Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Flaviany Antonia	Middle Name (if any) N/a	Family Name (Last Name) DE AZEVEDO MEDEIROS
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Form I-485, Application to Register Permanent Residence or Adjust Status

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Nara Julia	Middle Name (if any) N/A	Family Name (Last Name) FERREIRA DA SILVA

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Nara Julia	Middle Name (if any) N/A	Family Name (Last Name) Ferreira da Silva

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Form I-131, Application for Travel Documents

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Nara Julia	Middle Name (if any) N/A	Family Name (Last Name) Ferreira da Silva

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 630.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: AOS
P.O. Box 805887
Chicago, IL 60680

RE: Form I-130, Petition for Alien Relative
Petitioner: Flaviany Antonia de Azevedo Medeiros (A-216042420)
Beneficiary: Nara Julia Ferreira da Silva (Spouse);

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Flaviany Antonia de Azevedo Medeiros and Nara Julia Ferreira da Silva.**

- **Form G-1450, Authorization for Credit Card Transactions**

- **Flaviany Antonia de Azevedo Medeiros' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130, Petition for Alien Relative
- Form I-864, Affidavit of Support Under Section 213A of the INA

- **Nara Julia Ferreira da Silva's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130A, Supplemental Information for a Spouse Beneficiary
- Form I-131, Application for Travel Document
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization

I. **Flaviany Antonia de Azevedo Medeiros' Identification Documents**
   - Flaviany Antonia de Azevedo Medeiros' Birth Certificate with English Translation;
   - Flaviany Antonia de Azevedo Medeiros' Valid Passport;
   - Flaviany Antonia de Azevedo Medeiros' Certificate of Naturalization;
   - Flaviany Antonia de Azevedo Medeiros' Driver License;

II. **Nara Julia Ferreira da Silva' Identification Documents:**
   - Nara Julia Ferreira da Silva's' Birth Certificate with English Translation;
   - Nara Julia Ferreira da Silva's' Valid Passport with Visa;
   - Nara Julia Ferreira da Silva's' Copy of I-94;
   - Nara Julia Ferreira da Silva's' Driver License;

III. **Marriage Certificate of Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva:**

IV. **Evidence of Bona Fide Marriage**

- Flaviany Antonia de Azevedo Medeiros' Personal Declaration English Translation;
- Nara Julia Ferreira da Silva's Personal Declaration with English Translation;
- Joint Bank Account - Wells Fargo;
- Joint Phone Bill;
- Joint Auto Insurance;

Letters of Support

- Letter of Support Delivered by Hosana Patricia Uchoa with English Translation;
- Letter of Support Delivered by Kaique Telles Uchoa;
- Letter of Support Delivered by Terra Leigh Godin;
- Letter of Support Delivered by Adi Bassan Resende Bento with English Translation;

Photographic Evidence of Relationship

- Wedding Photos;
- Photos with Friends and Family;

V. Flaviany Antonia de Azevedo Medeiros' Children Identification Documents

- Nicollas Custódio Azevedo Bueno Reis' Birth Certificate with English Translation;
- Kaua Custodio Azevedo Bueno Reis' Birth Certificate with English Translation;

VI. Prior Marriage of Flaviany Antônia de Azevedo Medeiros and Edvan Medeiros

- Flaviany Antonia de Azevedo Medeiros and Edvan Medeiros' Divorce Certificate;
- Flaviany Antonia de Azevedo Medeiros and Edvan Medeiros' Marriage Certificate;

VII. Prior Marriage of Flaviany Antônia de Azevedo Medeiros and Danilo Bueno Reis

- Flaviany Antonia de Azevedo Medeiros and Danilo Bueno Reis' Divorce Certificate;

VIII. Petitioner's Financial Information - Flaviany Antonia de Azevedo Medeiros (Sponsor)

- Flaviany Antonia de Azevedo Medeiros' IRS Federal Income Tax Return - 2025, W-2 and Earnings Summary.;
- Flaviany Antonia de Azevedo Medeiros' IRS Federal Income Tax Return - 2024;
- Flaviany Antonia de Azevedo Medeiros' IRS Federal Income Tax Return - 2023;
- Flaviany Antonia de Azevedo Medeiros' Paystubs – April 2026 through July 2026;

IX. Nara Julia Ferreira da Silva's F-1 Status Documentation

- Form I-797 Receipt Notice – Change of Status Application;
- Biometrics Appointment Notice – Change of Status Application;
- Biometrics Information Sheet – Change of Status Application;
- Form I-797 Approval Notice and Form I-94 – Change of Status Application;
- SEVIS Transfer of Eligibility Documentation;
- Form I-20 – Change of Status;
- Form I-20 – Continued Attendance;

X. Nara Julia Ferreira da Silva's Traffic Citation and Defensive Driving Course Certificate

- Traffic Citation – Arizona Department of Public Safety;
- Defensive Driving Course Certificate – Arizona Academy of Responsible Drivers.
- Traffic Case Summary - Citation Dismissed

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,

_____ Date: 08/05/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

Flaviany Antônia de Azevedo Medeiros' Signed Forms

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-130 I-864

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): DE AZEVEDO MEDEIROS

6.b. Given Name (First Name): Flaviany Antonia

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► 0 2 2 6 0 5 6 2 1 2 9 5

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 6 0 4 2 4 2 0

Client's Contact Information

10. Daytime Telephone Number

8434785229

11. Mobile Telephone Number (if any)

8434785229

12. Email Address (if any)

flaviany.antonia@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. [X] I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. [X] I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. [ ] I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Haviany Medeiros

2.b. Date of Signature (mm/dd/yyyy) 07/18/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 07/18/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): DE AZEVEDO MEDEIROS

1.b. Given Name (First Name): Flaviany Antonia

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Petition for Alien Relative

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated	**Section of Law/Visa Category**	
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4	
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1	
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1	

Approved	Petition was filed on (Priority Date mm/dd/yyyy):	☐ Field Investigation	☐ Personal Interview	☐ 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	☐ Previously Forwarded	☐ Pet. A-File Reviewed	☐ I-485 Filed Simultaneously
		☐ 203(g) Resolved	☐ Ben. A-File Reviewed	☐ 204(g) Resolved
Remarks				

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____

To be completed by an attorney or accredited representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information.** **Complete and submit as many copies of Part 9., as necessary, with your petition.**

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):

☐ Child was born to parents who were married to each other at the time of the child's birth

☐ Stepchild/Stepparent

☐ Child was born to parents who were not married to each other at the time of the child's birth

☐ Child was adopted (not an Orphan or Hague Convention adoptee)

3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No

4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► **A-** 216042420

2. USCIS Online Account Number (if any)
► 022605621295

3. U.S. Social Security Number (if any)
► 716671893

Your Full Name

4.a. Family Name (Last Name): DE AZEVEDO MEDEIROS

4.b. Given Name (First Name): Flaviany Antonia

4.c. Middle Name: N/A

Part 2. Information About You (Petitioner) (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): DE AZEVEDO REIS

5.b. Given Name (First Name): Flaviany Antonia

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Sao Luiz de Montes Belos

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 02/27/1989

9. Sex ☐ Male ☒ Female

Mailing Address

10.a. In Care Of Name: Otavio Haverroth Silva

10.b. Street Number and Name: PO Box 90487

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

10.e. State: CA **10.f.** ZIP Code: 92169

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: Brazil

11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name: 1840 Sequoia Ave

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 207

12.c. City or Town: Burlingame

12.d. State: CA **12.e.** ZIP Code: 94010

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 02/2025

13.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

14.a. Street Number and Name: 389 Accacia ST

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: Daly City

14.d. State: CA **14.e.** ZIP Code: 94014

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 03/2024

15.b. Date To (mm/dd/yyyy): 02/2025

Your Marital Information

16. How many times have you been married? ▶ 3

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

Part 2. Information About You (Petitioner) (continued)

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 03/04/2026

Place of Your Current Marriage (if married)

19.a. City or Town San Francisco

19.b. State CA

19.c. Province N/A

19.d. Country USA

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name) FERREIRA DA SILVA

20.b. Given Name (First Name) Nara Julia

20.c. Middle Name N/A

21. Date Marriage Ended (mm/dd/yyyy) N/A

Spouse 2

22.a. Family Name (Last Name) CUNHA MEDEIROS

22.b. Given Name (First Name) Edvan

22.c. Middle Name N/A

23. Date Marriage Ended (mm/dd/yyyy) 12/18/2025

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name) DE AZEVEDO

24.b. Given Name (First Name) Sirlene Antonia

24.c. Middle Name N/A

25. Date of Birth (mm/dd/yyyy) 01/19/1969

26. Sex ☐ Male ☒ Female

27. Country of Birth Brazil

28. City/Town/Village of Residence Goose Creek

29. Country of Residence USA

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) Unknown

30.b. Given Name (First Name) Unknown

30.c. Middle Name Unknown

31. Date of Birth (mm/dd/yyyy) Unknown

32. Sex ☒ Male ☐ Female

33. Country of Birth Unknown

34. City/Town/Village of Residence Unknown

35. Country of Residence Unknown

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):

☒ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):

☐ Birth in the United States

☒ Naturalization

☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number 46082816

39.b. Place of Issuance Oakland California

39.c. Date of Issuance (mm/dd/yyyy) 02/26/2025

Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy) N/A

Place of Admission

40.c. City or Town

N/A

40.d State N/A

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

Cafe de Casa

43.a. Street Number and Name 685 Beach St

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town San Francisco

43.d. State CA **43.e.** ZIP Code 94133

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Assistante Manager

45.a. Date From (mm/dd/yyyy) 12/01/2017

45.b. Date To (mm/dd/yyyy) PRESENT

Employer 2

46. Name of Employer/Company

N/A

47.a. Street Number and Name N/A

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town N/A

47.d. State N/A **47.e.** ZIP Code N/A

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

N/A

48. Your Occupation

N/A

49.a. Date From (mm/dd/yyyy) N/A

49.b. Date To (mm/dd/yyyy) N/A

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet 5 Inches 6

4. Weight Pounds 1 3 0

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

Part 3. Biographic Information (continued)

6. Hair Color (Select **only one** box)

- ☐ Bald (No hair)
- ☐ Black
- ☐ Blond
- ☒ Brown
- ☐ Gray
- ☐ Red
- ☐ Sandy
- ☐ White
- ☐ Unknown/Other

Part 4. Information About Beneficiary

1. Alien Registration Number (A-Number) (if any)

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

3. U.S. Social Security Number (if any)

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): FERREIRA DA SILVA

4.b. Given Name (First Name): Nara Julia

4.c. Middle Name: N/A

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): N/A

5.b. Given Name (First Name): N/A

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Sao Paulo

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 07/15/1996

9. Sex ☐ Male ☒ Female

10. Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name: 1840 Sequoia Ave

11.b. ☒ Apt. ☐ Ste. ☐ Flr. 207

11.c. City or Town: Burlingame

11.d. State: CA **11.e.** ZIP Code: 94010

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

12.a Street Number and Name: N/A

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: N/A

12.d. State: N/A **12.e.** ZIP Code: N/A

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

13.a. Street Number and Name: N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): 5103858769

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

5103858769

16. Email Address (if any)

narajuliaferreira@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ▶ 1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 03/04/2026

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: San Francisco

20.b. State: CA

20.c. Province: N/A

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name (Last Name): DE AZEVEDO MEDEIROS

21.b. Given Name (First Name): Flaviany Antonia

21.c. Middle Name: N/A

22. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

23.a. Family Name (Last Name): N/A

23.b. Given Name (First Name): N/A

23.c. Middle Name: N/A

24. Date Marriage Ended (mm/dd/yyyy): N/A

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): DE AZEVEDO MEDEIROS

25.b. Given Name (First Name): Flaviany Antonia

25.c. Middle Name: N/A

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 02/27/1989

28. Country of Birth: Brazil

Person 2

29.a. Family Name (Last Name): AZEVEDO BUENO REIS

29.b. Given Name (First Name): Kaua Custodio

29.c. Middle Name: N/A

30. Relationship: Stepchild

31. Date of Birth (mm/dd/yyyy): 06/26/2008

32. Country of Birth: Brazil

Person 3

33.a. Family Name (Last Name): AZEVEDO BUENO REIS

33.b. Given Name (First Name): Nicollas Custodio

33.c. Middle Name: N/A

34. Relationship: Stepchild

35. Date of Birth (mm/dd/yyyy): 09/05/2011

36. Country of Birth: Brazil

Part 4. Information About Beneficiary (continued)

Person 4

37.a. Family Name (Last Name): N/A

37.b. Given Name (First Name): N/A

37.c. Middle Name: N/A

38. Relationship: N/A

39. Date of Birth (mm/dd/yyyy): N/A

40. Country of Birth: N/A

Person 5

41.a. Family Name (Last Name): N/A

41.b. Given Name (First Name): N/A

41.c. Middle Name: N/A

42. Relationship: N/A

43. Date of Birth (mm/dd/yyyy): N/A

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States? ☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ▶ 14350132643

46.c. Date of Arrival (mm/dd/yyyy): 12/04/2022

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 06/02/2023

47. Passport Number: FZ048687

48. Travel Document Number: N/A

49. Country of Issuance for Passport or Travel Document: Brazil

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/15/2029

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable): Cafe de Casa

51.b. Street Number and Name: 685 Beach St

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: San Francisco

51.e. State: CA **51.f.** ZIP Code: 94133

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 01/18/2023

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings? ☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: N/A

55.b. State: N/A

56. Date (mm/dd/yyyy): N/A

Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name): N/A

57.b. Given Name (First Name): N/A

57.c. Middle Name: N/A

58.a. Street Number and Name: N/A

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name: 1840 Sequoia Ave

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 207

59.c. City or Town: Burlingame

59.d. State: CA **59.e.** ZIP Code: 94010

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 09/01/2025

60.b. Date To (mm/dd/yyyy): PRESENT

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town: San Francisco

61.b. State: CA

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

4. Date Filed (mm/dd/yyyy): N/A

5. Result (for example, approved, denied, withdrawn): N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name): N/A

6.b. Given Name (First Name): N/A

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name): N/A

8.b. Given Name (First Name): N/A

8.c. Middle Name: N/A

9. Relationship: N/A

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined $250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to $10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. [X] I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. [ ] The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in N/A, a language in which I am fluent. I understood all of this information as interpreted.

2. [x] At my request, the preparer named in **Part 8.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 8434785229

4. Petitioner's Mobile Telephone Number (if any): 8434785229

5. Petitioner's Email Address (if any): flaviany.antonia@gmail.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink): ➡ flaviany medeiros

6.b. Date of Signature (mm/dd/yyyy): 07/18/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
N/A

1.b. Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name (if any)
N/A

Interpreter's Mailing Address

3.a. Street Number and Name: N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: N/A **3.e.** ZIP Code: N/A

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
N/A

5. Interpreter's Mobile Telephone Number (if any)
N/A

6. Interpreter's Email Address (if any)
N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, which is the same language provided in **Part 6.**, **Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)
N/A

7.b. Date of Signature (mm/dd/yyyy) N/A

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy) 07/18/2026

Part 9. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): DE AZEVEDO MEDEIROS

1.b. Given Name (First Name): Flaviany Antonia

1.c. Middle Name: N/A

2. A-Number (if any) ► **A-** 216 042 420

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 5a

3.d.

Birth Name: Flaviany Antonia de Azevedo

4.a. Page Number: 3 **4.b.** Part Number: 2 **4.c.** Item Number: 20a

4.d.

Danilo Bueno Reis. Date Marriage Ended: 12/11/2018

5.a. Page Number: 2 **5.b.** Part Number: 2 **5.c.** Item Number: 12

5.d.

Previous Addresses

1410 Millbrae Ave, San Bruno, CA, 94030
From: 03/2023 to 03/2024

1051 National Ave, San Bruno, CA, 94066
From 03/2019 to 03/2023

6.a. Page Number: **6.b.** Part Number: **6.c.** Item Number:

6.d.

N/A
N/A
N/A

7.a. Page Number: **7.b.** Part Number: **7.c.** Item Number:

7.d.

N/A
N/A
N/A

Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my N/A

1.c. ☐ I have an ownership interest of at least 5 percent in N/A which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my N/A

1.d. ☐ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's N/A

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE AZEVEDO MEDEIROS	Flaviany Antonia	N/A

Part 2. Information About You (Sponsor) (continued)

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
san Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

3. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

4. Sponsor's Physical Address (if different from the address above)

Street Number and Name
1840 Sequoia Ave

Apt. Ste. Flr. Number
☒ ☐ ☐ 207

City or Town
Burlingame

State
CA

ZIP Code
94010

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
02/27/1989

7. Country of Birth
Brazil

8. U.S. Social Security Number (Required)
► 7 1 6 6 7 1 8 9 3

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A- 2 1 6 0 4 2 4 2 0

11. USCIS Online Account Number (if any)
► 0 2 2 6 0 5 6 2 1 2 9 5

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FERREIRA DA SILVA	Nara Julia	N/A

2. Current Mailing Address

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 07/15/1996

5. Alien Registration Number (A-Number) (if any)
► A-N / A

6. USCIS Online Account Number (if any)
► N / A

7. Daytime Telephone Number: 5103858769

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N / A

USCIS Online Account Number (if any)
► N / A

Part 4. Information About the Immigrants You Are Sponsoring (continued)

5. Family Member 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N / A

USCIS Online Account Number (if any)
▶ N / A

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N / A

USCIS Online Account Number (if any)
▶ N / A

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N / A

USCIS Online Account Number (if any)
▶ N / A

If you need additional space, use the space provided in **Part 11. Additional Information**.

For USCIS Use Only	

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **1**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) **0**

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **2**

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **None**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **None**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **None**

8. Add together **Part 5.**, **Item Numbers 1. - 7.** and enter the number here.

Household Size: **4**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an **Assistant Manager**

2. Name of Employer 1 **Cafe de Casa**

3. Name of Employer 2 (if applicable) **N/A**

4. ☐ Self-Employed as a/an (Occupation) **N/A**

5. ☐ Retired Since (mm/dd/yyyy) **N/A**

6. ☐ Unemployed Since (mm/dd/yyyy) **N/A**

7. My current individual annual income is: $ **81,274.00**

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 81,274.00

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. N/A

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year	Total Income
16.a. Most Recent	2025	$ 81,274
16.b. 2nd Most Recent	2024	$ 153,068
16.c. 3rd Most Recent	2023	$ 95,211

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income *(Page 5, Line 10)*	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other_____	Year: 2 0____ Poverty Line: $_____	$_____	*The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.*

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

1. Enter the balance of all cash, savings, and checking accounts. $ None

2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $ $ None

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** $ None

4. Add together **Item Numbers 1. - 3.** and enter the number here. $ None

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

5. Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here. **TOTAL:** $ None

Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3.**, **Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6.	Enter the balance of the principal immigrant's savings and checking accounts.	$ None
7.	Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)	$ None
8.	Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.**	$ None
9.	Add together **Item Numbers 6. - 8.** and enter the number here.	$ None

Total Value of Assets

10.	Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here.	**TOTAL: $** None

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

A. Becomes a U.S. citizen;

B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;

C. No longer has lawful permanent resident status and has departed the United States;

D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or

E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

   A. [X] I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

   B. [ ] The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in [ ], a language in which I am fluent, and I understood everything.

