

# WAGE ASSIGNMENT

**ASSIGNOR's (Borrower/Employee) NAME AND ADDRESS**

RON JONES  
1015 EAST BOBBY COURT  
MILLERSVILLE, TN 37072-

**ASSIGNORS SOCIAL SECURITY NUMBER**

545-45-4544

**EMPLOYER'S NAME AND ADDRESS**

**AOCG**  
716 VAUXHALL DRIVE  
NASHVILLE, TN 37072-

<b>Loan Number:</b>	TL13R	<b>Annual Percentage Rate</b>	0.24%
<b>Loan Date:</b>	11/14/2005	<b>Finance Charge</b>	\$20.00
<b>Loan Maturity Date</b>	12/14/2005	<b>AMOUNT FINANCED</b>	\$1,000.00
		<b>TOTAL OF PAYMENTS</b>	\$1,020.00

This Wage assignment is being executed by me ("Assignor") to secure the above reference loan given to me by Alpha Omega Consulting Group, Inc. ("Assignee"). If after the Loan Maturity Date, I am in default under the terms of my loan agreement, Assignee will have the right, pursuant to and in accordance with the Illinois Wage Assignment Act 740 ILCS 170.01 et. Seq., to collect the amount due from my present employer or a future employer. I understand that I may revoke this assignment of wages at will by written notice to Assignee.

The maximum wages, salary, commissions and bonuses that may be collected by Assignee herein for any work week shall not exceed the lesser of (1) 15% of such gross amount paid for that week or (2) the amount by which disposable earnings for a week exceed 45 times the Federal Minimum Hourly Wage prescribed by Section 206 (1) of title 29, U.S.C. as amended, in effect at the time the amount are payable. The term "Disposable Earnings" means that part of the earnings remaining after the deduction from those earnings of any amounts required by law to be withheld.

Any undersigned debtor may revoke his assignment of wages at will by written notification to the holder by certified mail return receipt and signature requested. This assignment shall remain effective as to all of the undersigned debtors not electing to revoke this assignment

By signing, I acknowledge receipt of a completed and exact copy of this Wage Assignment. By signing, I further state that i have read, understand and agree to each term of this Assignment.

I hereby authorize, empower and direct my employer to pay Assignee any and all monies due or to become due Assignor hereon, authorize Assignee to receive the same, and release and discharge employer from all liability to me on account of monies paid in accordance herewith. No copy of the Wage Assignment shall be served on employer except in conformity with applicable law.

# WAGE ASSIGNMENT

ASSIGNOR

Date 11/14/2005

ASSIGNEE

Alpha Omega Consulting Group, Inc.

Date 11/14/2005