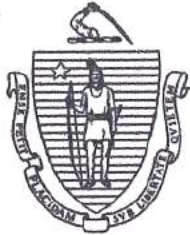
To appeal this citation you must file a notice of appeal within ten days to **both** of the following agencies and **please enclose a copy of the civil citation you are appealing:**

**Office of the Attorney General  
Fair Labor Division  
Civil Citation Unit  
One Ashburton Place, Rm. 1813  
Boston, MA 02108**

**& Division of Administrative Law Appeals  
98 North Washington Street, 4th Floor  
Boston, MA 02114**

### Order to Comply With the Law

This citation contains an order for you to rectify all infractions immediately and to comply with all provisions of Massachusetts General Laws Chapters 149 and 151. In order to fully comply with this order you must familiarize yourself with your legal obligations as an employer in Massachusetts. A subsequent violation of Massachusetts wage and hour law may result in your being charged as an intentional or willful subsequent offender.



MARTHA COAKLEY  
ATTORNEY GENERAL

# THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION  
ONE ASHBURTON PLACE, ROOM 1813  
BOSTON, MASSACHUSETTS 02108

(617) 727-2200  
(617) 727-3465 HELPLINE  
[WWW.MASS.GOV/AGO](http://WWW.MASS.GOV/AGO)

## Non-Payment of Wage and Workplace Complaint Form- Page 2

Name of Employee: \_\_\_\_\_

Do you speak English? Yes  No  What language would you prefer we contact you in? \_\_\_\_\_

What type of work did you perform? CNA cleaning.

Name of employer MERRY MACK VALLEY WOMENS HEALTH SERVICES

Are you currently working for this employer? Yes  No

If applicable, reason for end of employment? Quit  Discharged

Did you sign a contract with the employer? Yes  No

Is an attorney representing you? Yes  No

Has a community organization or union helped you file this complaint? Yes  No

If yes, please provide name(s) of the attorney, organization, or union; as well as a contact person, address, and phone number. \_\_\_\_\_

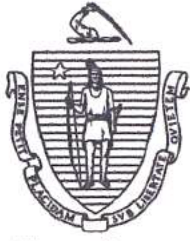
Did you ask to get paid the wages you are owed? Yes  No

If yes, what was the employer's response? \_\_\_\_\_

Have you taken any other action against the employer regarding this problem? Yes  No

If yes, please explain. \_\_\_\_\_

An employer does not have the right to threaten, discriminate, or retaliate against you because of your efforts to collect wages. If this has happened to you, please explain. NOT RECEIVING WAGES BECAUSE EMPLOYER THINKS I'M WITHHOLDING INFORMATION



MARTHA COAKLEY  
ATTORNEY GENERAL

# THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION  
ONE ASHBURTON PLACE, ROOM 1813  
BOSTON, MASSACHUSETTS 02108

(617) 727-2200  
(617) 727-3465 HELPLINE  
[WWW.MASS.GOV/AGO](http://WWW.MASS.GOV/AGO)

## Non-Payment of Wage and Workplace Complaint Form- Page 3

**Employer Information.** Please provide as much information as you can.

Company name MERRYMAK valley womens Health Services  
Other business name(s) used by employer \_\_\_\_\_  
Company address 9 City METHUEN State ma. Zip 01844  
Company owner/president name DR. MARCUS GORDON License plate number(s) \_\_\_\_\_  
Owner/president home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Owner/president phone (workplace, cell, and/or home) 978-688-7222  
If known, total number of employees in company \_\_\_\_\_ Local manager/supervisor name(s) \_\_\_\_\_  
City/town(s) where work was performed METHUEN, MA

**Reason for Filing Complaint.** Check all that apply and provide details below. If you are not sure which category applies, just describe your situation below.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Minimum wage violation          | <input type="checkbox"/> Meal period violation       | <input type="checkbox"/> Child labor                                     |
| <input checked="" type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Overtime pay violation      | <input type="checkbox"/> Unpaid commissions                              |
| <input type="checkbox"/> Vacation pay violation*         | <input type="checkbox"/> Sunday overtime/holiday pay | <input type="checkbox"/> Failure to provide personnel records            |
|  |  | <input type="checkbox"/> Other _____<br><small>(specify "Other")</small> |

\*If possible, please attach a copy of the company vacation policy.

Time period of violation(s) is from 5-13-09 to 6-6-09  
(month/day/year) (month/day/year)

Your most recent rate of pay? \$ 20.00 per hour or week (circle one) Total amount owed? \$ 120.00 Before taxes.

Please provide detailed information about what happened and what you are owed. I worked 2 SATURDAYS worth of cleaning for 2 1/2-3 hrs of work BOTH DAYS. He won't give me my check because he thinks I have a clipboard that belongs to him with numbers of vendors + invoice numbers BUT I made THAT clipboard on my own before he took over. so he is holding my check.

### CERTIFICATION:

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

[Redacted Signature]	[Redacted Name]	7-22-09
<small>Signature</small>	<small>PRINT your name</small>	<small>Date signed</small>