

STATE OF OREGON  
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
WORKERS' COMPENSATION DIVISION

In the Matter of the Noncompliance of

**TRIANGLE C INVESTMENTS LLC**  
**a Limited Liability Company**

Employer (WCD Employer No. 3312261)

PROPOSED AND FINAL ORDER  
DECLARING NONCOMPLIANCE  
AND ASSESSING CIVIL PENALTY

Order No. 40005-AB

To: **Christina Marie Suing**, Registered Agent, TRIANGLE C INVESTMENTS LLC

BASIS FOR ORDER

ORS 656.017(1): "Every employer subject to this chapter shall maintain assurance with the Department of Consumer and Business Services (DCBS)...by qualifying: (a) As a carrier-insured employer; or (b) As a self-insured employer, as provided by ORS 656.407."

ORS 656.052(1): "No person shall engage as a subject employer unless and until the person has provided coverage under ORS 656.017 for subject workers the person employs. (2) Whenever the Director of DCBS has reason to believe that any person has violated subsection (1) of this section, the Director shall serve upon the person a proposed order declaring the person to be a noncomplying employer and containing the amount, if any, of civil penalty to be assessed under ORS 656.735(1)."

ORS 656.735 and OAR 436-080-0040 control the amount of civil penalties to be assessed. Further, ORS 656.735 establishes that any person, corporation and its officers and directors, limited liability company and its members and managers, limited liability partnership or foreign limited liability partnership and its limited liability partners, partnership and its partners who violate ORS 656.052, shall be jointly and severally liable for any civil penalties assessed by the director under this section and any claims costs incurred under ORS 656.054.

FINDINGS AND CONCLUSION

During the period of March 7, 2024 to March 28, 2025, TRIANGLE C INVESTMENTS LLC was the employer of one or more Oregon subject workers and did not maintain assurance with the Director of DCBS by qualifying as a self-insured employer, under ORS 656.407, nor cause proof of coverage to be filed with DCBS as a carrier-insured employer. Therefore, this employer is in violation of workers' compensation coverage requirements under ORS 656.052 and ORS 656.017.

ORDER

The Director of the Department of Consumer and Business Services through its Performance Section/Workers' Compensation Division orders that TRIANGLE C INVESTMENTS LLC be declared a noncomplying employer for the period of March 7, 2024 to March 28, 2025 and further orders that TRIANGLE C INVESTMENTS LLC pay a civil penalty in the amount of \$7,397.00 for

violating ORS 656.407, ORS 656.052, and ORS 656.017. This order becomes final 60 days after the mailing date of this order, unless appealed. Penalties are due and payable within 10 days after the order becomes final.

The Director further orders that the noncomplying employer, as well as the members and managers, including but not limited to Christina Marie Suing and Bryon Cody Suing, shall be jointly and severally liable for all civil penalties assessed under ORS 656.735 and all costs to the Workers' Benefit Fund incurred under ORS 656.054.

Dated and mailed April 8, 2025.



For:

Kathleen Bruns, Employer Compliance Manager  
Workers' Compensation Division  
Department of Consumer and Business Services  
PO Box 14480  
Salem, OR 97309-0405  
(P) 503-947-7815 (F) 503-947-7718  
wcd.employerinfo@dcbs.oregon.gov

cc: TRIANGLE C INVESTMENTS LLC file  
Christina Marie Suing, Member TT  
Bryon Cody Suing, Member TT

As indicated by placing my initials (TT) next to the names in the copy section of this document, I certify that I caused to be mailed on 04/08/2025 by certified and regular mailing a true, exact and full copy of this document with postage paid. Signed: Tracy Trink

## **NOTICE:**

**If you disagree with and wish to contest this Order**, you can request a hearing from: Administrator, Workers' Compensation Division, PO Box 14480, 350 Winter St. NE, Salem, OR 97309-0405.

1. **Your request for hearing must be in writing.**
2. **You must state the reason(s) why you disagree with the Order.**
3. **The burden is upon the employer to prove that the Order is incorrect.**
4. **Your request for hearing must be postmarked or delivered within 60 days of the mailing date of this Order.**

**If a claim was filed during the period of noncompliance and you believe the worker's claim is not valid**, you can request a hearing from: Workers' Compensation Board Hearings Division, 2601 25<sup>th</sup> St. SE, Suite 150, Salem, OR 97302-1282.

**Your request must be in writing. It should include the following:**

1. **The words "noncomplying employer" or "NCE" at the top of your request**
2. **The name of your business**
3. **The name of the worker**
4. **A statement that you request a hearing**
5. **A brief statement of why you object to the claim**

A hearing shall not be granted unless a request for hearing is filed within the 60 days of the mailing date of this Order. If a request for hearing is not so filed, the Order as proposed shall be a final order of the Department and shall not be subject to review by any agency or court.

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## **PENALTY REDUCTION:**

If you acknowledge you were noncomplying and now have the required insurance or are otherwise nonsubject, you may be able to reduce the penalty amount, but not other associated costs. Penalty reductions are allowed by rule (OAR 436-080-0040). The computation for reduction is based on gross payroll. To be eligible for a reduction, you must do all of the following, prior to the Order becoming final:

1. Have verifiable coverage in effect per ORS 656.017 or otherwise be nonsubject.
2. Provide adequate payroll information to enable us to calculate the amount of premium you avoided.
3. Not contest the penalty order.
4. Pay the reduced penalty amount (or scheduled payments) timely.

The original civil penalty amount may be reinstated if requirements of OAR 436-080-0040 are not met.

To request a penalty reduction, the Employer Compliance Unit can be reached via phone at 1-888-877-5670 or 503-947-7815, fax at 503-947-7718 or email at [wcd.employerinfo@dcbs.oregon.gov](mailto:wcd.employerinfo@dcbs.oregon.gov).

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## **PAYMENT INFORMATION:**

When making payment, reference Order No. 40005–AB in the memo section of the check to ensure your payment is properly recorded. Your check should be made payable to the Department of Consumer and Business Services, and sent to the following address:

Department of Consumer and Business Services (DCBS)  
ATTN: Fiscal Services  
PO Box 14610  
Salem, OR 97309-0445

If you would like to pay the balance owed in full via credit card, contact DCBS Cashiering at 503-947-7891. If you would like to make payment arrangements other than paying the balance owed in full, contact DCBS Accounts Receivable at: [Accts.Receivable@dcbs.oregon.gov](mailto:Accts.Receivable@dcbs.oregon.gov).

If you do not understand this Order, you should contact your attorney at once or call the Employer Compliance Unit at 1-888-877-5670 or (503) 947-7815.