2. [X] At my request, the preparer named in **Part 10.**, [Otavio Haverroth Silva], prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
   8434785229

4. Sponsor's Mobile Telephone Number (if any)
   8434785229

5. Sponsor's Email Address (if any)
   flaviany.antonia@gmail.com

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

A. I know the contents of this affidavit of support that I signed;

B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature
   ➡ Flaviany Medeiros

   Date of Signature (mm/dd/yyyy)
   07/18/2026

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
N/A

Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

4. Interpreter's Mobile Telephone Number (if any)
N/A

5. Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

6. Interpreter's Signature
N/A

Date of Signature (mm/dd/yyyy)
N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

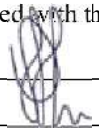
4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
07/18/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): DE AZEVEDO MEDEIROS | Given Name (First Name): Flaviany Antonia | Middle Name (if applicable): N/A

2. A-Number (if any) ► A- 216042420

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

Nara Julia Ferreira da Silva's Signed Forms

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-130A I-131 I-485 I-765

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): FERREIRA DA SILVA

6.b. Given Name (First Name): Nara Julia

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

5103858769

11. Mobile Telephone Number (if any)

5103858769

12. Email Address (if any)

narajuliaferreira@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. [X] I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. [X] I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. [ ] I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Nara Julia F. da Silva

2.b. Date of Signature (mm/dd/yyyy) 07/18/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 07/18/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): FERREIRA DA SILVA

1.b. Given Name (First Name): Nara Julia

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Supplemental Information for Spouse Beneficiary

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).			
☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)
► **A-** N / A

2. USCIS Online Account Number (if any)
► N / A

Your Full Name

3.a. Family Name (Last Name): FERREIRA DA SILVA

3.b. Given Name (First Name): Nara Julia

3.c. Middle Name: N/A

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name: 1840 Sequoia Ave

4.b. ☒ Apt. ☐ Ste. ☐ Flr. 207

4.c. City or Town: Burlingame

4.d. State: CA **4.e.** ZIP Code: 94010

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 09/01/2025

5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 2521 Central Avenue

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Alameda

6.d. State: CA **6.e.** ZIP Code: 94501

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 06/01/2023

7.b. Date To (mm/dd/yyyy): 09/01/2025

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name: Rua Ausonia 438

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: Sao Paulo

8.d. Province: Sao Paulo

8.e. Postal Code: 02308050

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 01/04/2021

9.b. Date To (mm/dd/yyyy): 12/03/2022

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): FERREIRA DA SILVA

10.b. Given Name (First Name): Maria Izilda

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 07/26/1963

12. Sex ☐ Male ☒ Female

13. City/Town/Village of Birth: Ituverava

14. Country of Birth: Brazil

15. City/Town/Village of Residence: Deceased

16. Country of Residence: Deceased

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name): Unknown

17.b. Given Name (First Name): Unknown

17.c. Middle Name: Unknown

18. Date of Birth (mm/dd/yyyy): Unknown

19. Sex ☒ Male ☐ Female

20. City/Town/Village of Birth: Unknown

21. Country of Birth: Unknown

22. City/Town/Village of Residence: Unknown

23. Country of Residence: Unknown

Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Employment History

Employer 1

1. Name of Employer/Company: Cafe de Casa

2.a. Street Number and Name: 685 Beach St

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: San Diego

2.d. State: CA **2.e.** ZIP Code: 94133

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: USA

3. Your Occupation: Kitchen Worker

4.a. Date From (mm/dd/yyyy): 01/18/2023

4.b. Date To (mm/dd/yyyy): PRESENT

Employer 2

5. Name of Employer/Company: Ideale Empreendimentos Imobiliario

6.a. Street Number and Name: 200, Paraiba

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Sao Paulo

6.d. State: SP **6.e.** ZIP Code: 03013030

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: Brazil

Part 2. Information About Your Employment (continued)

7. Your Occupation: Civil Engineer

8.a. Date From (mm/dd/yyyy): 02/18/2021

8.b. Date To (mm/dd/yyyy): 11/03/2022

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company: Ideale Empreendimentos Imobiliários

2.a. Street Number and Name: 200, Paraíba

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: São Paulo

2.d. State: SP 2.e. ZIP Code: 03013030

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: Brazil

3. Your Occupation: Civil Engineer

4.a. Date From (mm/dd/yyyy): 02/18/2021

4.b. Date To (mm/dd/yyyy): 11/03/2022

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in Portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer name in **Part 6.**, Otavio HAVERROTH SILVA, prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 5103858769

4. Spouse Beneficiary's Mobile Telephone Number (if any): 5103858769

5. Spouse Beneficiary's Email Address (if any): narajuliaferreira@gmail.com

Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink): Nara Julia F. da Silva

6.b. Date of Signature (mm/dd/yyyy): 07/18/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

5. Interpreter's Mobile Telephone Number (if any)
4154252508

6. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) 07/18/2026

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case ☒ extends ☐ does not extend beyond the preparation of this form.

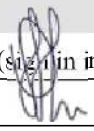
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 07/18/2026

Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): FERREIRA DA SILVA

1.b. Given Name (First Name): Nara Julia

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N / A

3.a. Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 4a

3.d.

Physical Address 3:Street Number and Name: 2225 7th Ave. Ap:33. City: Oakland. State: CA. Zip Code: 94606. Date From: 12/04/2022 to 06/01/2023.

Physical Address 4:Street Number and Name: Rua Ausonia, 438. City: Sao Paulo. State: Sao Paulo. Postal Code: 02308050. Country: Brazil. Date: From 01/04/2021 to 12/03/2022.

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** N/A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FERREIRA DA SILVA	Nara Julia	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 07/15/1996

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A

A-Number ► A- N / A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☐ Yes ☒ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- N / A

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Sao Paulo

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazilian

9. USCIS Online Account Number (if any)

► N / A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: FZ048687

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 04/15/2029

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): P0616730

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 06/04/2019

Place and Date of Last Arrival into the United States

City or Town: San Francisco

State: CA

Date of Last Arrival (mm/dd/yyyy): 12/04/2022

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): B-2 Visitor

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☐ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): FERREIRA DA SILVA

Given Name (First Name): Nara Julia

Form I-94 Arrival/Departure Record Number ▶ 14350132 6A3

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 06/02/2023

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

13. Was your last arrival the first time you were physically present in the United States? ☐ Yes ☒ No

14. What is your current immigration status (if it has changed since your last arrival)? No Status

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Nara Julia Ferreira da Silva

Street Number and Name: 1840 Sequoia Ave

Apt. ☒ Ste. ☐ Flr. ☐ Number: 207

City or Town: Burlingame

State: CA

ZIP Code: 94010

Date You First Resided at This Address (mm/dd/yyyy): 09/01/2025

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Nara Julia Ferreira da Silva

Street Number and Name: 2521 Central Avenue | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: Alameda | State: CA | ZIP Code: 94501

Province: N/A | Postal Code: N/A | Country: USA

Dates of Residence

From (mm/dd/yyyy): 06/01/2023 To (mm/dd/yyyy): 09/01/2025

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: N/A | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: N/A | State: N/A | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: N/A

Dates of Residence

From (mm/dd/yyyy): N/A To (mm/dd/yyyy): N/A

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ▶ N / A

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

A-Number ► A- N / A

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- N / A

Principal Applicant's Date of Birth (mm/dd/yyyy): N/A

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☒ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: N/A

Country: N/A

3. Decision (for example, approved, refused, denied, withdrawn): N/A

4. Date of Decision (mm/dd/yyyy): N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): Cafe de Casa

Name of Employer, Company, or School: Cafe de Casa

Your Occupation (if unemployed or retired, so state): Kitchen Worker

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 685 Beach St | Apt. Ste. Flr. Number: N/A

City or Town: San Francisco | State: CA | ZIP Code: 94133

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/18/2023 | To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support: N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: N/A | Your Occupation (if unemployed or retired, so state): N/A

Address of Employer, Company, or School

Street Number and Name: N/A | Apt. Ste. Flr. Number: N/A

City or Town: N/A | State: N/A | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: N/A

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): N/A | To (mm/dd/yyyy): N/A

If unemployed or retired, source of financial support: N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): FERREIRA DA SILVA | Given Name (First Name): Maria Izilda | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 07/26/1963

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
Unknown	Unknown	Unknown

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

7. Date of Birth (mm/dd/yyyy) Unknown

8. Country of Birth

Unknown

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 1

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE AZEVEDO MEDEIROS	Flaviany Antonia	N/A

5. Current Spouse's A-Number (if any)

► A- 216042420

6. Current Spouse's Date of Birth (mm/dd/yyyy) 02/27/1989

7. Current Spouse's Country of Birth

Brazil

8. Current Spouse's Current Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
1840 Sequoia Ave	☒	☐	☐	207

City or Town	State	ZIP Code
Burlingame	CA	94010

Province	Postal Code	Country
N/A	N/A	USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: San Francisco

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 03/04/2026

10. Is your current spouse applying with you? ☐ Yes ☒ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain): N/A

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

2

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
AZEVEDO BUENO REIS	Kaua Custodio	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 06/26/2008

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Stepchild

Is this child also applying now on a separate Form I-485? ☐ Yes ☒ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
AZEVEDO BUENO REIS	Nicollas Custodio	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 09/05/2011

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Stepchild

Is this child also applying now on a separate Form I-485? ☐ Yes ☒ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino ☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 5 **4.** Weight Pounds 1 4 5

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	☐ Yes	☒ No
11.	Have you **EVER** been denied a visa to the United States?	☐ Yes	☒ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☒ Yes	☐ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☐ Yes	☒ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☐ Yes	☒ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☒ Yes	☐ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds,** ***Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? 2

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☒ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☒ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
Accounting Technical Degree
Bachelor's Degree in Civil Engineering

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ► A- N/A

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
5103858769

2. Applicant's Mobile Telephone Number (if any)
5103858769

3. Applicant's Email Address (if any)
narajuliaferreira@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
➡ Nara Julia F. da Silva

Date of Signature (mm/dd/yyyy)
07/18/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name
HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4154252508

4. Interpreter's Mobile Telephone Number (if any)
4154252508

5. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)
07/18/2026

A-Number ► A- N / A

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
07/18/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): FERREIRA DA SILVA | Given Name (First Name): Nara Julia | Middle Name (if applicable): N/A

2. Page Number: 2 | Part Number: 1 | Item Number: 14-15

The Applicant was admitted as a B-2 visitor on December 4, 2022, and later received an approval for a Change of Status to F-1 (Notice dated 09/01/2023) for Duration of Status (D/S) (WAC2390078951). Her records include an initial Form I-20 for the period of 05/22/2023 to 05/17/2024, and a subsequent Form I-20, following a SEVIS transfer, for the period of 10/12/2023 to 12/01/2023.Following the transfer, the Applicant experienced class schedule issues and ceased her studies. She did not receive a formal notice of SEVIS termination or cancellation and has not filed any subsequent nonimmigrant applications. Accordingly, she is currently out of status and has marked "No Status" for Item 14 and "N/A" for Item 15 to reflect her current situation.

3. Page Number: 4 | Part Number: 1 | Item Number: 18

Prior Address 3: Street Number and Name: 2225, 7th Ave. Apt: 33. City: Oakland. State: CA. Zip Code: 94606. Country: USA. From 12/04/2022 to 06/01/2023.

Prior Address 4: Street Number and Name: Rua Audonia, 438. City: Sao Paulo. State: Sao Paulo. Zip Code: 02308050. From 01/04/2021 to 12/03/2022

4. Page Number: 8 | Part Number: 4 | Item Number: 7

Prior Employer: Ideale Empreendimentos Imobiliarios. Occupation: Civil engineer. Address: Street Number and Name: Rua Paraiba, 200. City: Sao Paulo. State: Sao Paulo. Postal Code: 03013030. Country: Brazil. Date from: 02/18/2021 to 11/03/2022

5. Page Number: 8 | Part Number: 4 | Item Number: 7

Educational History: School: American English Language Institute. Address: One Embarcadero Center, Lobby Level (2nd floor). City: San Francisco. State: CA. Zip Code: 94111. Second course from: 05/22/2023 to 05/17/2024 and First course from: 10/12/2023 to 12/01/2023.

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): FERREIRA DA SILVA | Given Name (First Name): Nara Julia | Middle Name (if applicable): N/A

2. Page Number: 14 | Part Number: 9 | Item Number: 12

The Applicant worked without authorization during her time in the United States to support herself financially.

3. Page Number: 14 | Part Number: 9 | Item Number: 13

The Applicant violated the terms and conditions of her nonimmigrant status. As explained in Part 1, Items 14 and 15, the Applicant received approval of her application to change status from B-2 to F-1 under Receipt Number WAC2390078951, with validity for Duration of Status (D/S), but later ceased attending classes following a SEVIS transfer and did not obtain any subsequent nonimmigrant status. In addition, the Applicant began working without authorization on January 18, 2023, and has continued to work without authorization since that date.

4. Page Number: 14 | Part Number: 9 | Item Number: 22

On June 18, 2026, the Applicant received a civil traffic citation issued by the Arizona Department of Public Safety, Citation No. 915318926169003. The citation did not involve an arrest, detention, criminal charge, or criminal conviction. The Applicant completed the Arizona Academy of Responsible Drivers Defensive Driving Course on June 28, 2026, in connection with the citation. Copies of the citation and course completion certificate are submitted with this application.

5. Page Number: 21 | Part Number: 9 | Item Number: 76

The Applicant was admitted to the United States as a B-2 visitor on December 4, 2022, and subsequently received approval of her application to change status from B-2 to F-1 under Receipt Number WAC2390078951, with validity for Duration of Status (D/S). As further explained in Part 1, Items 14 and 15, the Applicant later ceased attending classes following a SEVIS transfer and is currently out of status.The Applicant did not receive a written notice confirming the termination or cancellation of her SEVIS record, and the available records do not establish the precise date on which she ceased to maintain F-1 status. The Applicant has not departed the United States following this period. Accordingly, she has not departed the United States after a period of unlawful presence described in Item 76.

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): FERREIRA DA SILVA

1.b. Given Name (First Name): Nara Julia

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 1840 Sequoia Ave

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 207

7.c. City or Town: Burlingame

7.d. State: CA **7.e.** ZIP Code: 94010

Other Information

8. Alien Registration Number (A-Number) (if any)
► A- N / A

9. USCIS Online Account Number (if any)
► N / A

10. Sex ☐ Male ☒ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
► N / A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Sao Paulo

15.b. State/Province of Birth

Sao Paulo

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 07/15/1996

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► 14350132 6A3

18. Passport Number of Your Most Recently Issued Passport

FZ048687

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 04/15/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 12/04/2022

23. Place of Your Last Arrival Into the United States

San Francisco – California

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B-2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Adjustment of Status-FormI-485 Pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- 0034341056

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

Portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.**,

Otavio HAVERROTH SILVA,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

5103858769

4. Applicant's Mobile Telephone Number (if any)

5103858769

5. Applicant's Email Address (if any)

narajuliaferreira@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Nara Julia F. da Silva

7.b. Date of Signature (mm/dd/yyyy) 07/18/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 07/18/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

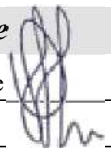
NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 07/18/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): FERREIRA DA SILVA

1.b. Given Name (First Name): Nara Julia

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Application for Travel Documents, Parole Documents, and Arrival/Departure Records

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative*, if any.
☐ **Document Hand Delivered** By: _____ Date: ____/____/____			☒ Fill in box if G-28 is attached to represent the applicant.
Document Issued ☐ Re-entry Permit *(Update "Mail To" Section)* ☐ Refugee Travel Document *(Update "Mail To" Section)* ☐ Single Advance Parole ☐ Multiple Advance Parole *Valid Until:* ____/____/____ ☐ TPS Travel Authorization Documentation *Valid Until:*____/____/____/		**Mail To** ***(Reentry Permit and Refugee Travel Document Only)***	☐ Address in **Part 2.** ☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at: _____

► **START HERE - Type or print in black ink.**

Part 1. Application Type

Select the application type below.

Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

`N/A`

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

A. ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

`N/A`

Part 1. Application Type (continued)

B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

N/A

C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

N/A

D. ☐ Deferred Enforced Departure.

E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

N/A

F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

N/A

G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

N/A

H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

N/A

I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

N/A

J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

N/A

K. ☐ An approved V Nonimmigrant Status, receipt number:

N/A

L. ☐ CNMI long-term residence, receipt number:

N/A

M. ☐ Other (provide explanation):

N/A

N/A

N/A

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

N/A

Part 1. Application Type (continued)

B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

C. ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

N/A

U.S. Federal Government Agency Representative Official Email Address:

N/A

D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

E. ☐ Other: (List specific parole program or process)

N/A

7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

C. ☐ Other: (List specific program or process)

N/A

9. ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

A. ☐ Family Reunification Parole Process

B. ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)

C. ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)

D. ☐ Filipino World War II Veterans Parole (FWVP) Program

E. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

F. ☐ Central American Minors (CAM) Program

G. ☐ Family Reunification Task Force (FRTF) Process

H. ☐ Military Parole in Place (Military PIP)

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

I. ☐ Other Program or Process (List specific program or process):

N/A

11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy) N/A

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☒ No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
FERREIRA DA SILVA	Nara Julia	N/A

Part 2. Information About You (continued)

2. Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487 | Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego | State: CA | ZIP Code: 92169

Province: N/A | Postal Code: N/A | Country: USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any): Nara Julia Ferreira da Silva

Street Number and Name: 1840 Sequoia Ave | Apt. ☒ Ste. ☐ Flr. ☐ Number: 207

City or Town: San Diego | State: CA | ZIP Code: 94010

Province: N/A | Postal Code: N/A | Country: USA

Other Information

5. Alien Registration Number (A-Number) (if any): ► A- N / A

6. Country of Birth: Brazil

7. Country of Citizenship or Nationality: Brazil

8. Sex: ☐ Male ☒ Female

9. Date of Birth (mm/dd/yyyy): 07/15/1996

10. U.S. Social Security Number (if any): ► N / A

11. USCIS Online Account Number (if any): ► N / A

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1.**, **Item Numbers 4.**, **5.**, **8.**, **9.**, **10.**, or **11.**) complete the following:

12. Class of Admission (COA) (if any): B2

13. Most Recent Form I-94 Arrival/Departure Record Number (if any): 143501326A3

Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) 06/02/2023

15. eMedical U.S. Parolee ID (USPID) (if any) N/A

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

16. Family Name (Last Name) N/A | Given Name (First Name) N/A | Middle Name (if applicable) N/A

17. Their Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

18. Date of Birth (mm/dd/yyyy) N/A

19. Country of Birth N/A

20. Country of Citizenship or Nationality N/A

21. Daytime Phone Number N/A

22. Email Address (if any) N/A

23. Alien Registration Number (A-Number) (if any) ► A- N / A

24. Their Current Mailing Address

In Care Of Name (if any) N/A

Street Number and Name N/A | Apt. ☐ Ste. ☐ Flr. ☐ Number N/A

City or Town N/A | State N/A | ZIP Code N/A

Province N/A | Postal Code N/A | Country N/A

25. Their Current Physical Address

In Care Of Name (if any) N/A

Street Number and Name N/A | Apt. ☐ Ste. ☐ Flr. ☐ Number N/A

City or Town N/A | State N/A | ZIP Code N/A

Province N/A | Postal Code N/A | Country N/A

Part 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any)

N/A

27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

N/A

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino ☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 5 **4.** Weight Pounds 1 4 5

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No Hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/ Other

Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No

2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

2.b. Date Issued (mm/dd/yyyy)

2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

3.b. Date Issued (mm/dd/yyyy)

3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No

Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Sex
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

N/A

N/A

N/A

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

N/A

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

7.a. ☐ To the U.S. address shown in **Part 2.**, **Item Number 3.** of this application.

7.b. ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town **N/A** Country **N/A**

Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

8.a. ☐ To the address shown in **Part 2.**, **Item Number 3.** of this application.

8.b. ☐ To the address shown below in **Part 4.**, **Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. Ste. Flr. ☐ ☐ ☐ Number

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

9.b. Daytime Phone Number

N/A

9.c. Email Address

N/A

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

☐ Less Than 6 Months
☐ 6 Months to 1 Year
☐ 1 to 2 Years
☐ 2 to 3 Years
☐ 3 to 4 Years
☐ More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

N/A

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

3.a. Returned to the country named above in **Item Number 1.**? ☐ Yes ☐ No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? ☐ Yes ☐ No

3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? ☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.) (continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above in **Item Number 1.**? ☐ Yes ☐ No

4.b. Acquired a new nationality? ☐ Yes ☐ No

4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

5. Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Numbers 6.a. - 6.c.**

6.a. Are you currently outside the United States? ☐ Yes ☐ No

6.b. If you answered "Yes," what is your current location (City or Town and Country)?

N/A

6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

N/A

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

1. Date of Intended Departure (mm/dd/yyyy) 12/25/2026

2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

To visit my family.

3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

Brazil.

4. How many trips do you intend to use this document?

☐ One Trip ☒ More than one trip

5. Expected Length of Trip (in days) 30

Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

N/A

N/A

N/A

N/A

2. Expected Length of Stay in the United States: N/A

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy): N/A

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town: N/A

Country: N/A

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10.** or **11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 5103858769

2. Applicant Mobile Telephone Number (if any): 5103858769

3. Applicant's Email Address (if any): narajuliaferreira@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Nara Julia F. da Silva

Date of Signature (mm/dd/yyyy): 07/18/2026

Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

07/18/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

07/18/2026

Part 13. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the answer refers; and sign and date each sheet.

