

IOWA DEPARTMENT OF HUMAN SERVICES

By

Child Support Recovery Unit

IA _____

STATE OF IOWA

COUNTY OF _____

SS

On this ____ day of _____, _____, before me, the undersigned, a Notary Public, personally appeared _____, to me known to be the identical person named in and who executed the foregoing instrument on behalf of the Department, and acknowledged that the above named voluntarily executed the same according to the authority of this office, and as the voluntary act and deed of said Department.

Notary Public

Commission Expires: _____