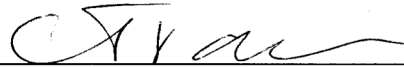


Direct inquiries to:
DIVISION OF CHILD SUPPORT
PO Box 11520
Tacoma WA 98411-5520

(360) 664-6900 or if calling long distance (800) 345-9964

March 12, 2014

Date



Authorized Representative
DIVISION OF CHILD SUPPORT

STATE OF WASHINGTON)

) SS.

COUNTY OF Thurston)

I certify that I know or have satisfactory evidence that

W NEELEY

is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Signature



Title

Notary

My appointment expires

10/1/2015

In reply, refer to:
Case #: 2300147