1. Family Name (Last Name): FERREIRA DA SILVA | Given Name (First Name): Nara Julia | Middle Name: N/A

2. A-Number (if any) ► A- N / A

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

7. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

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Exhibit 1 – Flaviany Antônia de Azevedo Medeiros' Identification Documents

SIQUEIRA REGISTRY OFFICE
CNPJ No. 08.030.295/0001-50
Real Estate Registry, Titles and Documents, Legal Entities and Natural Persons
Avenida Rio da Prata, No. 281, Room 02
Centro, São Luís de Montes Belos, Goiás
(64) 3601-1066

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME:

FLAVIANY ANTONIA DE AZEVEDO

CPF

031.232.531-20

REGISTRATION:

028811 02 55 1989 1 00011 265 0012949 91

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
FEBRUARY TWENTY-SEVENTH, NINETEEN EIGHTY-NINE	27	02	1989

TIME OF BIRTH	CITY OF BIRTH
--- 8:30 AM ---	SAO LUIS DE MONTES BELOS-GOIÁS

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
SAO LUIS DE MONTES BELOS-GOIÁS	BOAS NOVAS HOSPITAL / SAO LUIS DE MONTES BELOS-GOIÁS	F

FILIATION

SIRLENE ANTONIA DE AZEVEDO, BRAZILIAN, STUDENT, BORN IN SAO LUIS DE MONTES BELOS - GOIÁS, RESIDENCE: SAO LUIS DE MONTES BELOS - GOIÁS

GRANDPARENTS

SEBASTIÃO ANTONIO DE AZEVEDO and ELIZENA FERREIRA DA CRUZ

TWIN	NAME AND REGISTRATION OF THE TWIN(S)
NO	NOT A TWIN

DATE OF REGISTRATION IN FULL	NUMBER OF LIVE BIRTH CERTIFICATE
JULY SEVENTH, NINETEEN EIGHTY-NINE	NO RECORD

ANNOTATIONS / NOTES TO BE ADDED

1st ANNOTATION: THE REGISTERED IS ENROLLED IN THE CPF UNDER NO. 031.232.531-20, ACCORDING TO A SEARCH CONDUCTED IN THE DATABASE OF THE CIVIL REGISTRY CENTER - CRC. DATE: 08/13/2020. I HEREBY CERTIFY. FLÁVIA ROSA DA SILVA BRANDÃO - DEPUTY REGISTRAR. FEES AND CHARGES: EXEMPT.
2nd ANNOTATION: MARRIAGE - THE REGISTERED MARRIED DANILO BUENO REIS ON 07/30/2006, AND THEREAFTER STARTED SIGNING AS FLAVIANY ANTONIA DE AZEVEDO REIS, AS RECORDED IN THE MARRIAGE REGISTRATION ENTERED IN BOOK B-04, PAGE 123, ENTRY NO. 123, OF THE CIVIL REGISTRY OF NATURAL PERSONS OF THE DISTRICT OF ADELÂNDIA-GOIÁS, JUDICIAL DISTRICT OF ANICUNS-GOIÁS, ACCORDING TO A NOTICE RECEIVED THROUGH THE DIGITAL MAIL SYSTEM ON 08/13/2020. DATE: 08/13/2020. I HEREBY CERTIFY. FLÁVIA ROSA DA SILVA BRANDÃO - DEPUTY REGISTRAR. FEES AND CHARGES: EXEMPT. THE RECORD IS FILED IN THIS REGISTRY OFFICE IN FOLDER 026, NO. 07.

REGISTRATION NOTES

Residential ZIP Code		Blood Type	

*The registration notes above do not exempt the interested party from presenting the original document when required by the requesting agency or when necessary for the identification of the holder.

NAME OF REGISTRY OFFICE: CIVIL REGISTRY OF NATURAL PERSONS - GOIÁS
Avenida Rio da Prata, No. 281, Rooms 01/02/03 - Centro - São Luís de Montes Belos/Goiás
Phone: (64) 3601-1066
Umberto José da Mota
Acting Registrar

The content of this certificate is true. I certify.
São Luis de Montes Belos/Goiás, August 14, 2020

----//signature//----

Flavia Rosa da Silva Brandão
Deputy Registrar

Digital Seal:
01862008113220212860013
Verify this seal at: http://extrajudicial.tjgo.jus.br

Registry Fees: R$ 35.40
ISSQN (5%): R$ 0.00
Judicial Fee: R$ 15.14
Funds (40%): R$ 14.16
Total: R$ 64.70

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 29, 2026.

CARTÓRIO SIQUEIRA
CNPJ 08.030.295/0001 50
Registro de Imóveis Títulos e Documentos,
Pessoas Jurídicas e Pessoas Naturais
Av. Rio da Prata nº 281 Sala 02
Centro São Luís de Montes Belos GO
(64) 3601-1066

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:

FLAVIANY ANTONIA DE AZEVEDO

CPF

031.232.531-20

MATRÍCULA:

028811 02 55 1989 1 00011 265 0012949 91

DATA DE NASCIMENTO POR EXTENSO	DIA	MÊS	ANO
VINTE E SETE DE FEVEREIRO DE UM MIL NOVECENTOS E OITENTA E NOVE	27	02	1989

HORA DE NASCIMENTO	NATURALIDADE
--- 08:30 ---	SAO LUIS DE MONTES BELOS-GO

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERACÃO	LOCAL, MUNICÍPIO DE NASCIMENTO E UF	SEXO
SÃO LUIS DE MONTES BELOS-GO	HOSPITAL BOAS NOVAS/ SAO LUIS DE MONTES BELOS-GO	F

FILIAÇÃO

SIRLENE ANTONIA DE AZEVEDO, BRASILEIRA, ESTUDANTE, NATURAL DE SAO LUIS DE MONTES BELOS - GO, RESIDÊNCIA: SAO LUIS DE MONTES BELOS - GO

AVÓS

SEBASTIÃO ANTONIO DE AZEVEDO e ELIZENA FERREIRA DA CRUZ

GÊMEOS	NOME E MATRICULA DOS GÊMEOS
NÃO	NÃO É GÊMEO

DATA DO REGISTRO POR EXTENSO	NÚMERO DA DNV/ DECLARACÃO DE NASCIDO VIVO
SETE DE JULHO DE UM MIL E NOVECENTOS E OITENTA E NOVE	NÃO CONSTA

AVERBAÇÕES/ANOTAÇÕES À ACRESCER

1ª ANOTAÇÃO: A REGISTRADA ESTÁ INSCRITO NO CPF SOB O Nº: 031.232.531-20, CONFORME PESQUISA JUNTO À BASE DE DADOS DA CENTRAL DE REGISTRO CIVIL - CRC. DATA: 13/08/2020. DOU FÉ. FLÁVIA ROSA DA SILVA BRANDÃO - OFICIAL SUBSTITUTA. EMOLUMENTOS E TAXAS: ISENTOS
2ª ANOTAÇÃO: CASAMENTO - A REGISTRADA CASOU-SE COM: DANILO BUENO REIS, AOS 30/07/2006, QUE PASSOU A ASSINAR: FLAVIANY ANTONIA DE AZEVEDO REIS, COMO SE VÊ NO REGISTRO DE CASAMENTO LAVRADO NO LIVRO B-04, FLS. 123, TERMO Nº 123, DO RCPN DO DISTRITO DE ADELÂNDIA-GO, COMARCA DE ANICUNS-GO, CONFORME COMUNICADO RECEBIDO VIA MALOTE DIGITAL AOS 13/08/2020. DATA 13/08/2020. DOU FÉ. FLÁVIA ROSA DA SILVA BRANDÃO - OFICIAL SUBSTITUTA. EMOLUMENTOS E TAXAS ISENTOS. TERMO ARQUIVADO NESTA SERVENTIA NA PASTA 026 Nº 07.

ANOTAÇÕES DE CADASTRO

CEP Residencial		Grupo Sanguíneo	

* As anotações do cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

NOME DO OFÍCIO CARTORIO DE REGISTRO CIVIL DE PESSOAS NATURAIS - GO
Av. Rio da Prata, Nº 281, Sala 01/02/03 - Centro - São Luis de Montes Belos/GO
Tel.: (64)3601-1066
Umberto José da Mota
Oficial Respondente

Selo Digital:
01862008113220212860013
Consulte este selo: http://extrajudicial.tjgo.jus.br

EMOL R$ 35,4
ISSQN (5%): R$ 0
Tx Judi. R$ 15,14
Fundos 40%R$ 14,16
TOTAL: R$ 64,7

O conteúdo da certidão é verdadeiro. Dou fé.
São Luis de Montes Belos/GO - 14 de agosto de 2020

Flavia Rosa da Silva Brandão
Oficial Substituta

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones

Flaviany medeiros

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo: P

Code/Code/Código: USA

Passport No./No. du Passeport/No. de Pasaporte: A61340310

USA

Surname/Nom/Apellidos
MEDEIROS

Given names/Prénoms/Nombres
FLAVIANY ANTONIA DE AZEVEDO

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AME

Date of birth/Date de naissance/Fecha de nacimiento
27 FEB 1989

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date de délivrance/Fecha de expedición
17 MAR 2025

Date of expiration/Date d'expiration/Fecha de caducidad
16 MAR 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAMEDEIROS<<FLAVIANY<ANTONIA<DE<AZEVEDO<<

A613403106USA8902270F3503166352854009<512862

THE UNITED STATES OF AMERICA

No. 46082816

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: **FEBRUARY 27, 1989**

Sex: **FEMALE**

Height: **5** *feet* **05** *inches*

Marital status: **MARRIED**

Country of former nationality: **BRAZIL**

USCIS Registration No. **A216 042 420**

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

Flaviany Antonia De Azevedo Medeiros

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **SAN FRANCISCO, CALIFORNIA**

The Secretary having found that:

FLAVIANY ANTONIA DE AZEVEDO MEDEIROS

residing at:

DALY CITY, CALIFORNIA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: **OAKLAND, CALIFORNIA** *on:* **FEBRUARY 26, 2025**

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/17)

CALIFORNIA DRIVER LICENSE

USA

FD89

4d DLN **Y9185525** 4b EXP **02/27/2027**

3 DOB **02/27/1989** **LIMITED-TERM**

1 **DE AZEVEDO MEDEIROS**

2 **FLAVIANY ANTONIA**

8 **1840 SEQUOIA AVE APT 207**
BURLINGAME, CA 94010

9 CLASS **C**

9a END **NONE**

12 REST **NONE**

4a ISS **01/07/2026**

5 DD **09/01/202159330/BBFD/27**

15 SEX **F** 18 EYES **BRN**

16 HGT **5'-06"** 19 HAIR **BRN**

17 WGT **130 lb**

Flaviany Medeiros

21 26007
Y91855250401

Rev 05/20/2024
02/27/1989

CLASS: C - Veh w/GVWR ≤ 26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None

02/27/89

Joaniany Medeiros

This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

Exhibit 2 – Nara Julia Ferreira da Silva’s Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

NARA JULIA FERREIRA DA SILVA

CPF

432.044.848-07

Registration

115410 01 55 1996 1 00294 226 0096309 27

Date of birth	Day	Month	Year
July fifteenth, nineteen ninety-six	**15**	**07**	**1996**

Time of birth	City of birth	State
8:30 PM	**São Paulo**	**SP**

Place of birth	City of birth	State	Sex
Vila Nova Cachoelrinha Hospital	**São Paulo**	**SP**	**Female**

Parent's name	City of birth	State
MARIA IZILDA FERREIRA DA SILVA	**ITUVERAVA**	**SP**

Respective grandparents

OTTO FERREIRA DA SILVA; ADELAIDE CUSTODIO DA SILVA;

Date of registration	Number of Live Birth Certificate
September twelfth, nineteen ninety-six	**20-307476-**

Notes / Annotations

Annotation: To include the CPF of the registered as CPF No. 432.044.848-07, in accordance with National Council of Justice (CNJ) Provision No. 63/2017, São Paulo, 03/25/2026.

Voluntary registration notes

NO RECORD

Certificate issued by Letícia Barreto do Nascimento, Clerk of the Civil Registry of Natural Persons of São Paulo, 22nd Subdistrict - Tucuruvi - São Paulo - 115410, who electronically signed this certificate on 08/25/2026, pursuant to Article 19 of Law No. 6.015/73 and Article 228-F of the National Code of Standards of the Judicial Administrative Department of the National Council of Justice - Extrajudicial Division (CNN/CN/CNJ-Extra).

I certify that, on 03/25/2026, this certificate, sent through the system of the National Operator of the Civil Registry of Brazil, was materialized, and the authenticity of the document and its digital signature was verified by me.

Digital issuance seal: 1154102CE0000000758289261
CNS No. 115410
Civil Registry Office of Natural Persons
São Paulo - 22nd Subdistrict - Tucuruvi - São Paulo

Sandro Maciel Carvalho - Registrar

Avenida Nova Cantareira, No. 2503 - Tucuruvi, ZIP Code 02341-000 - Phone: (11) 29530125
Email: girleide@cartoriotucuruvi.com.br

The content of this certificate is true. I certify.

----//signature//----

Curitiba - 3rd Civil Registry Service - PR 080457
Viviane Carla da Silva - Clerk
Digital materialization seal:
SFRC2ZcUK8FZjYddR3epF383p
Amount received for the electronic certificate: R$ 70.11
Amount received for materialization: R$ 60.82

15TH NOTARY OFFICE AND 3RD CIVIL REGISTRY OFFICE OF NATURAL PERSONS
Rua XV de Novembro, 1234 - ZIP Code 80020-310
Eugênio Campos Building - Curitiba - Paraná

Validation: https://certidao.registrocivil.org.br/validar - Validator code: qr1c-rfon
The QR code of the State Court inspection seal will be available in the validation table of this certificate at the address mentioned above, when it is not present in the certificate itself.

IA 017480884

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BLANK

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MIX
Paper produced from responsible sources
FSC® C015699

DETAILED INFORMATION OF THE REGISTRATION			
REGISTRATION STANDARD			YEAR OF REGISTRATION
	DETAILING		TYPE OF BOOK, BEING: 1: BOOK A (BIRTH) 2: BOOK B (MARRIAGE) 3: BOOK B (RELIGIOUS MARRIAGE REGISTRATION FOR CIVIL PURPOSES) 4: BOOK C (DEATH) 5: AUXILIARY BOOK C (STILLBIRTH REGISTRATION) 6: BOOK D (PUBLICATION OF BANNS REGISTRATION) 7: BOOK E (OTHER ACTS RELATED TO CIVIL REGISTRATION)
	NATIONAL REGISTRY OFFICE CODE (UNIQUE IDENTIFICATION OF THE NOTARY OFFICE)		BOOK NUMBER
	ARCHIVE CODE, BEING: 01 – OWN ARCHIVE OTHER – INCORPORATED ARCHIVES		PAGE NUMBER
	TYPE OF SERVICE PROVIDED, BEING: 51: NOTARY SERVICE 52: TITLE PROTEST SERVICE 53: REAL ESTATE REGISTRATION SERVICE 54: TITLE AND DOCUMENT REGISTRATION SERVICE AND CIVIL REGISTRATION OF LEGAL ENTITIES 55: CIVIL REGISTRATION SERVICE OF NATURAL PERSONS 56: MARITIME CONTRACT REGISTRATION SERVICE 57: DISTRIBUTION REGISTRY		ENTRY NUMBER
			CHECK DIGIT

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 8, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome
NARA JULIA FERREIRA DA SILVA

Número do CPF
432.044.848-07

Matrícula
115410 01 55 1996 1 00294 226 0096309 27

Data de nascimento	Dia	Mês	Ano
quinze de julho de um mil e novecentos e noventa e seis	15	07	1996

Horário de nascimento	Município da naturalidade	UF
20:30 horas	São Paulo	SP

Local de nascimento	Município de nascimento	UF	Sexo
Hospital Vila Nova Cachoeirinha	São Paulo	SP	feminino

Nome do(a) genitor(a)	Município de nascimento	UF
MARIA IZILDA FERREIRA DA SILVA	ITUVERAVA	SP

Avô(ó)(s) respectivo(s)
OTTO FERREIRA DA SILVA; ADELAIDE CUSTODIO DA SILVA;

Data do registro	DNV
doze de setembro de um mil e novecentos e noventa e seis	20-307476-

Anotações/Averbações
Averbação: Para que conste o CPF do(a) registrado(a) como sendo CPF nº 432.044.848-07, conforme Provimento 63/2017 do CNJ. São Paulo, 25/03/2026.

Anotações voluntárias do cadastro
NÃO CONSTA

Certidão lavrada por Leticia Barreto Do Nascimento - Escrevente do Registro Civil de Pessoas Naturais de São Paulo - 22º Subdistrito - Tucuruvi - SP - 115410, o qual assinou eletronicamente esta certidão em data 25/03/2026, nos termos do artigo 19 da Lei n. 6.015/73, e do artigo 228-F do Código Nacional de Normas da Corregedoria Nacional de Justiça do Conselho Nacional de Justiça – Foro Extrajudicial (CNN/CN/CNJ-Extra).

Certifico que, em data de 25/03/2026, foi materializada esta certidão enviada pelo sistema do Operador Nacional do Registro Civil do Brasil, sendo a autenticidade do documento e da sua assinatura digital por mim conferida.

Selo digital da emissão: 1154102CE000000075828926I
CNS Nº 115410
Oficial de Registro Civil das Pessoas Naturais
São Paulo - 22° Subdistrito - Tucuruvi - SP

Sandro Maciel Carvalho - Oficial

Avenida Nova Cantareira, nº 2503 - Tucuruvi CEP: 02341000 - Fone: (11)29530125
e-mail: girleide@cartoriotucuruvi.com.br

O Conteúdo da certidão é verdadeiro. Dou fé.

Curitiba - 3º Serviço - PR / 080457
Viviane Carla Da Silva - Escrevente
Selo digital da Materialização:
SFRC2ZcUK8FZjYodR3opF303p
Valor recebido pela certidão eletrônica: R$ 70,11
Valor recebido pela materialização: R$ 60,82

1º e 3º TABELIONATO E 3º SERVIÇO DE REGISTRO CIVIL DAS P. NATURAIS
Rua XV de Novembro, 1234 - CEP: 80020-310
Edifício Eugênio Campos - Curitiba - Paraná

Validação: https://certidao.registrocivil.org.br/validar Código Validador: or1c-rfbn
O QR Code do selo de fiscalização dos Tribunais de Justiça Estaduais estará disponível na tabela de validação desta certidão no endereço mencionado abaixo quando não estiver presente na própria certidão.

IA 017480884

EM BRANCO

EM BRANCO

Nara Julia F. da Silva

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FZ048687

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
FZ048687

SOBRENOME / SURNAME
FERREIRA DA SILVA

NOME / GIVEN NAMES
NARA JULIA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
15 JUL/JUL 1996

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
SÃO PAULO/SP

FILIAÇÃO / FILIATION
MARIA IZILDA FERREIRA DA SILVA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
16 ABR/APR 2019

AUTORIDADE / AUTHORITY
DPF/URA/MG

VÁLIDO ATÉ / DATE OF EXPIRY
16 ABR/APR 2029

P<BRAFERREIRA<DA<SILVA<<NARA<JULIA<<<<<<<<<<
FZ048687<5BRA9607158F2904157<<<<<<<<<<<<<<02

PASSAPORTE

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN
CIUDAD DE MÉXICO

02 OCT. 22 E
MMMX 03/10/2022
TRANSIT
MEXICO

INM

VISTOS VISAS

DEPARTMENT OF HOMELAND SECURITY - U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
SFR
SEP 22 2022
B2
Until MAR 21, 2023
5467

VISA

UNITED STATES OF AMERICA

Issuing Post Name
SAO PAULO

Control Number
20191512240004

Surname
FERREIRA DA SILVA

Given Name
NARA JULIA

Visa Type /Class
R B1/B2

Passport Number
FZ048687

Sex
F

Birth Date
15JUL1996

Nationality
BRZL

Entries
M

Issue Date
04JUN2019

Expiration Date
30MAY2029

0101

Annotation

P0616730

*

VNUSAFERREIRA<DA<SILVA<<NARA<JULIA<<<<<<<<<<

FZ048687<5BRA9607158F2905305B3SPL32E9I333364

VISTOS 11 VISAS

VISTOS 10 VISAS

VISTOS 17 VISAS

VISTOS 16 VISAS

ESTADOS UNIDOS MEXICANOS | SECRETARÍA DE GOBERNACIÓN

CIUDAD DE MÉXICO

21 SEP. 22E

MMMX

Transit 24/09/22 3

MÉXICO O.R.CDOAOMX126

VISTOS 24 VISAS

VISTOS 25 VISAS

VISTOS 27 VISAS

VISTOS 26 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

For: **NARA JULIA FERREIRA DA SILVA**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 143501326A3

Arrival/Issued Date: 2022 December 04

Class of Admission: B2

Admit Until Date: 2023 June 02

Details provided on the I-94 Information form:

Last/Surname: FERREIRA DA SILVA

First (Given) Name: NARA JULIA

Birth Date: 1996 July 15

Document Number: FZ048687

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 04/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FZ048687**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2022-12-04	Arrival	SFR
2	2022-10-02	Departure	SFR
3	2022-09-23	Arrival	SFR

OMB No. 1651-0111 Expiration Date: 04/30/2026

CALIFORNIA
USA

DRIVER LICENSE

FEDERAL LIMITS APPLY

4d DLN **W8772182** 4b EXP **07/15/2028**

3 DOB **07/15/1996**

1 **FERREIRA DA SILVA**

2 **NARA JULIA**

8 **1840 SEQUOIA AVE APT 207**
BURLINGAME, CA 94010

9 CLASS **C**

9a END **NONE**

12 REST **CORR LENS**

4a ISS **03/18/2026**

5 DD **03/18/202659324/BBFD/28**

15 SEX **F**

16 HGT **5'-05"**

17 WGT **145 lb**

18 EYES **BLK**

19 HAIR **BLK**

Nara Julia F. da Silva

21 26077
W87721820401

Rev 05/20/2024
07/15/1996

CLASS: C - Veh w/GVWR ≤ 26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: 01-Must wear corrective lenses when driving

07/15/96

This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, firearms purchases, voter registration, or public benefits.

