NEW JERSEY LAWYERS' FUND FOR CLIENT PROTECTION

Letter dated January 4, 2011

(Re: Enforcement of obligation to pay Judgment No. MER L-5664-94 through the Comprehensive Enforcement Program)

> This page is for information only and is Not part of the attached document(s). It was created by Kenneth F. Irek for clarification and indexing.

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FOR CLIENT PROTECTION

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January 4, 2011

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Mr. Kenneth Frank Irek Suite C-1 19240 Nordhoff Street Northridge, CA 91324

Re: New Jersey Lawyers' Fund for Client Protection v. Kenneth F. Irek Docket No.: MER-L-0005664-94; J-082161-95; Our File No.: CPF-510

Dear Mr. Irek:

I am writing to you regarding the Judgment obtained against you from the New Jersey Lawyers' Fund for Client Protection for a claim filed by an individual to whom we reimbursed money many years ago. There is a balance due and owing to the Fund in the amount of \$5,000.00 on this Judgment. It is necessary that you contact us immediately regarding your intention to reimburse the Fund for the balance on this Judgment.

Failure to contact us to work out a payment schedule could result in you being placed on the next Comprehensive Enforcement Plan Hearing List and a Bench Warrant for your arrest likely being placed against you. Please contact me at (609) 633-2434 as soon as possible.

Very truly yours,

Ruby D. Lochran
Ruby D. Cochran

RDC:sjb encl(s)

Sent by Regular Mail and Certified Mail, R.R.R.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the care Attach this card to the back or on the front if space permit 	s desired. on the reverse d to you. of the mailpiece.	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: Kenneth Frank Drek Suite C-1 19240 Nordhoff Street		D. Is delivery address different from item 1?	
19240 nordhoff northridge, ca	. 91324	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	
2. Article Number		4. Restricted Delivery? (Extra Fee)	
(Transfer from service label)	7009 08	104P PSE8 0000 058	
PS Form 3811, February 2004	February 2004 Domestic Return Receipt 102595-02-M-154		

9603	U.S. Postal Service ™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
4	For delivery information visit our website at www.usps.com				
6	OFFICIAL USF				
832	Postage	\$			
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0000	Return Receipt Fee (Endorsement Required)		Postmark Here		
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082	Total Postage & Fees	\$			
7009	Sent To Kenneth Frank Irel Street, Apt. No.; Suite C-1 Or PO Box No. Suite C-1 City, State, ZIP+4 19 Mard Auff St.				
•	PS Form 3800, August 20	06	See Reverse for Instructions		