

Employers/Income Withholder's FEIN 460307561

Summers, Tracy

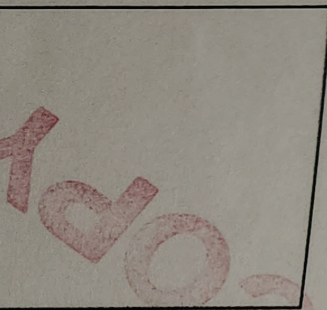
Custodial Party/Obligee's Name (Last, F

Child(ren)'s Name(s) (Last, First, Middle)

Summers, Sophie
Summers, Fletcher
Summers, Simone

Child(ren)'s Birth Date(s)

March 9, 2005
February 29, 2008
October 16, 2014



ORDER INFORMATION: This document is based on the support order from SD (State/Tribe). You are required by deduct these amounts from the employee/obligor's income until further notice.

\$	600.00	per MONTH	current child support
\$	150.00	per MONTH	past-due child support - Arrears greater than 12 weeks?
\$		per	current cash medical support
\$		per	past-due cash medical support
\$		per	current spousal support
\$		per	past-due spousal support
\$		per	other (must specify)
for a Total Amount to Withhold of \$750.00 per MONTH.			

do not have to vary your pay cycle to be in compliance with the Order Information

Yes