Exhibit 3 – Marriage Certificate of Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY and COUNTY of SAN FRANCISCO

4202638001484

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ☐ Groom ■ Bride

1A. FIRST NAME	1B. MIDDLE
NARA JULIA	–
1C. CURRENT LAST	**1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)**
FERREIRA DA SILVA	–

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
07/15/1996	BRAZIL	0	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ NA	--/--/----

9. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
1840 SEQUOIA AVE APT 207	BURLINGAME	CA	94010

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
UNKNOWN	BRAZIL
11A. FULL BIRTH NAME OF MOTHER/PARENT	**11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
MARIA IZILDA FERREIRA DA SILVA	BRAZIL

SECOND PERSON DATA ☐ Groom ■ Bride

12A. FIRST NAME	12B. MIDDLE
FLAVIANY ANTONIA	–
12C. CURRENT LAST	**12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)**
DE AZEVEDO MEDEIROS	–

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
02/27/1989	BRAZIL	2	☐ DEATH ■ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ NA	12/18/2025

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
1840 SEQUOIA AVE APT 207	BURLINGAME	CA	94010

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
UNKNOWN	BRAZIL
22A. FULL BIRTH NAME OF MOTHER/PARENT	**22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
SIRLENE ANTONIA DE AZEVEDO	BRAZIL

AFFIDAVIT

WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ Nara Julia F. da Silva	▶ Flaviany Antonia A. Medeiros

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
01/21/2026	04/21/2026	DIANE REA	BY ▶

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
202640000444	SAN FRANCISCO	1 DR. CARLTON B. GOODLETT PLACE, ROOM 190, SAN FRANCISCO, CA 94102

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
Kaique T. Uchoa	KAIQUE TELLES UCHOA
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE	
41 MONTROSE AVE, DALY CITY, CA 94015	
27A. SIGNATURE OF WITNESS	**27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)**
Luciana C de Souza	LUCIANA CAVALCANTI DE SOUZA
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE	
940 POST STREET APT #20, SAN FRANCISCO, CA 94109	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
03/04/2026	SAN FRANCISCO	SAN FRANCISCO

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
	–
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	**29D. OFFICIAL TITLE**
THOMAS SHAUB	DEPUTY MARRIAGE COMMISSIONER
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE	
1 DR. CARLTON B GOODLETT PLACE, ROOM 168, SAN FRANCISCO, CA 94102	

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
–	–	–

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
–	–	–

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
JOAQUIN TORRES	BY ▶	MAR 06 2026

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN FRANCISCO ASSESSOR-RECORDER.

ATTEST: Jeremy Milinazzo

DATE ISSUED: 03/20/2026

0 0 0 6 9 1 6 7 8

JOAQUIN TORRES
SAN FRANCISCO ASSESSOR-RECORDER

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage

Flaviany Antonia de Azevedo Medeiros
1840 Sequoia Ave, Apt. #207
Burlingame, CA 94010
(843) 478-5229
flaviany.antonia@gmail.com
07/29/2026

Personal Statement Regarding My Relationship

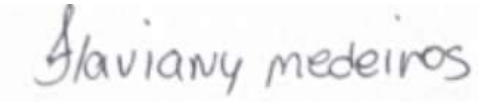
To Whom It May Concern,

My name is Flaviany Antonia de Azevedo Medeiros. I was born on 02/27/1989, in São Luís de Montes Belos, Goiás, Brazil. Through this letter, I would like to provide additional details about how I met my wife, Nara Julia Ferreira da Silva.

Nara and I met in 2023 after she began coming to the restaurant where I work to pick up the orders she placed regularly. I remember that on one occasion she briefly mentioned that she had recently arrived in the country. Around that same time, she also started helping with some tasks at the restaurant a few days a week. We truly became close in 2025, when we had the opportunity to spend more time together outside the restaurant environment, and a strong connection started to grow. I admire her life story, her humble background, and her strong personality and determination. During that time, I began to place a great deal of trust in Nara. I have always been a reserved person, but with her I felt comfortable opening up about myself, my life, and my dreams. At first, I believed it would only be friendship; however, over time I found myself falling for her in a way that I couldn't even explain to myself, so I decided to reflect carefully on what I was feeling, and I came to realize that my feelings for her were much deeper than friendship and simply wanting to be around her. I knew that she had previously been in relationships with other women, and the way she treated me made me feel truly special. Although neither of us had openly expressed our feelings, we naturally began treating each other with great affection and admiration. Then she invited me to attend Beyoncé's Cowboy Carter Tour, of whom I am also a huge fan. We traveled together to Los Angeles for the concert on May 1, 2025, and during that trip, Nara asked me to be her girlfriend, and I felt so happy in that moment when I said yes. Three months after we returned from our trip, we moved in together in September 2025; I had suggested that Nara move into my home after she surprised me with a marriage proposal. She proposed during a romantic dinner at one of our favorite restaurants. The surprise made the moment incredibly special, and it marked the beginning of a new chapter for us, where living together and our partnership flowed very naturally.

We decided to plan our wedding for the following year, 2026, and the ceremony took place on March 4, 2026; in addition to the ceremony, we hosted a celebration for our family and friends. It was a beautiful day, and we carefully planned every detail so that our wedding would always be remembered with love. It was the day I felt truly happy and fulfilled with the person I chose to have by my side and share my life with.

Sincerely,



Flaviany Antonia de Azevedo Medeiros

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 3, 2026

Flaviany Antonia de Azevedo Medeiros
1840 Sequoia Ave, apt #207
Burlingame CA, zip code 94010
(843) 478-5229
flaviany.antonia@gmail.com
29/07/2026

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Meu nome é Flaviany Antonia de Azevedo Medeiros, nascida em 27/02/1989, na cidade de São Luís de Montes Belos/GO Brasil. E declaro através dessa carta mais detalhes de como conheci minha esposa Nara Julia Ferreira da Silva.

Eu e Nara nos conhecemos em 2023, depois que ela passou a frequentar o restaurante em que trabalho para retirar os pedidos que fazia com frequência, lembro que em uma ocasião ela brevemente comentou que estava recém chegada ao país. Na mesma época ela passou a auxiliar em algumas tarefas no restaurante alguns dias da semana. De fato nos aproximamos ano passado 2025, tivemos a oportunidade de estarmos mais próximas fora do ambiente do restaurante e uma grande afinidade foi crescendo, admiro a história de vida dela, origem humilde, uma pessoa de personalidade forte e determinação. Naquele momento crescia em mim uma grande confiança com a Nara, eu que sempre fui uma pessoa mais fechada, me senti à vontade em falar sobre mim com ela, sobre minha história e também sobre meus sonhos. No início imaginei que seria apenas amizade, e com o tempo fui me encantando por ela de uma forma que eu não sabia explicar a mim mesma, foi quando decidi analisar bem o que eu estava sentindo, e pude entender que havia um sentimento maior que só amizade e a vontade de estar perto. Eu sabia que ela já havia se relacionado com outras mulheres e o jeito que ela me tratava me fazia eu me sentir especial. Não havia nada verbalizado, mas entre linhas passamos a nos tratar com muito carinho e admiração. Foi quando ela me fez o convite para irmos juntas ao evento da tour Cowboy Carter da cantora Beyoncé, que também sou muito fã. Fomos a Los Angeles onde foi realizado a apresentação no dia 01 de Maio de 2025 e nessa mesma ocasião eu recebi o pedido de namoro da Nara, me senti muito feliz naquele momento em que eu disse sim. Depois que voltamos de viagem, após três meses, passamos a morar juntas em Setembro de 2025, eu havia sugerido a Nara que ela viesse morar na minha casa, após ela ter me surpreendido com o pedido de casamento. Inclusive a ocasião em que ela me propôs, foi um jantar romântico em um restaurante que gostamos de frequentar, a surpresa tornou tudo muito especial e ali se iniciou uma nova fase pra gente, onde fluiu muito bem a nossa convivência e parceria morando juntas.

Decidimos programar para o ano seguinte 2026 o nosso casamento, a cerimônia foi realizada no dia 04 de março de 2026, além da cerimônia organizamos uma celebração para recebermos os nossos convidados. Foi um dia muito bonito, programamos cada detalhe para que o dia do nosso casamento fosse lembrado com muito amor, foi o dia em que me senti muito feliz e realizada pela pessoa que eu escolhi para estar ao meu lado e compartilhar a minha vida.

Atenciosamente,

Flaviany medeiros

Flaviany Antonia de Azevedo Medeiros

Nara Julia Ferreira da Silva
1840 Sequoia Ave, Apt. #207
Burlingame, CA 94010
(510) 385-8769
narajuliaferreira@gmail.com
07/29/2026

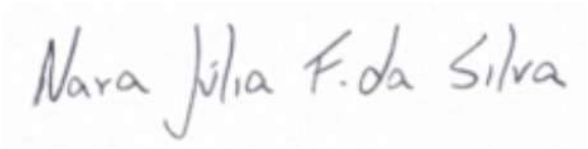
Personal Statement Regarding My Relationship

To Whom It May Concern:

My name is Nara Julia Ferreira da Silva. I was born on 07/15/1996, in São Paulo/SP, Brazil. Through this letter, I would like to provide additional details about my relationship with Flaviany Antonia de Azevedo Medeiros. We met shortly after I arrived in the United States, at the beginning of 2023, when I visited the restaurant where Flaviany worked, which coincidentally was a restaurant that specializes in Brazilian cuisine. Flaviany worked directly with customers, and that was the first time I saw her. Around that same time, I had the opportunity to help in the restaurant's kitchen a few days a week. However, Flaviany and I truly grew closer last year, in 2025, when we had the opportunity to spend time together outside of the restaurant and get to know each other better. As the weeks went by after we became closer, there came a moment when it seemed like a deep friendship was growing, as we discovered that we enjoyed many of the same activities and shared similar interests in how we liked to spend our free time, and before I realized it, I had fallen in love with her company, and I felt something different growing between us that I couldn't quite explain; I also noticed that she seemed to feel the same way, she appeared happier, just as I was, and we looked for every opportunity to spend time together. At that time, it was announced that Beyoncé's Cowboy Carter Tour would be coming to Los Angeles on May 1, 2025, so I decided to invite Flaviany to attend the concert with me because I already knew she was as much of a fan of Beyoncé as I am, and I felt confident she would accept my invitation. She did accept, and we planned a four-day trip to Los Angeles that included the concert as well as time to explore the city. On the day of the concert, I had already planned to ask her to be my girlfriend, and just a few minutes before the show began, I asked her, and she said yes. We had an amazing time together in Los Angeles. I felt very lonely before sharing these moments with Flaviany, and she became someone truly special to me. In August 2025, we went out for dinner at a steakhouse, and during that evening I asked Flaviany to marry me. I had arranged with our waiter to bring out a dessert after dinner with the words, "Will you marry me?" written on it. When she said yes, I was overjoyed. That same evening, Flaviany suggested that I move into her home even before we got married, since I lived quite far away, the long commute made it difficult for us to spend as much time together as we wanted.

In September 2025, we began living together at the same address, and we quickly settled into a routine that worked very well for both of us; living together also allowed us to join the same gym, and now we do our workouts together several days a week. Flaviany and I enjoy spending our free time in a similar way; we like participating in road races, and on most of our days off we go to the beach, visit friends, or explore places around our local area. We were married on March 4, 2026, and we chose that date so we would have several months to prepare and make it truly unforgettable, as we wanted it to be a memorable day. Our ceremony took place on a Wednesday afternoon, and afterward we celebrated at one of our favorite steakhouses; we reserved a private area where we decorated the space and welcomed our family and friends. These are some of the details of my story with Flaviany, shared in my own words, Nara.

Sincerely,



Nara Julia Ferreira da Silva

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 3, 2026

Nara Julia Ferreira da Silva
1840 Sequoia Ave, apt #207
Burlingame CA, zip code 94010
(510) 385-8769
narajuliaferreira@gmail.com
29/07/2026

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Sou Nara Julia Ferreira da Silva, nascida em 15/07/1996 na cidade de São Paulo/SP, Brasil. Venho por meio desta carta declarar mais detalhes sobre o meu relacionamento com Flaviany Antonia de Azevedo Medeiros. Nos conhecemos pouco tempo depois da minha chegada aos Estados Unidos, no início do ano de 2023 quando visitei o trabalho dela, que por coincidência é um restaurante da nossa cultura de comida brasileira. Flaviany trabalhava diretamente lidando com o público na parte de atendimento, e essa foi a primeira vez que a vi. Na mesma época me surgiu a oportunidade de auxiliar na cozinha desse mesmo restaurante por alguns dias da semana. Mas de fato eu e Flaviany nos aproximamos ano passado 2025, onde tivemos a oportunidade de nos conhecer melhor fora do ambiente do restaurante. Conforme as semanas foram passando depois da nossa aproximação, houve um momento em que me pareceu estar crescendo uma grande amizade, pois descobrimos gostar de coisas parecidas relacionadas a lazer, em como aproveitar o tempo livre e quando percebi eu já estava encantada pela companhia dela e havia um sentimento diferente surgindo e que eu não sabia como explicar, então pude notar que ela também se sentia diferente, parecia mais feliz como eu, e qualquer oportunidade era motivo pra estarmos juntas. Na época havia sido divulgado um evento que aconteceria em Los Angeles no dia 01 de maio de 2025, um evento da tour Cowboy Carter da cantora Beyoncé, e resolvi fazer o convite a ela para irmos assistir juntas, pois eu já sabia que ela é fã da cantora como eu, e a chance era grande que ela aceitasse o convite. De fato ela aceitou e combinamos a viagem para que fosse 4 dias em Los Angeles, incluindo o dia do evento e os demais para passeio. No dia do evento eu havia me planejado para pedi-la em namoro, e poucos minutos antes do início da apresentação fiz o pedido a ela, e ela disse sim. Foram ótimos dias em Los Angeles. Eu me sentia muito sozinha antes de começar a partilhar desses momentos com Flaviany, ela foi algo muito especial que aconteceu em minha vida. Em Agosto de 2025, saímos para jantar em uma Steakhouse e nessa ocasião pedi a mão de Flaviany em casamento. Combinei com o garçom que trouxesse uma sobremesa após o jantar que estivesse escrito o pedido "casa comigo?" E nesse momento, receber o sim dela me deixou radiante. Nesta mesma ocasião Flaviany me sugeriu que eu já me mudasse para sua casa mesmo antes de nos casarmos, considerando que a distância de onde eu morava e o tempo de deslocamento até a casa dela, dificultava nossas programações e o tempo juntas.

Em Setembro de 2025 passamos a residir no mesmo endereço, nossa rotina se encaixou muito bem, nos possibilitou frequentar a mesma academia e assim sempre fazemos nosso treino de musculação juntas durante alguns dias da semana. Flaviany e eu gostamos de aproveitar da mesma forma o tempo livre, gostamos de participar de eventos de corrida de rua, e na maioria dos dias livres vamos à praia, visitar os amigos, ou conhecer lugares aqui por perto na região. Nos casamos no dia 04 de março de 2026, decidimos por essa data para que tivéssemos alguns meses de preparo para que esse dia fosse incrível na nossa memória, pois queríamos que fosse lembrado da melhor forma. A cerimônia foi em uma quarta-feira à tarde, e para celebrar a data escolhemos uma Steakhouse que gostamos de frequentar, reservamos um espaço para que pudéssemos decorar e receber nossos convidados. Esses são alguns detalhes da minha história com Flaviany, contada por mim Nara.

Atenciosamente,

Nara Julia F. da Silva

Nara Julia Ferreira da Silva

Wells Fargo Everyday Checking

FLAVIANY A DE AZEVEDO MEDEIROS
NARA JULIA FERREIRA DA SILVA
1840 SEQUOIA AVE APT 207
BURLINGAME CA 94010-5373

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Portland, OR 97228-6995

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Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Be mindful of ongoing scams affecting older adults. Help protect yourself and loved ones from:

- Investment scams - the scammer makes friends with you on social media then offers to show you how to invest in crypto or another "money making" opportunity. Watch out for promises of big returns, suggestions to invest in crypto, or requests to wire money.
- Scam Callers Pretending to Be Tech Help - scammers pose as a computer technician, or you may get a pop-up window on your screen warning you about an issue with your device.

If you have a real tech issue: go to a local company that you know and trust. Be on the lookout for fake websites. Never trust someone who contacts you first or asks for access to your device. If this happens to you, it's a scam.

Learn more at wellsfargo.com/scams

Statement period activity summary

Beginning balance on 5/27	$15.17
Deposits/Additions	3,037.00
Withdrawals/Subtractions	- 331.85
Ending balance on 6/24	$2,720.32

Account number: 7665590878 (primary account)
FLAVIANY A DE AZEVEDO MEDEIROS
NARA JULIA FERREIRA DA SILVA
California account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
6/1		Online Transfer From DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Ybth289 on 06/01/26	1,330.00		1,345.17
6/2		Zelle From Nara Ferreira DA Silva on 06/01 Ref # Baciiodufat2	1,330.00		2,675.17
6/3		ATT Payment 060226 499734012Epaym Nara J F DA Silva		53.77	2,621.40
6/8		Online Transfer to DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Yfr3N82 on 06/08/26		21.00	2,600.40
6/16		Zelle From Nara Ferreira DA Silva on 06/16 Ref # Baca7CR1Xjdz	185.00		
6/16		Online Transfer From DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Yjw3Zz6 on 06/16/26	137.00		
6/16		ATT Payment 061526 110583002Epayt Nara J F DA Silva		257.08	2,665.32
6/17		Online Transfer From DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Yk6Yhqk on 06/16/26	55.00		2,720.32
Totals			$3,037.00	$331.85	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

TIP Report check fraud right away. Fraudsters target the mail looking for checks they can alter and use. They may keep the amount the same, so it's important to review the check image as soon as it clears. Contact us to request check images or view them online. If you mail checks, make sure the person you sent it to receives it.

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Other Wells Fargo Benefits

Wells Fargo is serious about security.
Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at wellsfargo.com/security to learn more.

Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- If your account has a negative balance:

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- In case of errors or questions about your electronic transfers:

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

- In case of errors or questions about other transactions (that are not electronic transfers):

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $_____

ADD

B. Any deposits listed in your $_____
register or transfers into $_____
your account which are not $_____
shown on your statement. + $_____
. . . . . TOTAL $_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $_____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $_____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $_____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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You and Wells Fargo

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Other Wells Fargo Benefits

Fraud and scam tips to help keep your money and information safe

Quickly spot check fraud and scams
- Review check images at least monthly. If something doesn't look right, report it right away.
- Verify your recipient received the check.
- Set up "Checks posted yesterday" alerts in the Wells Fargo Mobile®app* or online banking to be notified when a check clears.
- Be wary if anyone sends you a check and asks you to send money back. That's likely a scam.

Government impersonation scams

Here's what to know:
- Scammers pose as government agencies to get your money or personal information.
- Never share your Social Security or Medicare number unless you're the one who initiated the contact.
- If you have a real tax issue, the IRS will always send you a letter. Hang up on unexpected calls from the IRS, even if the caller already has your Social Security number.
- If anyone urges you to move your money to a different account for any reason, even to "protect it", assume it's a scam.

Remember, always be cautious when you're asked for your personal information or money. Don't respond until you validate "who" and "why". You are in control when it's your money.

* Sign-up may be required. Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Statement period activity summary

Beginning balance on 4/24	$20.22
Deposits/Additions	2,867.00
Withdrawals/Subtractions	- 2,872.05
Ending balance on 5/26	$15.17

Account number: 7665590878 (primary account)
FLAVIANY A DE AZEVEDO MEDEIROS
NARA JULIA FERREIRA DA SILVA
California account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 121042882

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Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
4/27		Online Transfer to DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Xswffnp on 04/25/26		15.00	5.22
4/29		Online Transfer From DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Xv9Ch4C on 04/29/26	1,300.00		1,305.22
5/4		Zelle From Nara Ferreira DA Silva on 05/04 Ref # Bacenj2Ewtsw	1,430.00		
5/4	107	Check		2,600.00	135.22
5/13		Online Transfer From DE Azevedo Medeiros F Ref #Ib0Y39L2Db Everyday Checking Telefone	137.00		272.22
5/18		ATT Payment 051526 074999003Epayo Nara J F DA Silva		257.05	15.17
Totals			$2,867.00	$2,872.05	

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Summary of checks written *(checks listed are also displayed in the preceding Transaction history)*

Number	*Date*	*Amount*
107	5/4	2,600.00

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 04/24/2026 - 05/26/2026	Standard monthly service fee $15.00	You paid $0.00
The bank has waived the fee for this fee period.		

How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Minimum daily balance	$1,500.00	$5.22 ☐

Monthly service fee summary (continued)

How to avoid the monthly service fee	Minimum required	This fee period	
• Total amount of qualifying electronic deposits	$500.00	$0.00	☐
• Age of primary account owner	17 - 24		☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

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3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $_____

ADD

B. Any deposits listed in your $_____
register or transfers into $_____
your account which are not $_____
shown on your statement. + $_____
. . . . . TOTAL $_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $_____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $_____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $_____

Number	Items outstanding	Amount
	Total $	

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Other Wells Fargo Benefits

Spot the latest tax scam

Scammers posing as a tax consulting service are calling claiming you owe back taxes or have missed filings. They urge you to call them back immediately to "resolve" your tax debt. They often insist this is your "only chance" to avoid penalties.

Red Flags
- Unexpected calls regarding a tax issue.
- Claims of notices sent that you never received.
- Messages saying press a number to "be removed," a common scammer tactic to confirm working phone numbers.

What to Do
- Let unknown callers go to voicemail.
- Do NOT call back or share personal information.
- If you have concerns, contact the IRS directly - never use the number left on a voicemail.

For more information go to wellsfargo.com/spottaxscams

Statement period activity summary

Beginning balance on 4/4	$135.26
Deposits/Additions	132.00
Withdrawals/Subtractions	- 247.04
Ending balance on 4/23	$20.22

Account number: 7665590878 (primary account)
FLAVIANY A DE AZEVEDO MEDEIROS
NARA JULIA FERREIRA DA SILVA
California account terms and conditions apply
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4/16		ATT Payment 041526 215426003Epayk Nara J F DA Silva		247.04	20.22
Totals			$132.00	$247.04	

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Fee period 04/04/2026 - 04/23/2026	Standard monthly service fee $15.00	You paid $0.00

The bank has waived the fee for this fee period.

How to avoid the monthly service fee Have any ONE of the following each fee period	Minimum required	This fee period
• Minimum daily balance	$1,500.00	$20.22 ☐
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RC/RC

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- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- If your account has a negative balance:

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- In case of errors or questions about your electronic transfers:

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

- In case of errors or questions about other transactions (that are not electronic transfers):

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $_____

ADD

B. Any deposits listed in your $_____
register or transfers into $_____
your account which are not $_____
shown on your statement. + $_____
. . . . . TOTAL $_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $_____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $_____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $_____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Wells Fargo Everyday Checking

FLAVIANY A DE AZEVEDO MEDEIROS
NARA JULIA FERREIRA DA SILVA
1840 SEQUOIA AVE APT 207
BURLINGAME CA 94010-5373

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You are receiving this statement because you have elected to change the date you regularly receive your monthly account statement(s), or requested to have this account combined into one easy-to-read statement. The information you currently receive will not change. We hope you will enjoy this new convenience and "greener" approach. If you do not want your statements combined, please speak with your banker or call the number on your statement.

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Spot the latest tax scam

Scammers posing as a tax consulting service are calling claiming you owe back taxes or have missed filings. They urge you to call them back immediately to "resolve" your tax debt. They often insist this is your "only chance" to avoid penalties.

Red Flags
- Unexpected calls regarding a tax issue.
- Claims of notices sent that you never received.
- Messages saying press a number to "be removed," a common scammer tactic to confirm working phone numbers.

What to Do
- Let unknown callers go to voicemail.
- Do NOT call back or share personal information.

- If you have concerns, contact the IRS directly - never use the number left on a voicemail.

For more information go to wellsfargo.com/spottaxscams

Statement period activity summary

Beginning balance on 3/17	$2,862.30
Deposits/Additions	2,720.00
Withdrawals/Subtractions	- 5,447.04
Ending balance on 4/3	$135.26

Account number: 7665590878 (primary account)
FLAVIANY A DE AZEVEDO MEDEIROS
NARA JULIA FERREIRA DA SILVA
California account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
3/17		ATT Payment 031526 141364005Epayf Nara J F DA Silva		247.04	2,615.26
3/27	105	Check		2,600.00	15.26
4/1		Online Transfer From DE Azevedo Medeiros F Everyday Checking xxxxxx6175 Ref #Ib0Xhc9K67 on 04/01/26	1,300.00		1,315.26
4/2		Zelle From Nara Ferreira DA Silva on 04/02 Ref # Bacgzljvsl1V	1,420.00		2,735.26
4/3	106	Check		2,600.00	135.26
Totals			$2,720.00	$5,447.04	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written *(checks listed are also displayed in the preceding Transaction history)*

Number	*Date*	*Amount*	*Number*	*Date*	*Amount*
105	3/27	2,600.00	106	4/3	2,600.00

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 03/17/2026 - 04/03/2026	Standard monthly service fee $15.00	You paid $0.00

The bank has waived the fee for this fee period.

How to avoid the monthly service fee	Minimum required	This fee period	
Have any ONE of the following each fee period			
• Minimum daily balance	$1,500.00	$15.26	☐
• Total amount of qualifying electronic deposits	$500.00	$0.00	☐
• Age of primary account owner	17 - 24		☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

Effective July 1, 2026, the fee for stop payment requests on checks drawn on your account, or on pre-authorized (Automated Clearing House) items, will be $30 per item. The fee may not be applicable to all customers depending on the type of account you have. For more details, refer to the Fee and Information Schedule applicable to your account.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Other Wells Fargo Benefits

Wells Fargo is serious about security.
Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at wellsfargo.com/security to learn more.

Important Information You Should Know

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  1. Tell us your name and account number (if any).
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  3. Tell us the dollar amount of the suspected error.

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3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $ _____

ADD

B. Any deposits listed in your $ _____
register or transfers into $ _____
your account which are not $ _____
shown on your statement. + $ _____
. . . . . TOTAL $ _____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $ _____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $ _____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $ _____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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FLAVIANY DE AZEVEDO MEDEIROS
1840 SEQUOIA AVE APT 207
BURLINGAME, CA 94010-5373

Issue Date: Jun 26, 2026
Account Number: 436200424255

Easily split your AT&T bill! Assign payers and let us notify them each month. Visit att.com/splitbill to learn more.

Save time with the new AT&T app. Now with more powerful features to manage your account, devices, and connections, all in one place. Visit att.com/atteasy12

Total due
$257.11
AutoPay is scheduled for: Jul 15, 2026

Account summary

Your last bill	$257.08
Payment, Jun 15 - Thank you!	-$257.08
Remaining balance	$0.00

Service summary

Wireless	*Page 2*	$257.11
Total services		$257.11

Total due **$257.11**
AutoPay is scheduled to debit your bank account on Jul 15, 2026

Ways to pay and manage your account:

AT&T app
iPhone and Android

att.com/pay

Call 611 or 800.331.0500
TTY:866.241.6567

Ask a question
Make a payment

FLAVIANY DE AZEVEDO MEDEIROS
1840 SEQUOIA AVE APT 207
BURLINGAME, CA 94010-5373

AutoPay of $257.11 is scheduled for Jul 15, 2026
Account number: 436200424255

AT&T MOBILITY
PO BOX 6416
CAROL STREAM, IL 60197-6416

926004362004242550000000002571100000025711004

Service activity

Wireless

Number	User	Page	Monthly charges: Plan	Equipment	Add-ons	Company fees & surcharges	Government fees & taxes	Total
510.385.8769	NARA FERREIRA	2	$65.99	$19.45	$29.00	$4.26	$2.33	$121.03
843.478.5229	FLAVIANY DE AZEVEDO...	3	$80.99	$19.45	$29.00	$4.31	$2.33	$136.08
Total			**$146.98**	**$38.90**	**$58.00**	**$8.57**	**$4.66**	**$257.11**

Usage summary (May 27 - Jun 26)

Number	User	Data (allowance)	Text (allowance)	Talk (allowance)
510.385.8769	NARA FERREIRA	35.15GB (unlimited)	87 (unlimited)	25 (unlimited)
843.478.5229	FLAVIANY DE AZEVEDO MEDEIROS	42.12GB (unlimited)	209 (unlimited)	71 (unlimited)

Usage is rounded up based on your plan. For more details on your Usage summary, visit att.com/myusage.

Phone, 510.385.8769
NARA FERREIRA

Monthly charges — Jun 27 - Jul 26

1.	Unlimited Starter SL - 2 Lines *AutoPay & paperless disc ($10 off w/ bank acct)*	$65.99
2.	Protect Advantage (includes insurance) - Tier 4	$19.00
3.	APPLE 256GB - Installment 8 of 36	$33.34
4.	Promotional Credit 8 of 36	-$13.89
5.	Next Up Anytime - phone upgrade feature	$10.00

Company fees & surcharges

6.	Administrative & Regulatory Cost Recovery Fee	$3.99
7.	Federal Universal Service Fee	$0.24
8.	State Public Utility Surcharge	$0.03

Government fees & taxes

9.	911/988 Surcharge	$0.46
10.	CA State Sales Tax	$0.60
11.	CA Universal Svc PPP Srchg	$0.90
12.	City District Sales Tax	$0.03
13.	County District Sales Tax	$0.21

APPLE 256GB *290000058622809*

Established on	Oct 30, 2025
Amount financed	$1,199.99
Installment 8 of 36 *(May 30, 2026)*	$33.34
Balance remaining after current installment	$933.27

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

510.385.8769 continues...

...510.385.8769 continued

14.	County Sales Tax	$0.13

Total for 510.385.8769 **$121.03**

Phone, 843.478.5229
FLAVIANY DE AZEVEDO MEDEIROS

Monthly charges *Jun 27 - Jul 26*

1.	Unlimited Premium PL - 2 Lines *AutoPay & paperless disc ($10 off w/ bank acct)*	$80.99
2.	Protect Advantage (includes insurance) - Tier 4	$19.00
3.	APPLE 256GB - Installment 9 of 36	$33.34
4.	Promotional Credit 9 of 36	-$13.89
5.	Next Up Anytime - phone upgrade feature	$10.00

Company fees & surcharges

6.	Administrative & Regulatory Cost Recovery Fee	$3.99
7.	Federal Universal Service Fee	$0.29
8.	State Public Utility Surcharge	$0.03

Government fees & taxes

9.	911/988 Surcharge	$0.46
10.	CA State Sales Tax	$0.60
11.	CA Universal Svc PPP Srchg	$0.90
12.	City District Sales Tax	$0.03
13.	County District Sales Tax	$0.21
14.	County Sales Tax	$0.13

Total for 843.478.5229 **$136.08**

Total for Wireless **$257.11**

APPLE 256GB *290000058622626*

Established on	Oct 24, 2025
Amount financed	$1,199.99
Installment 9 of 36 *(Jun 24, 2026)*	$33.34
Balance remaining after current installment	$899.93

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

News you can use

Products and services
Discover the latest AT&T products and services designed to keep you connected at att.com. Visit today to explore options that fit your lifestyle and needs.

Increase to Administrative & Regulatory Cost Recovery Fee
Starting August 5, 2026, the AT&T Administrative & Regulatory Cost Recovery Fee for wireless customers will increase by $1.00 from $3.99 to $4.99 per line per month. For more info, go to att.com/mobilityfees

Add a new line for less than you think
Add a friend, add a family member, add a line for someone you love - everyone gets our best deals. Call: 866.766.2888.

The new AT&T app is here!

Now, with a simplified experience, and even more powerful features to manage your plan and connected devices, and get help, 24/7. Visit att.com/atteasy4

Products and services
Discover the latest AT&T products and services designed to keep you connected at att.com Visit today to explore options that fit your lifestyle and needs.

Important information

Late payment fee
The late payment fee for consumer wireless bills not paid in full by the payment due date is up to $8.00.

Electronic check conversion

Important information continues...

...Important information continued

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to $30. Returned checks may be presented electronically.

Company fees & surcharges

AT&T imposes additional monthly fees on a per line basis, including:

- An Administrative & Regulatory Cost Recovery Fee charged to help AT&T recover: (a) certain expenses AT&T incurs, including, but not limited to, charges AT&T or its agents pay to interconnect with other providers to exchange communications between AT&T customers and their customers and charges associated with cell site rents and maintenance; and (b) payment of certain government fees imposed on AT&T and costs of compliance with government-imposed regulatory requirements.
- Federal/State Universal Service Fees to help AT&T recover mandatory contributions it makes to federal and state universal service funds.
- State/Local Cost Recovery Fees to help AT&T recover taxes and required payments levied on AT&T by states and local governments.

These fees are not taxes or charges that the government requires AT&T to collect from its customers. The amounts we charge may change. See att.com/mobilityfees for details.

California surcharge

AT&T collects a surcharge on a per line per month basis as required by the California Public Utilities Commission (CPUC) to fund CPUC Public Purpose Programs. For more info on the Public Purpose Programs and how these funds are used, please go to the CPUC's website at cpuc.ca.gov and search for "Surcharge Rates" at the top right of the page.

Questions about your bill or service

If you have any questions about your bill or concerns about your service, call Customer Care at 800.331.0500 or at 611 from your cell phone or write to Customer Care at AT&T, P.O. Box 5074, Carol Stream, Illinois 60197-5074 or FAX 314.242.0792. If we cannot resolve your issue, you have the option to write the California Public Utilities Commission (CPUC) at Consumer Affairs Branch, 505 Van Ness Ave., Room 2003, San Francisco, CA 94102, or at cpuc.ca.gov/complaints or call 800.649.7570. The CPUC's DDTP program offers assistance to individuals with hearing and speaking limitations including California Relay Service available by dialing 711. More information is available at caconnect.org

AT&T Mobility Center for customers with disabilities

Questions on accessibility by persons with disabilities: 866.241.6568.

Written correspondence

Do not send notes/letters with payment. We cannot guarantee receipt. Send notes/letters to AT&T, P.O. Box 5074, Carol Stream, Illinois 60197-5074 or FAX 314.242.0792.

Wireless DirectBill charges

Detail of DirectBill charges can be viewed at att.com/db. The direct billing option offers you the ability to purchase content, goods and features such as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

Tax ID

AT&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC.
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FLAVIANY DE AZEVEDO MEDEIROS
1840 SEQUOIA AVE APT 207
BURLINGAME, CA 94010-5373

Issue Date: May 26, 2026
Account Number: 436200424255

Easily split your AT&T bill! Assign payers and let us notify them each month. Visit att.com/splitbill to learn more.

Save time with the new AT&T app. Now with more powerful features to manage your account, devices, and connections, all in one place. Visit att.com/atteasy12

Total due
$257.08
AutoPay is scheduled for: Jun 15, 2026

Account summary

Your last bill	$257.05
Payment, May 15 - Thank you!	-$257.05
Remaining balance	$0.00

Service summary

Wireless		*Page 2*	$257.08
Total services			$257.08

Total due $257.08
AutoPay is scheduled to debit your bank account on Jun 15, 2026

Ways to pay and manage your account:

myAT&T app iPhone and Android

att.com/pay

Call 611 or 800.331.0500 TTY:866.241.6567

Ask a question
Make a payment

FLAVIANY DE AZEVEDO MEDEIROS
1840 SEQUOIA AVE APT 207
BURLINGAME, CA 94010-5373

AutoPay of $257.08 is scheduled for Jun 15, 2026
Account number: 436200424255

AT&T MOBILITY
PO BOX 6416
CAROL STREAM, IL 60197-6416

926004362004242550000000002570800000025708005

Service activity

Wireless

Number	User	Page	Monthly charges: Plan	Equipment	Add-ons	Company fees & surcharges	Government fees & taxes	Total
510.385.8769	NARA FERREIRA	2	$65.99	$19.45	$29.00	$4.26	$2.30	$121.00
843.478.5229	FLAVIANY DE AZEVEDO...	3	$80.99	$19.45	$29.00	$4.31	$2.33	$136.08
Total			**$146.98**	**$38.90**	**$58.00**	**$8.57**	**$4.63**	**$257.08**

Usage summary (Apr 27 - May 26)

Number	User	Data (allowance)	Text (allowance)	Talk (allowance)
510.385.8769	NARA FERREIRA	32.40GB (unlimited)	29 (unlimited)	72 (unlimited)
843.478.5229	FLAVIANY DE AZEVEDO MEDEIROS	44.67GB (unlimited)	264 (unlimited)	51 (unlimited)

Usage is rounded up based on your plan. For more details on your Usage summary, visit att.com/myusage.

Phone, 510.385.8769

NARA FERREIRA

Monthly charges

May 27 - Jun 26

1.	Unlimited Starter SL - 2 Lines *AutoPay & paperless disc ($10 off w/ bank acct)*	$65.99
2.	Protect Advantage (includes insurance) - Tier 4	$19.00
3.	APPLE 256GB - Installment 7 of 36	$33.34
4.	Promotional Credit 7 of 36	-$13.89
5.	Next Up Anytime - phone upgrade feature	$10.00

Company fees & surcharges

6.	Administrative & Regulatory Cost Recovery Fee	$3.99
7.	Federal Universal Service Fee	$0.24
8.	State Public Utility Surcharge	$0.03

Government fees & taxes

9.	911/988 Surcharge	$0.46
10.	CA State Sales Tax	$0.60
11.	CA Universal Svc PPP Srchg	$0.90
12.	County District Sales Tax	$0.21

APPLE 256GB *290000058622809*

Established on	Oct 30, 2025
Amount financed	$1,199.99
Installment 7 of 36 *(Apr 30, 2026)*	$33.34
Balance remaining after current installment	$966.61

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

510.385.8769 continues...

...510.385.8769 continued

13.	County Sales Tax	$0.13

Total for 510.385.8769 **$121.00**

Phone, 843.478.5229
FLAVIANY DE AZEVEDO MEDEIROS

Monthly charges *May 27 - Jun 26*

1.	Unlimited Premium PL - 2 Lines *AutoPay & paperless disc ($10 off w/ bank acct)*	$80.99
2.	Protect Advantage (includes insurance) - Tier 4	$19.00
3.	APPLE 256GB - Installment 8 of 36	$33.34
4.	Promotional Credit 8 of 36	-$13.89
5.	Next Up Anytime - phone upgrade feature	$10.00

Company fees & surcharges

6.	Administrative & Regulatory Cost Recovery Fee	$3.99
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Government fees & taxes

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10.	CA State Sales Tax	$0.60
11.	CA Universal Svc PPP Srchg	$0.90
12.	City District Sales Tax	$0.03
13.	County District Sales Tax	$0.21
14.	County Sales Tax	$0.13

Total for 843.478.5229 **$136.08**

Total for Wireless **$257.08**

APPLE 256GB *290000058622626*

Established on	Oct 24, 2025
Amount financed	$1,199.99
Installment 8 of 36 *(May 24, 2026)*	$33.34
Balance remaining after current installment	$933.27

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

News you can use

Disaster preparedness and response
During emergencies, disasters (including wildfires), and power shutoffs, your wireless and wireline phone services may be impacted. IF YOU ARE UNDER A DECLARED DISASTER WARNING, FIND SAFE SHELTER RIGHT AWAY. IF TOLD TO EVACUATE, DO SO IMMEDIATELY.

During a disaster, we may use a variety of ways to support first responders and help displaced individuals, including:
-Reinforcing network facilities and preparing response equipment
-Staging areas to provide stabilized wireless connectivity for our customers
-Finding safe, effective places for customers to use their wireless devices
-Deploying mobile satellite equipment to enhance wireless service in impacted areas
-Helping customers by providing device-charging stations at local shelters and offering personalized customer account assistance at any open retail location

To learn more about how we help communities during a disaster, please go to att.com/disasterrelief

Add a new line for less than you think
Add a friend, add a family member, add a line for someone you love - everyone gets our best deals. Call: 866.766.2888.

The new AT&T app is here!
Now, with a simplified experience, and even more powerful features to manage your plan and connected devices, and get help, 24/7. Visit att.com/atteasy4

Important information

Late payment fee

Important information continues...

...Important information continued

The late payment fee for consumer wireless bills not paid in full by the payment due date is up to $8.00.

Electronic check conversion

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to $30. Returned checks may be presented electronically.

Company fees & surcharges

AT&T imposes additional monthly fees on a per line basis, including:

- An Administrative & Regulatory Cost Recovery Fee charged to help AT&T recover: (a) certain expenses AT&T incurs, including, but not limited to, charges AT&T or its agents pay to interconnect with other providers to exchange communications between AT&T customers and their customers and charges associated with cell site rents and maintenance; and (b) payment of certain government fees imposed on AT&T and costs of compliance with government-imposed regulatory requirements.
- Federal/State Universal Service Fees to help AT&T recover mandatory contributions it makes to federal and state universal service funds.
- State/Local Cost Recovery Fees to help AT&T recover taxes and required payments levied on AT&T by states and local governments.

These fees are not taxes or charges that the government requires AT&T to collect from its customers. The amounts we charge may change. See att.com/mobilityfees for details.

California surcharge

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Questions about your bill or service

If you have any questions about your bill or concerns about your service, call Customer Care at 800.331.0500 or at 611 from your cell phone or write to Customer Care at AT&T, P.O. Box 5074, Carol Stream, Illinois 60197-5074 or FAX 314.242.0792. If we cannot resolve your issue, you have the option to write the California Public Utilities Commission (CPUC) at Consumer Affairs Branch, 505 Van Ness Ave., Room 2003, San Francisco, CA 94102, or at cpuc.ca.gov/complaints or call 800.649.7570. The CPUC's DDTP program offers assistance to individuals with hearing and speaking limitations including California Relay Service available by dialing 711. More information is available at caconnect.org

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Written correspondence

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Wireless DirectBill charges

Detail of DirectBill charges can be viewed at att.com/db. The direct billing option offers you the ability to purchase content, goods and features such as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

Tax ID

AT&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC.
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AT&T

Issue Date: Apr 26, 2026
Account Number: 436200424255

Your bill details begin on the next page

myAT&T

Quick. Easy. Convenient. myAT&T.

See a personalized view of your products, services, and add-ons.

Check for deals on the latest tech—devices, accessories, and more.

Easily upgrade, change your plan, and manage your devices.

Access live* and virtual chat options.

Scan now to get started, or go to **att.com/myatteasy1**

Message and data rates may apply. *Agents unavailable during evening hours.

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AT&T

FLAVIANY DE AZEVEDO MEDEIROS
1840 SEQUOIA AVE APT 207
BURLINGAME, CA 94010-5373

AutoPay of $257.05 is scheduled for May 15, 2026

Account number: 436200424255

AT&T MOBILITY
PO BOX 6416
CAROL STREAM, IL 60197-6416

926004362004242550000000000257050000002570500 4

AT&T

Issue Date: Apr 26, 2026
Account Number: 436200424255

myAT&T

Quick. Easy. Convenient. myAT&T.

See a personalized view of your products, services, and add-ons.

Check for deals on the latest tech—devices, accessories, and more.

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FLAVIANY DE AZEVEDO MEDEIROS
1840 SEQUOIA AVE APT 207
BURLINGAME, CA 94010-5373

Issue Date: Apr 26, 2026
Account Number: 436200424255

Easily split your AT&T bill! Assign payers and let us notify them each month.
Visit att.com/splitbill to learn more.

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Total due
$257.05
AutoPay is scheduled for:
May 15, 2026

Account summary

Your last bill	$247.04
Payment, Apr 15 - Thank you!	-$247.04
Remaining balance	$0.00

Service summary

Wireless	*Page 2*	$257.05 Last Bill $247.04 Difference +$10.01
Total services		$257.05

What's changed?

< Monthly charges

Total due $257.05
AutoPay is scheduled to debit your bank account on May 15, 2026

Ways to pay and manage your account:

myAT&T app
iPhone and Android

att.com/pay

Call 611 or 800.331.0500
TTY:866.241.6567

Ask a question
Make a payment

Service activity

Wireless

Number	User	Page	Monthly charges: Plan	Equipment	Add-ons	Company fees & surcharges	Government fees & taxes	Total
510.385.8769	NARA FERREIRA	2	$65.99	$19.45	$29.00	$4.26	$2.30	$121.00
843.478.5229	FLAVIANY DE AZEVEDO...	3	$80.99	$19.45	$29.00	$4.31	$2.30	$136.05
Total			**$146.98**	**$38.90**	**$58.00**	**$8.57**	**$4.60**	**$257.05**

Usage summary (Mar 27 - Apr 26)

Number	User	Data (allowance)	Text (allowance)	Talk (allowance)
510.385.8769	NARA FERREIRA	25.34GB (unlimited)	18 (unlimited)	26 (unlimited)
843.478.5229	FLAVIANY DE AZEVEDO MEDEIROS	49.88GB (unlimited)	179 (unlimited)	18 (unlimited)

Usage is rounded up based on your plan. For more details on your Usage summary, visit att.com/myusage.

Phone, 510.385.8769
NARA FERREIRA

Monthly charges — *Apr 27 - May 26*

1.	Unlimited Starter SL - 2 Lines *AutoPay & paperless disc ($10 off w/ bank acct)*	$65.99
2.	Protect Advantage (includes insurance) - Tier 4	$19.00
3.	APPLE 256GB - Installment 6 of 36	$33.34
4.	Promotional Credit 6 of 36	-$13.89
5.	Next Up Anytime - phone upgrade feature	$10.00

Company fees & surcharges

6.	Administrative & Regulatory Cost Recovery Fee	$3.99
7.	Federal Universal Service Fee	$0.24
8.	State Public Utility Surcharge	$0.03

Government fees & taxes

9.	911/988 Surcharge	$0.46
10.	CA State Sales Tax	$0.60
11.	CA Universal Svc PPP Srchg	$0.90
12.	County District Sales Tax	$0.21

APPLE 256GB — *290000058622809*

Established on	Oct 30, 2025
Amount financed	$1,199.99
Installment 6 of 36 *(Mar 30, 2026)*	$33.34
Balance remaining after current installment	$999.95

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

myAT&T
Save time with myAT&T
See a personalized view of your plan benefits, manage your account, add features, shop, upgrade, and get help. Go to **att.com/myatteasy3**.

510.385.8769 continues...

...510.385.8769 continued

13.	County Sales Tax	$0.13

Total for 510.385.8769 **$121.00**

Phone, 843.478.5229
FLAVIANY DE AZEVEDO MEDEIROS

Monthly charges *Apr 27 - May 26*

1.	Unlimited Premium PL - 2 Lines *AutoPay & paperless disc ($10 off w/ bank acct)*	$80.99
2.	Protect Advantage (includes insurance) - Tier 4	$19.00
3.	APPLE 256GB - Installment 7 of 36	$33.34
4.	Promotional Credit 7 of 36	-$13.89
5.	Next Up Anytime - phone upgrade feature	$10.00

Company fees & surcharges

6.	Administrative & Regulatory Cost Recovery Fee	$3.99
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Government fees & taxes

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10.	CA State Sales Tax	$0.60
11.	CA Universal Svc PPP Srchg	$0.90
12.	County District Sales Tax	$0.21
13.	County Sales Tax	$0.13

Total for 843.478.5229 **$136.05**

Total for Wireless **$257.05**

APPLE 256GB *290000058622626*

Established on	Oct 24, 2025
Amount financed	$1,199.99
Installment 7 of 36 *(Apr 24, 2026)*	$33.34
Balance remaining after current installment	$966.61

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

News you can use

International pay-per-use changes
Starting May 6, 2026, international pay-per-use rates are changing. If you don't have an international long distance feature or rate plan that includes calling international destinations, calls from the U.S. to Canada and Mexico will be $2/minute, and calls to all other countries will be $4 or $5/minute depending on destination. For more info, go to att.com/intlcalling

When traveling abroad without an international roaming feature or rate plan that covers that destination, calls from Canada and Mexico will be $2/minute, and calls from all other destinations will be $4/minute. Texts from all international destinations will be $1/message, and picture/video messages will be $2/message. For more info, go to att.com/ppurates

Add a new line for less than you think
Add a friend, add a family member, add a line for someone you love - everyone gets our best deals. Call: 866.766.2888.

myAT&T puts you in control!
Check for deals, shop, upgrade, and add lines. Compare features, specs and reviews. Pay your bill, manage your plan, add features, and get help - all on your time. Visit att.com/myatteasy2

Important information

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Important information continues...

...Important information continued

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- Federal/State Universal Service Fees to help AT&T recover mandatory contributions it makes to federal and state universal service funds.
- State/Local Cost Recovery Fees to help AT&T recover taxes and required payments levied on AT&T by states and local governments.

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Tax ID

AT&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC.

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GEICO

Important Information

Here are your Policy Identification Cards
We've provided two (2) cards for each vehicle on your policy.

Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

Evidence of Insurance

Here are your Evidence of Liability Insurance Cards. Two cards have been provided for each vehicle insured. One card must be carried in the proper insured vehicle. Proof of insurance is required to register or renew the registration of your vehicle. A law enforcement officer can ask you to prove that you have liability insurance meeting the basic requirements of California law. A violation of these requirements can result in a fine of up to: $1,000 for the first time; $2,000 for additional times. Also, a judge can have your vehicle impounded. False proof of insurance may result in a fine up to $750 and 30 days in prison.

FLAVIANY ANTONIA DEAZEVEDOMEDEIROS AND
NARAJULIA FERREIRADASILVA
1840 SEQUOIA AVE
BURLINGAME, CA 94010

Cut Along the Dotted Line

California Evidence of Liability Insurance

GEICO Protection Insurance Company
PO BOX 9506 Fredericksburg, VA 22403-9506

NAIC Code	2010 TOYOTA PRIUS
17511	**Vehicle ID No.** JTDKN3DU4A0228738

Policy Number	Effective Date	Expiration Date
6255-19-09-41	05/07/26	11/07/26

Named Insured(s)	Address
Flaviany Antonia Medeiros Narajulia Ferreiradasilva	1840 Sequoia Ave Burlingame, CA 94010

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2010 TOYOTA PRIUS

Additional Drivers

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Cut Along the Dotted Line

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PO BOX 9506 Fredericksburg, VA 22403-9506

NAIC Code	2010 TOYOTA PRIUS
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GEICO

Need another form of proof of insurance?

You may need the Insurance Binder for most finance companies, dealerships or vehicle registrations.

Scan this code to get another form of proof of insurance immediately!

If your address changes, update it using the app or log in to geico.com. By keeping your information up-to-date, you'll continue to receive important policy documents.

Cut Along the Dotted Line

2010 TOYOTA PRIUS GEICO

- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

If you're in an accident:

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

To report a claim

Go to geico.com/claims, use the GEICO Mobile app or call 1-800-841-3000.

Need a tow or roadside assistance?

Using the GEICO Mobile app is a quick and easy way to request Emergency Road Service.

U4CA (08-24)

Cut Along the Dotted Line

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NARAJULIA FERREIRADASILVA
1840 SEQUOIA AVE
BURLINGAME, CA 94010

Cut Along the Dotted Line

California Evidence of Liability Insurance

GEICO Protection Insurance Company
PO BOX 9506 Fredericksburg, VA 22403-9506

NAIC Code	2024 TOYOTA COROLLA
17511	**Vehicle ID No.** 5YFS4MCE6RP214666

Policy Number	Effective Date	Expiration Date
6255-19-09-41	05/07/26	11/07/26

Named Insured(s)	Address
Flaviany Antonia Medeiros Narajulia Ferreiradasilva	1840 Sequoia Ave Burlingame, CA 94010

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2024 TOYOTA COROLLA

Additional Drivers

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PO BOX 9506 Fredericksburg, VA 22403-9506

NAIC Code	2024 TOYOTA COROLLA
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Policy Number	Effective Date	Expiration Date
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2024 TOYOTA COROLLA GEICO

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U4CA (08-24)

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U4CA (08-24)

Exhibit 5 – Evidence of Bona Fide Marriage: Letters of Support

Hosana Patricia Uchoa
41 Montrose Ave
Daly City CA. zip code 94015
(650) 389-3238
06/03/2026

Family-Based Petition Support Statement

To Whom It May Concern,

I would like to inform you through this letter, that the relationship between my niece Flaviany and her partner Nara is genuine. I would like to emphasize that I support them as a couple and that I enjoy welcoming them to my home, where we have gathered on several occasions.

I see that Flaviany has found in Nara a very supportive partner, and I am very happy about this, I wish them happiness as a couple.

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Please feel free to contact me should any further information be required.

Sincerely,

Hosana Patricia Uchoa

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 11, 2026.

Hosana Patricia Uchoa
41 Montrose Ave
Daly City CA. zip code 94015
(650) 389-3238
06/03/2026

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Gostaria de informar através desta carta que é de boa fé o relacionamento entre minha sobrinha Flaviany e sua parceira Nara. Quero destacar que apoio elas como um casal e que adoro recebê-las em minha casa, onde por diversas ocasiões estivemos reunidos.

Eu vejo que Flaviany encontrou na Nara uma pessoa de muita parceria, e fico muito feliz por isso, torço pela felicidade delas como um casal.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Hosana Patricia Uchoa

Hosana Patricia Uchoa

California USA
IDENTIFICATION CARD
ID F5313810
EXP 11/14/2027
LN UCHOA
FN HOSANA PATRICIA
1055 87TH ST
DALY CITY, CA 94015
DOB 11/14/1971
11141971
SEX F
HGT 5'-06"
HAIR BLK
WGT 235 lb
EYES BLK
ISS
08/09/2021
DD 08/09/202159921/DDFD/27

Kaique Telles Uchoa
41 Montrose Ave
Daly City CA, zip code 94015
(415) 996-9764
kaiquetellesuchoa@gmail.com
06/03/2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I would like to declare my knowledge of the relationship between Nara and my cousin, Flaviany, as a married couple. I have visited the apartment where they live together several times and have always been warmly welcomed.

My home is generally the main gathering place for family events, and Flaviany has included Nara in all of them since they started dating. I attended their wedding and also served as a witness before the judge. I fully support their relationship and am happy to see that they have built a wonderful life together as a couple.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,

Kaique Telles Uchôa

Kaique Telles Uchoa

UNITED STATES OF AMERICA
PERMANENT RESIDENT
Surname
TELLES UCHOA
Given Name
KAIQUE
USCIS#
205-797-232
Category
AS8
Country of Birth
Brazil
Date of Birth
23 APR 1997
Sex
M
Card Expires:
09/05/28
Resident Since:
09/05/17

FORM I-551
Rev (02-2016)

60153185

111

If found, drop in any US Mailbox. USPS: Mail to USCIS, 7 Product Way, Lees Summit, MO 64002

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9704231M2809056BRA<<<<<<<<<<<0
TELLES<UCHOA<<KAIQUE<<<<<<<<<<

Terra Leigh Godin
2225 7th Ave, apt #33
Oakland CA, zip code 94606
(315) 244-3453
terragodin.dpt@hotmail.com
06/11/2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I am writing to declare that I have known Nara since 2022 through my husband, as they are cousins.

In August 2025, during a family gathering at our home, I had the pleasure of meeting Flaviany for the first time, when Nara introduced her to us as her girlfriend. From that moment on, it was evident that they shared a loving and genuine relationship.

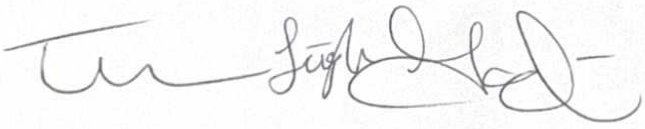
My husband and I were honored to be invited to their wedding celebration, and we arranged our schedules so we could attend and share this special occasion with them. It was a beautiful celebration, and we were very happy to witness the love and commitment they have for one another.

We sincerely wish Nara and Flaviany a lifetime of happiness, love, and success together as a married couple.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,



Terra Leigh Godin

California USA DRIVER LICENSE

DL W1673344

EXP 03/24/2028

LN GODIN

FN TERRA LEIGH

2225 7TH AVE APT 33
OAKLAND, CA 94606

DOB 03/24/1986

RSTR NONE

CLASS C

END NONE

03241986

SEX F HAIR BRN EYES BRN

HGT 5'-02" WGT 210 lb

ISS 06/19/2023

DD 06/19/202360427/CCFD/28

Adi Bassan Resende Bento
2225 7th Ave, apt #33
Oakland CA, zip code 94606
(510) 890-8342
adibassan@hotmail.com
06/11/2026

Family-Based Petition Support Statement

To Whom It May Concern,

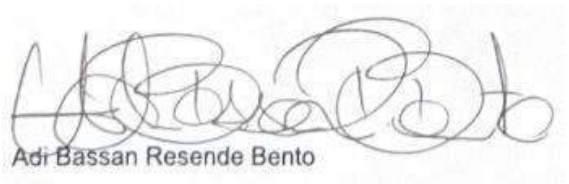
I hereby declare that I am aware of the romantic relationship between Nara and her spouse Flaviany. I further state that I personally met Flaviany at a family gathering held at my home in August 2025, on which occasion Nara introduced her to us.

Since then, we have met on other occasions, including at their wedding celebration, which took place in March 2026. I am pleased to know that Nara has found a good partner, as I know she felt very alone due to the loss of her mother a few years ago, as well as the absence of siblings and a father. As her cousin, I wish her well and hope they can build a happy life together as a married couple.

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

Please feel free to contact me should any further information be required.

Sincerely,



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 11, 2026.

Adi Bassan Resende Bento
2225 7th Ave, apt #33
Oakland CA, zip code 94606
(510) 890-8342
adibassan@hotmail.com
06/11/2026

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Declaro através desta carta ter conhecimento do relacionamento afetivo entre a Nara e sua esposa Flaviany, acrescento ainda que conheci pessoalmente Flaviany em uma reunião familiar realizada em minha casa em Agosto de 2025, ocasião em que Nara a nos apresentou.

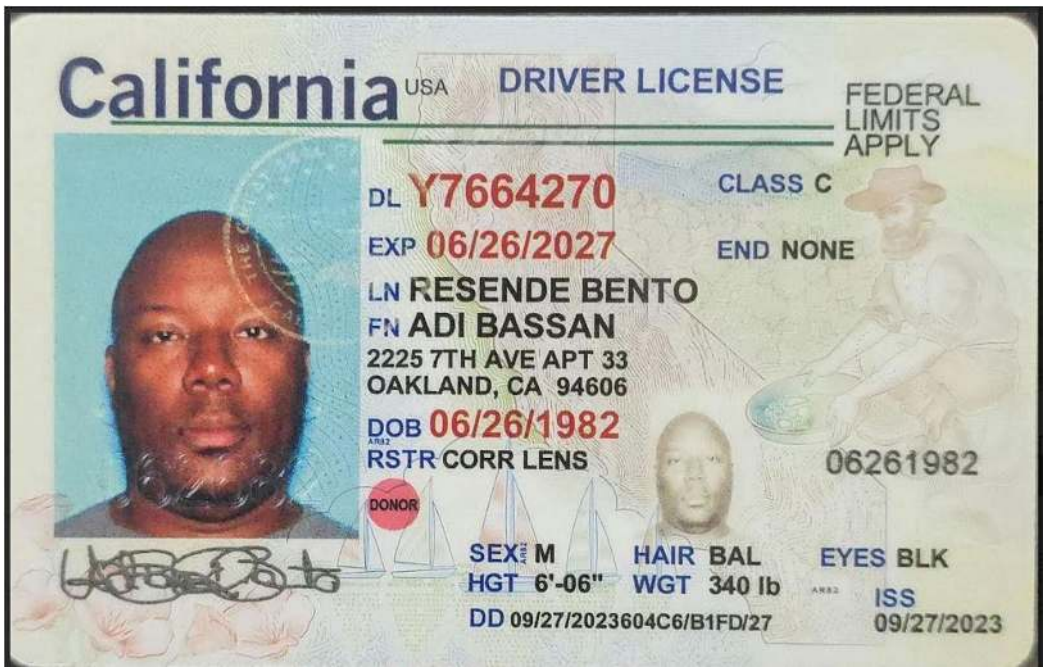
Desde então, estivemos reunidos em outras ocasiões, inclusive na celebração do casamento delas, que ocorreu em Março de 2026. Me sinto positivo por saber que a Nara tenha encontrado uma boa companheira, pois sei que se sentia muito sozinha devido a perda de sua mãe a alguns anos, também por não ter irmãos e nem a presença de pai. Eu sendo primo desejo o seu bem, e espero que elas possam construir coisas boas na vida de casadas.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Adi Bassan Resende Bento


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y7664270
CLASS C
EXP 06/26/2027
END NONE
LN RESENDE BENTO
FN ADI BASSAN
2225 7TH AVE APT 33
OAKLAND, CA 94606
DOB 06/26/1982
RSTR CORR LENS
06261982
DONOR
SEX M
HAIR BAL
EYES BLK
HGT 6'-06"
WGT 340 lb
ISS
DD 09/27/2023604C6/B1FD/27
09/27/2023

CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: 01-Must wear corrective lenses when driving
This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.
062682
Rev 08/29/2017
23270Y76642700401

Exhibit 6 – Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Bona Fide Marriage
Flaviany Antônia de Azevedo Medeiros
and
Nara Julia Ferreira da Silva
Wedding photos

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at San Francisco City Hall, California, on April 3rd, 2026.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva, Kaique, Flaviany’s cousin and Luciana, couple’s friend.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at a SteakHouse, Palo Alto, California, celebrating their wedding.

CINCORO

Nara Julia Ferreira da Silva and Abi Bassan, Nara’s cousin, at a SteakHouse, Palo Alto, California.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends, Thaise and Barbara at a SteakHouse, Palo Alto, California, celebrating their wedding.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva, Abi Bassan, Nara’s cousin and his wife, Terra Golden at a SteakHouse, Palo Alto, California, celebrating their wedding.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva, Kaique, Flaviany's cousin and Luciana, couple's friend, at a SteakHouse, Palo Alto, California, celebrating their wedding.

15

Bona Fide Marriage

Flaviany Antônia de Azevedo Medeiros

and

Nara Julia Ferreira da Silva

Nara and Flaviany's Trip to Arizona - June 2026

This incredible place is called Horseshoe, located within the Glen Canyon National Recreation Area.

This photo was taken in Antelope Canyon, Arizona, where the unique sandstone formations create the appearance of flowing sand dunes. The tour was conducted with a licensed guide, as access to the canyon is restricted and only authorized guides are permitted to accompany visitors.

alo
alo

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Bay Brigde Run, Oakland, California, on May, 2026, after their run.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends, Ludmila, Roberta and Raiana at Bay Brigde Run, Oakland, California, on May, 2026, after their run.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends, Roberta and Raiana at Sanborn County Park, Saratoga, California, on April, 2026, camping.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and Flaviany's Family at Hosana's, Flaviany's aunt, house, on December 25th, 2025.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and Flaviany's Family at Hosana's, Flaviany's aunt, house, on December 25th, 2025.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and Kaique, Flaviany's cousin at Hosana's, Flaviany's aunt, house, on December 25th, 2025.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends, Isabelly, Thaise and Willian at South Lake Tahoe, California, on November, 2025.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at South Lake Tahoe, California, on November, 2025, visiting Lake Tahoe.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at South Lake Tahoe, California, on November, 2025, having breakfast.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and Nara’s cousin on September, 2025, having lunch together.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and Nara’s cousin on September, 2025.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and Nara’s cousin on September, 2025.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at South Lake Tahoe, California, on August, 2025, having breakfast.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at South Lake Tahoe, California, on August, 2025, kayaking.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at South Lake Tahoe, California, on August, 2025, kayaking.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Yosemite National Park, California, on July, 2025, celebrating Nara’s birthday.

Nara Julia Ferreira da Silva at Yosemite National Park, California, on July, 2025.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends at San Francisco, California, during summer 2025, planing to cross Golden Gate Bridge.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends at Golden Gate Park, California, during summer 2025, playing soccer.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Los Angeles, California, on May, 2025.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Los Angeles, California, on May, 2025.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Los Angeles, California, on May, 2025, visiting Beverly Hills.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Los Angeles, California, on May, 2025, having breakfast.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Los Angeles, California, on May, 2025, for Beyonce’s show.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Los Angeles, California, on May, 2025, for Beyonce’s show.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends, Isabelly, Israel, Felipe, Michele, Willian and Leonardo at Foster City, California, celebrating Willian’s birthday.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends at Six Flags Park, California.

Flaviany Antônia de Azevedo Medeiros, Nara Julia Ferreira da Silva and their friends, Cesar, Oswaldo, Dagoberto, Felipe, Willian, Isabelly and Leonardo at a night club in San Francisco, California.

Flaviany Antônia de Azevedo Medeiros and Nara Julia Ferreira da Silva at Hosana's house (Flaviany's aunt) with Kaique, (Flaviany's cousin) Fatima (Flaviany's aunt) and Janine.

Exhibit 7 – Identification Documents of Flaviany Antônia de Azevedo Medeiros' Children

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

FULL BIRTH CERTIFICATE

No. 8.065

NAME:
NICOLLAS CUSTÓDIO AZEVEDO BUENO REIS

REGISTRATION:
028696 01 55 2011 1 00009 153 0008065 69

DESCRIPTION

On September (09) sixth (06), two thousand eleven (2011), in this city, Danilo Bueno Reis appeared before this Registry Office and, in the presence of the witnesses named below and signing at the end hereof, declared that on September fifth, two thousand eleven (09/05/2011), at 11:45 a.m., at Santa Gema Hospital, in this city, a male child was born and was given the name **NICOLLAS CUSTÓDIO AZEVEDO BUENO REIS**, son of Danilo Bueno Reis and Flaviany Antonia de Azevedo Reis, Brazilians, married, born on 07/05/1986, and 02/27/1989, respectively, born in Anicuns-Goiás, and Adelândia-Goiás, married at the Registry Office of Adelândia-Goiás, Book B-04, page 123, under No. 123, farmer and homemaker, residing at Rodovia GO - 164, Bela Vista District, in this city. The paternal grandparents are Jose Custodio dos Reis and Ozeni Bueno da Silva Reis, and the maternal grandparent is Sirlene Antonia de Azevedo. No further declaration was made. Having been read and found correct, the declarant signed. *********

Note: no record.

Name of Registry Office: Civil Registry of Natural Persons and of Interdictions and Guardianships of Firminópolis - Goiás
Registrar: Eduardo Slywitch Cavalcanti
Address: Avenida Rui Barbosa, No. 381, Block 01A, Lot 02, Room 02, Centro
Phone: (64) 3681-2518

Registry Fees: R$ 35.40
Judicial Fee: R$ 15.14
Funds 39% (Law No. 19191): R$ 14.16
ISSQN (Municipal Service Tax): R$ 1.77
Total Amount: R$ 66.47

The above is true and I certify.

Firminópolis, August 14, 2020.

-----//Signature//----

Adrielle Caruline Lopes Ferreira e Silva
Clerk

Consult this seal at:
http://extrajudicial.tjgo.jus.br/selo
00212008115468912860004

Adrielle Caruline L.F. e Silva
Clerk

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 9, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO NASCIMENTO INTEIRO TEOR

Nº 8.065

NOME:
NICOLLAS CUSTÓDIO AZEVEDO BUENO REIS

MATRÍCULA:
028696 01 55 2011 1 00009 153 0008065 69

DESCRIÇÃO

Em seis (06) de setembro (09) de dois mil e onze (2011), nesta cidade. Em cartorio compareceu: Danilo Bueno Reis, e, perante as testemunhas adiante nomeadas e no fim assinadas declarou que, no dia cinco de setembro de dois mil e onze (05/09/2011), ás 11:45 horas em Hospital Santa Gema, nesta cidade. Nasceu um a criança do sexo masculino, que recebeu o nome de: **NICOLLAS CUSTÓDIO AZEVEDO BUENO REIS**, filho de: Danilo Bueno Reis e Flaviany Antonia de Azevedo Reis, brasileiros, casados, nascidos aos 05/07/1986 e 27/02/1989, naturias de Anicuns-GO e Adelandia-GO, casados pelo Cartorio de Adelandia-GO, Lv. B-04, fls. 123, sob nº. 123, lavrador e do lar, residentes na Rodovia GO -164, Setor Bela Vista, nesta cidade. São avós paternos: Jose Custodio dos Reis e Ozeni Bueno da Silva Reis, e materno: Sirlene Antonia de Azevedo. Nada mais declarou. Lido e achado conforme assina o declarante. .
***\

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

FULL BIRTH CERTIFICATE No. 17.126

Registration: **027003 01 55 2008 1 00051 043 0017126 11**

I **CERTIFY** that, in **Book A-51, page 43, under entry No. 17.126** of this Registry Service, I found the Birth Registration, the contents of which are as follows: **No.** 17.126. On June (06) twenty-seventh (27th), 2008, in the city of Anicuns-Goiás, Danilo Bueno Reis appeared before this Registry Office, Live Birth Certificate (DNV) No. 42111384, and in the presence of the witnesses named below and signing at the end hereof, declared that on June (06) twenty-sixth (26th), two thousand eight (2008), at 6:30 p.m., at Santa Terezinha Hospital, Anicuns-Goiás, a male white child, was born and was given the name "***KAUÃ CUSTÓDIO AZEVEDO BUENO REIS***," son of Danilo Bueno Reis and Flaviany Antonia de Azevedo, Brazilians, (single), farmer and homemaker, born in Anicuns-Goiás, and São Luiz de Montes Belos-Goiás, residing in the City of Adelândia-Goiás, the mother being 19 years old (02/27/1989). **NOTE:** The name of the registrant's mother is Flaviany Antonia de Azevedo Reis, married at the Registry Office of Adelândia-Goiás. The paternal grandparents are José Custódio dos Reis and Ozeni Bueno da Silva Reis, and the maternal grandparent is Sirlene Antonia de Azevedo. No further declaration was made. Having been read and found correct, the declarant, Danilo Bueno Reis, signed. Danilo Bueno Reis (signed), Christianne Peixoto Roiz - Deputy Registrar (signed). Registered with CPF No. 056.569.811-77. Anicuns-Goiás, 08/13/2020. Cybelle Peixoto Roiz Teixeira - Deputy Registrar (signed).*

The above is true and I certify.
Anicuns-Goiás, August 13, 2020.

-----//Signature//----

Raphaella Ferreira Silva Mendes
Deputy Registrar

Consult this seal at: http://extrajudicial.tjgo.jus.br/selo
00232008113529412860016

Registry Fees: R$ 35.40 - Judicial Fee: R$ 15.14 - State Funds: R$ 14.15 - ISSQN (Municipal Service Tax): R$ 1.42 - Total: R$ 66.11

Civil Registry Office of Natural Persons and Notary Public Office
Aura Cristina Peixoto de Souza - Registrar
Judicial District and City: Anicuns-Goiás
Address: Rua General Osório, 115, Centro - P.O. Box 24
Phone/Fax: (64) 3564-1186
Email: registrocivilanicuns@hotmail.com

PEIXOTO REGISTRY OFFICE
Notary Public Office and Civil Registry
Raphaella Ferreira Silva Mendes
Clerk and Deputy Registrar
ANICUNS - GOIÁS

ARPEN BRASIL AA 01861007G RDD

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 9, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO EM INTEIRO TEOR Nº 17.126

Matricula: **027003 01 55 2008 1 00051 043 0017126 11**

CERTIFICO que, no **livro A-51, folha 43, sob o termo nº 17.126** deste Serviço Registral, encontrei o Registro de Nascimento, cujo teor é o seguinte: **Nº** 17.126. Em vinte e sete (27) de junho (06) de 2008 nesta cidade de Anicuns-GO em cartório compareceu Danilo Bueno Reis, DNV: 42111384 e perante as testemunhas adiante e nomeada e no fim assinadas declarou que no dia vinte e seis (26) de junho (06) de dois mil e oito (2008) ás 18:30 horas em Hospital Santa Terezinha, Anicuns-GO nasceu uma criança do sexo masculino, cor branca que recebeu o nome de ***"KAUÃ CUSTÓDIO AZEVEDO BUENO REIS"***, filho de Danilo Bueno Reis e Flaviany Antonia de Azevedo, brasileiros, (solteiros), lavrador e do lar, naturais de Anicuns-GO e São Luiz de Montes Belos-GO, residentes em Município de Adelândia-GO, ela com 19 anos (27-02-1989) **OBS.:** O nome da mãe do registrando é: Flaviany Antonia de Azevedo Reis, casados pelo cartório de Adelândia-GO. São avós paternos José Custódio dos Reis e Ozeni Bueno da Silva Reis e maternos Sirlene Antonia de Azevedo. Nada mais declarou. Lido e achado conforme assina o declarante Danilo Bueno Reis. Danilo Bueno Reis (as.), Christianne Peixoto Roiz – Suboficiala (as.). Inscrito no CPF 056.569.811-77. Anicuns-GO, 13/08/2020. Cybelle Peixoto Roiz Teixeira – Suboficiala (as.).*

O referido é verdade e dou fé.
Anicuns-GO, 13 de agosto de 2020.

Raphaella Ferreira Silva Mendes
Suboficiala

Consulte esse selo em http://extrajudicial.tjgo.jus.br/selo
00232008113529412860016
Emolumentos R 35,40 - Tx Judiciária R$ 15,14 - Fundos Estaduais R$14,15 - ISSQN R$1,42 - Total R$66,11

Cartório do Registro Civil das Pessoas Naturais e
Tabelionato de Notas
Aura Cristina Peixoto de Souza - Titular
Comarca e Município de Anicuns-GO
Rua General Osório, 115 Centro - Cx Postal 24
Fone/fax (64)3564-1186
e-mail: registrocivilanicuns@hotmail.com

CARTÓRIO PEIXOTO
Tabellonato e Registro Civil
Raphaella Ferreira Silva Mendes
Escrevente e Suboficiala
ANICUNS - GOIÁS

ARPEN BRASIL AA 01986100076 RRD

Exhibit 8 – Prior Marriage of Flaviany Antônia de Azevedo Medeiros and Edvan Medeiros

FL-825

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Edvan Medeiros 389 Acacia St Daly City, CA. 94014 TELEPHONE NO.: 415-846-0789 FAX NO. (Optional): E-MAIL ADDRESS (Optional): medvan@hotmail.com ATTORNEY FOR (Name):	Electronically **FILED** By Superior Court of California, County of San Mateo ON 12/24/2025 By /s/ Lubana, Simran Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo STREET ADDRESS: 400 County Center MAILING ADDRESS: Redwood City CA. 94063 CITY AND ZIP CODE: BRANCH NAME: Southern Branch **RECEIVED** NOV 19 2025 CLERK OF THE SUPERIOR COURT SAN MATEO COUNTY	
MARRIAGE OR DOMESTIC PARTNERSHIP OF PETITIONER 1: Edvan Medeiros PETITIONER 2: Flaviany Medeiros	
JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT ☒ MARRIAGE ☐ DOMESTIC PARTNERSHIP	CASE NUMBER: 25FAM00812

Use this form ONLY if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

1. THE COURT ORDERS

a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective *(date)*: 12/18/2025

b. ☐ The former name of Petitioner 1 is restored *(specify)*:

c. ☐ The former name of Petitioner 2 is restored *(specify)*:

Both petitioners must comply with any agreement attached to this judgment.

Date: 12/18/2025

Electronically
SIGNED
By /s/ Padilla, Rosendo
JUDICIAL OFFICER

NOTICE: Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse or domestic partner's will, trust, retirement benefit plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

NOTICE OF ENTRY OF JUDGMENT

2. You are notified that a judgment of dissolution of

a. ☒ marriage

b. ☐ domestic partnership

was entered on *(date)*: 12/24/2025

Date: 12/24/2025 Clerk, by /s/ Lubana, Simran, Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

Form Adopted for Mandatory Use
Judicial Council of California
FL-825 [New January 1, 2012]

JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT
(Family Law—Summary Dissolution)

Family Code, § 2403
www.courts.ca.gov

PETITIONER 1: EDUAN MEDEIROS PETITIONER 2: FLAVIANY MEDEIROS	CASE NUMBER: 25FAM00812

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution* and *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at *(place)*: California,
on *(date)*:

See Affidavit of Service filed separately.

Date: Clerk, by _____, Deputy

ADDRESS OF PETITIONER 1

389 ACCACIA ST
DALY CITY CA. 94014

ADDRESS OF PETITIONER 2

1840 SEQUOIA AVE #207
BURLINGAME CA. 94010

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form | Save this form | Clear this form

STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS.

I, Chad L. Peace, the clerk of the Superior Court of the above entitled County, do hereby certify that the foregoing is a full, true and correct copy of the original on file in my office, and that I have carefully compared same with the original.

Witness my hand and seal of said Court

This _____ day of JAN 14 2026

Clerk of the Superior Court of California, County of San Mateo

By DAVID ALIPATE

Deputy Clerk

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 4-2020-41-000758

■ Groom ☐ Bride — FIRST PERSON DATA

1A. FIRST NAME	1B. MIDDLE
EDVAN	CUNHA
1C. CURRENT LAST	**1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)**
MEDEIROS	MEDEIROS

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY	5B. DATE ENDED (MM/DD/CCYY)
12/30/1973	BRAZIL	02	☐DEATH ■DISSO ☐ANNULMENT ☐TERM SRDP ☐N/A	05/05/2020

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
2000 CRYSTAL SPRINGS RD #923	SAN BRUNO	CA	94066

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
DIVINO DA CUNHA MEDEIROS	BRAZIL
11A. FULL BIRTH NAME OF MOTHER/PARENT	**11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
MARLY ROSA TALAVERA	BRAZIL

☐ Groom ■ Bride — SECOND PERSON DATA

12A. FIRST NAME	12B. MIDDLE
FLAVIANY ANTONIA	DE AZEVEDO
12C. CURRENT LAST	**12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)**
REIS	AZEVEDO

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. #PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY	16B. DATE ENDED (MM/DD/CCYY)
02/27/1989	BRAZIL	01	☐DEATH ■DISSO ☐ANNULMENT ☐TERM SRDP ☐N/A	12/11/2018

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
2000 CRYSTAL SPRINGS RD #923	SAN BRUNO	CA	94066

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
UNKNOWN	BRAZIL
22A. FULL BIRTH NAME OF MOTHER/PARENT	**22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
SIRLENE ANTONIA DE AZEVEDO	BRAZIL

AFFIDAVIT

WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶	▶

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
08/04/2020	11/01/2020	MARK CHURCH	BY ▶

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS)
SM011306	SAN MATEO	555 COUNTY CENTER, REDWOOD CITY, CA 94063

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	Marco Aurelio de Souza Medeiros

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 847 Rollins rd apt 04 Burlingame CA 94010

27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)

27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE:

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
8/4/2020	SAN BRUNO	SAN MATEO

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶	-
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	**29D. OFFICIAL TITLE**
BESZ DE LA VEGA	DEPUTY COMMISSIONER OF MARRIAGES

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 555 COUNTY CENTER REDWOOD CITY CA 94063

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
--	--	--

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
FLAVIANY ANTONIA	DE AZEVEDO	MEDEIROS

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
MARK CHURCH	BY ▶	08/07/2020

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

000742093

CERTIFIED COPY OF VITAL RECORDS
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

MARK CHURCH
Assessor-County Clerk-Recorder

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder.

By ANGIE MOLINA, Deputy DATE ISSUED AUG 11 2020

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

CASANMAT02

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 9 – Prior Marriage of Flaviany Antônia de Azevedo Medeiros and Danilo Bueno Reis

Civil Registry Office of Natural Persons
Adelândia Judicial District of Anicuns Goiás

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

2nd Copy

NAMES:	CPF:
DANILO BUENO REIS	**NO RECORD**
FLAVIANY ANTONIA DE AZEVEDO	**NO RECORD**

REGISTRATION:
029561 01 55 2007 2 00004 123 0000123 12

Book No. B 4 **Page** No. 123 **Entry** No. 123

Full birth names, dates of birth, place of birth, nationality, and filiation of the spouses

1st Spouse: DANILO BUENO REIS, Brazilian, Single, Farmer, born on 07/05/1986, in ANICUNS - Goiás, son of JOSÉ CUSTÓDIO DOS REIS and OZENI BUENO DA SILVA REIS.

2nd Spouse: FLAVIANY ANTONIA DE AZEVEDO, Brazilian, Single, Rural Worker, born on 02/27/1989, in SAO LUIS DE MONTES BELOS - Goiás, daughter of SIRLENE ANTONIA DE AZEVEDO.

DATE OF MARRIAGE REGISTRATION	DAY	MONTH	YEAR
JULY THIRTY, TWO THOUSAND SEVEN	**30**	**07**	**2007**

MARITAL PROPERTY REGIME

PARTIAL COMMUNITY OF PROPERTY

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

1st Spouse: SAME NAME.

2nd Spouse: FLAVIANY ANTONIA DE AZEVEDO REIS.

ANNOTATIONS / NOTES TO BE INCLUDED

ANNOTATION NO. 01. CONSENSUAL DIVORCE. THE DIVORCE OF THE COUPLE DANILO BUENO REIS AND FLAVIANY ANTONIA DE AZEVEDO REIS IS HEREBY RECORDED, PURSUANT TO PROTOCOL NO. 5170137.78.2017.8.09.0010, ISSUED BY THE HONORABLE JUDGE DR. LIONARDO JOSE DE OLIVEIRA, OF THE JUDICIAL DISTRICT OF ANICUNS/GOIÁS, ON DECEMBER 11, 2018; THE BRIDE CONTINUES TO USE THE SAME NAME, THAT IS, FLAVIANY ANTÔNIA DE AZEVEDO REIS. I HEREBY CERTIFY. ADELÂNDIA, MARCH 11, 2019.

REGISTRATION NOTES

1st Spouse:

DOCUMENT TYPE	NUMBER	DATE OF ISSUE	ISSUING AUTHORITY	EXPIRATION DATE
ID	No Record	No Record	No Record	No Record
PIS/NIS (Social Integration Program / Social Identification Number)	No Record	No Record	No Record	No Record
Passport	No Record	No Record	No Record	No Record
National Health Card		No Record	No Record	No Record
DOCUMENT TYPE	**NUMBER**	**ELECTORAL DISTRICT / POLLING STATION**	**CITY**	**STATE**
Voter ID	No Record	No Record	No Record	No Record
ZIP CODE			Blood Type	

2nd Spouse:

DOCUMENT TYPE	NUMBER	DATE OF ISSUE	ISSUING AUTHORITY	EXPIRATION DATE
ID	No Record	No Record	No Record	No Record
PIS/NIS	No Record	No Record	No Record	No Record
Passport	No Record	No Record	No Record	No Record
National Health Card	No Record	No Record	No Record	No Record
DOCUMENT TYPE	**NUMBER**	**ELECTORAL DISTRICT / POLLING STATION**	**CITY**	**STATE**
Voter ID	No Record	No Record	No Record	No Record
ZIP CODE			Blood Type	

*The registration notes above do not exempt the interested party from presenting the original document when required by the requesting agency or when necessary for the identification of the holder.

Civil Registry Office of Natural Persons and Civil Registry Office of Legal Entities and Guardianship and Conservatorship of Adelândia/Goiás
Rua Jose Francisco da Rocha, Block H, Lot 24 - Jardim Progresso
ZIP Code: 76.155-000 - Phone: (64) 3695-1148
Registrar: Bachelor Sara Megda Nunes
Deputy Registrar: Bachelor Julieta Megda Martins Nunes Fallone

The content of this certificate is true. I certify.
Adelândia/Goiás, March 15, 2019.

----//signature//----

Bachelor Sara Megda Nunes - Registrar

Registration Fees:	R$ 33.60
Judicial Fee:	R$ 14.06
Funds (39%):	R$ 13.10
TOTAL AMOUNT:	R$ 60.76

Digital Seal:
00421703021641128900142
Verify this seal at: http://extrajudicial.tjgo.jus.br

BRP DA 000861951

ARPENBRASIL NATIONAL ASSOCIATION OF NATURAL PERSONS REGISTRARS
ANOREG Association of Notaries and Registrars of Brazil

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Civil Registry Office of Natural Persons
Adelândia Judicial District of Anicuns Goiás

Civil Registry Office of Natural Persons
Adelândia Judicial District of Anicuns Goiás

Civil Registry Office of Natural Persons
Adelândia Judicial District of Anicuns Goiás

REGISTRATION DETAILS

Registration 0018830155 1987 1 0003 050 0000533 31	cc (55) Type of Service Provided, being: 55: Civil Registration Service for Natural Persons	ffff (0003)	Book number
Standard aaaaaabbcc dddd e ffff ggg hhhhhhh ii		ggg (050)	Sheet number
DETAILS	dddd (1987) Year of Registration	hhhhhhh (0000533)	Term Number
aaaaaa (00188-3) National Service Code (Unique identification of the registry office)	e (1) Type of book, being: 1: Book A (Birth) 4: Book C (Death) 2: Book B (Marriage) 5: Book C (Stillborn Registry) 3: Auxiliary Book B (Record of Religious marriage for civil purposes) 6: Book D (Publication of Banns) 7: Book E (Other Acts Related to Civil Registration)	ii (31)	Check Digit
bb (01) Collection Code, being: 01 - Own Collection Other Incorporated Collections			

Exclusive use for issuing civil registration certificates for natural persons

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: June 29, 2026.

Cartório Civil das Pessoas Naturais
Adelândia
Comarca de
Anicuns
GO

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

2ª Via

NOMES:	CPF:
DANILO BUENO REIS	NADA CONSTA
FLAVIANY ANTONIA DE AZEVEDO	NADA CONSTA

MATRÍCULA:
029561 01 55 2007 2 00004 123 0000123 12

Livro nº B 4 **FL nº 123** **Termo nº 123**

Nomes completos de solteiro, datas de nascimento, naturalidade, nacionalidade e filiação dos cônjuges.

1º Cônjuge: DANILO BUENO REIS, brasileiro, Solteiro, Lavrador, nascido em 05/07/1986, natural de ANICUNS - GO, filho de JOSÉ CUSTÓDIO DOS REIS e OZENI BUENO DA SILVA REIS .

2º Cônjuge: FLAVIANY ANTONIA DE AZEVEDO, brasileira, Solteira, Trabalhadora Rural, nascida em 27/02/1989, natural de SAO LUIS DE MONTES BELOS - GO, filha de SIRLENE ANTONIA DE AZEVEDO.

DATA DE REGISTRO DO CASAMENTO (POR EXTENSO)	DIA	MÊS	ANO
TRINTA DE JULHO DE DOIS MIL E SETE	30	07	2007

REGIME DE BENS DO CASAMENTO

COMUNHÃO PARCIAL DE BENS

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR(QUANDO HOUVER ALTERAÇÃO)

1º Cônjuge: O MESMO NOME.

2º Cônjuge: FLAVIANY ANTONIA DE AZEVEDO REIS.

AVERBAÇÕES/ANOTAÇÕES À ACRESCER

AV. 01.DIVÓRCIO CONSENSUAL. AVERBA-SE O DIVÓRCIO DO CASAL DANILO BUENO REIS E FLAVIANY ANTÔNIA DE AZEVEDO REIS, CONFORME PROTOCOLO DE Nº 5170137.78.2017.8.09.0010, DA LAVRA DO M.M. JUÍZ DE DIREITO DRº. LIONARDO JOSE DE OLIVEIRA, DA COMARCA DE ANICUNS/GO, EM 11 DE DEZEMBRO DE 2018; A NUBENTE CONTINUA ASSINAR O MESMO NOME, OU SEJA, FLAVIANY ANTÔNIA DE AZEVEDO REIS. DOU FÉ. ADELÂNDIA, 11 DE MARÇO DE 2019.

ANOTAÇÕES DE CADASTRO

1º Cônjuge:

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ORGÃO EXPEDIDOR	DATA DE VALIDADE
RG	Sem Informação	Sem Informação	Sem Informação	Sem Informação
PIS/NIS	Sem Informação	Sem Informação	Sem Informação	Sem Informação
Passaporte	Sem Informação	Sem Informação	Sem Informação	Sem Informação
Cartão Nacional de Saúde		Sem Informação	Sem Informação	Sem Informação

TIPO DOCUMENTO	NÚMERO	ZONA/SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	Sem Informação	Sem Informação	Sem Informação	Sem Informação

CEP		Grupo Sanguíneo	

2º Cônjuge:

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ORGÃO EXPEDIDOR	DATA DE VALIDADE
RG	Sem Informação	Sem Informação	Sem Informação	Sem Informação
PIS/NIS	Sem Informação	Sem Informação	Sem Informação	Sem Informação
Passaporte	Sem Informação	Sem Informação	Sem Informação	Sem Informação
Cartão Nacional de Saúde	Sem Informação	Sem Informação	Sem Informação	Sem Informação

TIPO DOCUMENTO	NÚMERO	ZONA/SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	Sem Informação	Sem Informação	Sem Informação	Sem Informação

CEP Residencial		Grupo Sanguíneo	

* As anotações do cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

Cartorio do Registro Civil das Pessoas Naturais e Civil das Pessoas Jurídicas e de Interdição e Tutelas de Adelândia/ GO
Rua Jose Francisco da Rocha, Qd. H, Lt. 24 - Jardim Progresso
CEP: 76.155-000 - Fone: (64)3695-1148
Oficiala: Belª. Sara Megda Nunes
Oficiala Substituta: Belª. Julieta Megda Martins Nunes Fallone

O conteúdo da certidão é verdadeiro. Dou fé.
Adelândia/GO, 15 de março de 2019.

Belª. Sara Megda Nunes - Oficiala

Valor dos emolumentos:	R$ 33,60
Valor Taxa Judiciária:	R$ 14,06
Fundos (39%):	R$ 13,10
VALOR TOTAL:	R$ 60,76

Selo Digital:
00421703021641128900142
Consulte este selo: http://extrajudicial.tjgo.jus.br

ARPENBRASIL DA 000861951 BRP

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Cartório Civil das Pessoas Naturais
Adelândia
Comarca de Anicuns
GO

Cartório Civil das Pessoas Naturais
Adelândia
Comarca de Anicuns
GO

Cartório Civil das Pessoas Naturais
Adelândia
Comarca de Anicuns
GO

DETALHAMENTO DA MATRÍCULA

Matrícula	0018830155 1987 1 0003 050 0000533 31
Padrão	aaaaaabbcc dddd e ffff ggg hhhhhhh ii

DETALHAMENTO

aaaaaa (00188-3)	Código Nacional da Serventia (identificação única do cartório)
bb (01)	Código do Acervo, sendo: 01 - Acervo Próprio Outros - Acervos Incorporados

cc (55) Tipo de Serviço Prestado, sendo:
55: Serviço de Registro Civil das Pessoas Naturais

dddd (1987) Ano do Registro

e (1) Tipo do livro, sendo:
1: Livro A (Nascimento)
2: Livro B (Casamento)
3: Livro B Auxiliar (Registro de casamento religioso para fins civis)
4: Livro C (Óbito)
5: Livro C Auxiliar (Registro de Natimortos)
6: Livro D (Registro de Proclamas)
7: Livro E (Demais atos relativos ao Registro Civil)

ffff (0003)	Número do livro
ggg (050)	Número da folha
hhhhhhh (0000533)	Número do Termo
ii (31)	Dígito Verificador

Uso exclusivo para emissão de certidões de registro civil das pessoas naturais

Exhibit 10 – Petitioner’s Financial Information – Flaviany Antônia de Azevedo Medeiros (Sponsor)

July 24, 2026

Flaviany Antonia D Medeiros
1840 Sequoia Ave Apt. 207
Burlingame, CA 94010

Please find enclosed a copy of your 2025 federal income tax return for your records. Your federal return will be electronically transmitted to the IRS on February 3, 2026; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $2,694. You have completed an installment payment request on Form 9465 and indicated that you cannot make a payment with your return.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street , Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

July 24, 2026

Flaviany Antonia D Medeiros
1840 Sequoia Ave Apt. 207
Burlingame, CA 94010

Please find enclosed a copy of your 2025 California income tax return for your records. Your California income tax return will be electronically transmitted to the FTB on February 3, 2026; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you owe on your California income tax return is $2,325. Your payment is scheduled to be withdrawn from your bank account on February 4, 2026.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street , Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

2025
Income Tax Return

Prepared For:

Flaviany Antonia D Medeiros
1840 Sequoia Ave Apt. 207
Burlingame, CA 94010
(843)478-5229

Prepared By:

Certifica Inc.
72 Scott Street , Apt 01
San Bruno, CA 94066
Telephone: (415)571-7970 or (415)571-7970
FAX: (628)227-8184
Email: certificabayarea@gmail.com

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
Flaviany Antonia D	Medeiros	716-67-1893
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
1840 Sequoia Ave	207	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Presidential Election Campaign
Burlingame	CA	94010	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status Check only one box.

☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ Yes ☒ No

Dependents (see instructions)

If more than four dependents, see instructions and check here . . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	81,274.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 31			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions). Enter type and amount:			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	81,274.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a		2 ☐ Line 3b		
4a	IRA distributions	4a	b Taxable amount	4b	
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ QCD 3 ☐		
5a	Pensions and annuities	5a	b Taxable amount	5b	
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ PSO 3 ☐		
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	81,274.
10	Adjustments to income from Schedule 1, line 26			10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	81,274.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	81,274.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for- • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15,750.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	15,799.
	14	Add lines 12e, 13a, and 13b	14	31,549.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	49,725.
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	5,854.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,854.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,854.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	5,854.
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 3,254.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	3,254.
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	3,254.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number X X X	**c** Type: ☐ Checking ☐ Savings	
	d	Account number X X X		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	2,694.
	38	Estimated tax penalty (see instructions) — 38: 94.		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes.** Complete below. ☐ **No**

Designee's name **Emmanuel Guzman** Phone no. **415-571-7970** Personal identification number (PIN) **94066**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Assistant Manager	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. **(843)478-5229**	Email address	**flaviany.antonia@gmail.com**	

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03365194	☒ Self-employed
Preparer's name **Emmanuel Guzman**	Phone no. **(415)571-7970**		
Firm's name **Certifica Inc.**			
Firm's address **72 Scott Street , Apt 01, San Bruno, CA, 94066**		Firm's EIN **92-2969531**	

SCHEDULE 1-A (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **1A**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **Flaviany Antonia D Medeiros**

Your social security number: 716-67-1893

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			1	81,274.
2a	Enter any income from Puerto Rico that you excluded	2a			
b	Enter the amount from Form 2555, line 45	2b			
c	Enter the amount from Form 2555, line 50	2c			
d	Enter the amount from Form 4563, line 15	2d			
e	Add lines 2a, 2b, 2c, and 2d			2e	
3	Add lines 1 and 2e			3	81,274.

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at *IRS.gov/TippedOccupations*. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.				
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than $176,100 or you received tips that are not subject to social security and Medicare taxes	4a	15,799.		
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b			
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions			4c	15,799.
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions			5	
6	Add lines 4c and 5			6	15,799.
7	Enter the smaller of the amount on line 6 or $25,000			7	15,799.
8	Enter the amount from line 3			8	81,274.
9	Enter $150,000 ($300,000 if married filing jointly)			9	150,000.
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			10	-68,726.
11	Divide line 10 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			11	
12	Multiply line 11 by $100			12	
13	**Qualified tips deduction.** Subtract line 12 from line 7. If zero or less, enter -0-			13	15,799.

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a			
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b			
c	Add lines 14a and 14b			14c	
15	Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly)			15	
16	Enter the amount from line 3			16	
17	Enter $150,000 ($300,000 if married filing jointly)			17	
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			18	
19	Divide line 18 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			19	
20	Multiply line 19 by $100			20	
21	**Qualified overtime compensation deduction.** Subtract line 20 from line 15. If zero or less, enter -0-			21	

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan: (ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a			
b			

23	Add lines 22a and 22b, column (iii)	**23**	
24	Enter the smaller of the amount on line 23 or $10,000	**24**	
25	Enter the amount from line 3	**25**	
26	Enter $100,000 ($200,000 if married filing jointly)	**26**	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	**27**	
28	Divide line 27 by $1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	**28**	
29	Multiply line 28 by $200	**29**	
30	**Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0-	**30**	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	**31**	
32	Enter $75,000 ($150,000 if married filing jointly)	**32**	
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	**33**	
34	Multiply line 33 by 6% (0.06)	**34**	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	**35**	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	**36a**	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	**36b**	
37	**Enhanced deduction for seniors.** Add lines 36a and 36b	**37**	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	**38**	15,799.

Form **9465**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

Go to *www.irs.gov/Form9465* for instructions and the latest information.
If you are filing this form with your tax return, attach it to the front of the return.
See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) **FORM 1040**

Enter tax year(s) or period(s) involved (for example, 2021 and 2022, or January 1, 2022, to June 30, 2022) **2025**

1a Your first name and initial: **Flaviany Antonia D** | Last name: **Medeiros** | **Your social security number:** **716-67-1893**

If a joint return, spouse's first name and initial | Last name | **Spouse's social security number**

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. | Apt. number

1840 Sequoia Ave | **207**

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).

Burlingame, CA 94010

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 **(843)478-5229** Your home phone number | **02:00 PM** Best time for us to call

4 Your work phone number | Ext. | Best time for us to call

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	**5**	**2,694.**
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	**6**	
7	Add lines 5 and 6 and enter the result	**7**	**2,694.**
8	Enter the amount of any payment you're making with this request. See instructions	**8**	
9	Amount owed. Subtract line 8 from line 7 and enter the result	**9**	**2,694.**
10	Divide the amount on line 9 by 72.0 and enter the result	**10**	**37.**
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	**11a**	**$ 300.**
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	**11b**	**$**

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement ☐
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th — **12** **20**

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

a Routing number **121042882** **b** Account number **1882316175**

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

Part II Additional information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** 0

18 How many people in your household are 65 or older? **18** 0

19 How often are you paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $

23 How many vehicles do you own? **23** 0

24 How many car payments do you have each month? **24** 0

25a Do you have health insurance?

- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . **25c** $

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Flaviany Antonia D Medeiros	716-67-1893
Spouse's name	Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	81,274.
2	Total tax	2	5,854.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,254.
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,694.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94010 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR [redacted] FORM

2025 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

716-67-1893 MEDE 25
FLAVIANY AN D MEDEIROS

1840 SEQUOIA AVE APT 207
BURLINGAME CA 94010

02-27-1989

Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $153 = $ 153

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $153= $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $153 = $

Your name: MEDEIROS Your SSN or ITIN: 716671893

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . • **10** [ ] X $475 = $ [ ]

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . **11** $ 153

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . • **12**	81,274 .00	
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11b **13**		81,274 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . • **14**		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15**		81,274 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . • **16**		.00
17	California adjusted gross income. Combine line 15 and line 16 . . . . . • **17**		81,274 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,706 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $11,41 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. . • **18**		5,706 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- **19**		75,568 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 . . . . . • **31** 3,469 .00

32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions **32**		153 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- **33**		3,316 .00
34	Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A • **34**		.00
35	Add line 33 and line 34 . . . . . **35**		3,316 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . • **40**		.00
43	Enter credit name [ ] code • [ ] and amount . . • **43**		.00
44	Enter credit name [ ] code • [ ] and amount . . • **44**		.00

Your name: MEDEIROS Your SSN or ITIN: 716671893

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47	0	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	3,316	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Behavioral Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	3,316	.00

Payments

71	California income tax withheld. See instructions	71	991	.00
72	2025 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	991	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions . . . . . 91 0 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions . . . . . [X]

Individual Shared Responsibility (ISR) Penalty. See instructions 92 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	991	.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	991	.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97		.00

Your name: MEDEIROS Your SSN or ITIN: 716671893

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	**98**		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	2,325	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
California Pediatric Cancer Research Voluntary Tax Contribution Fund	**448**	.00
Parkinson's Disease Research Voluntary Tax Contribution Fund	**449**	.00
110 Add amounts in code 400 through code 449. This is your total contribution	**110**	.00

Your name: MEDEIROS Your SSN or ITIN: 716671893

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . 111 2,325 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . 112 .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 114 2,325 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . 115 0 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ Yes ☐ No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.
To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

◉☐ Primary taxpayer
◉☐ Spouse/RDP (if joint tax return)

Sign your tax return on Side 6

Your name: MEDEIROS Your SSN or ITIN: 716671893

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

(•) Your email address. Enter only one email address.
FLAVIANY.ANTONIA@GMAIL.COM

(•) Preferred phone number
843-478-5229

• Print paid preparer's name
EMMANUEL GUZMAN

• Paid preparer's phone number
415-571-7970

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed)
CERTIFICA INC.

• PTIN
P03365194

Firm's address
72 SCOTT STREET , APT 01 SAN BRUNO, CA 94066

• Firm's FEIN
922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . . • [X] Yes [ ] No

Print Third Party Designee's Name
EMMANUEL GUZMAN

Telephone Number
415-571-7970

TAXABLE YEAR

CALIFORNIA SCHEDULE

2025 **Wage and Tax Statement** **W-2**

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*: 716671893

b. Employer identification number (EIN): 922536529

c. Employer's name: CAFE DE CASA FISHERMAN WHARF LLC

Employer's address: 2701 LEAVENWORTH ST

City: SAN FRANCISCO State: CA ZIP code: 94133

e. Employee's first name*: FLAVIANY AN Initial*: D Last name*: MEDEIROS Suffix*:

f. Employee's address*: 1840 SEQUOIA AVE APT. 207

City*: BURLINGAME State*: CA ZIP code*: 94010

1. Wages, tips, other compensation	81,274	**4.** Social security tax withheld	5,039	**8.** Allocated tips (not included in box 1)	
2. Federal income tax withheld	3,254	**6.** Medicare tax withheld	1,178	**10.** Dependent care benefits	
3. Social security wages	65,475	**7.** Social security tips	15,799	**11.** Nonqualified plans	

12. Codes and amounts

	Code	Amount		Code	Amount
12a.			**12c.**		
12b.			**12d.**		

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type: Amount:

16. State wages, tips, etc.: 81,274

15. State and employer's state ID number

State: CA Employer's state ID number: 188-8871 9

17. State income tax: 991

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
FLAVIANY ANTONIA D MEDEIROS	716-67-1893
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . 1 81,274.

2 Amount you owe. See instructions . . . . . 2 2,325.

3 Refund or no amount due. See instructions 3

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2025, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent** . If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize CERTIFICA INC. to enter my PIN 9 4 0 1 0

ERO firm name **Do not enter all zeros**

as my signature on my 2025 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN

ERO firm name **Do not enter all zeros**

as my signature on my 2025 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9 4 8 3 5 2 9 4 0 6 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2025 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

2025 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000003 L8/W8X			A 18

c Employer's name, address, and ZIP code

CAFE DE CASA FISHERMAN WHARF LLC
2701 LEAVENWORTH ST
SAN FRANCISCO, CA 94133

Batch #99516

e/f Employee's name, address, and ZIP code

FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066

b Employer's FED ID number	a Employee's SSA number
92-2536529	XXX-XX-1893
1 Wages, tips, other comp. 81274.02	2 Federal income tax withheld 3254.24
3 Social security wages 65475.00	4 Social security tax withheld 5038.99
5 Medicare wages and tips 81274.02	6 Medicare tax withheld 1178.47
7 Social security tips 15799.02	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 975.28 SDI	12b 12c 12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State: CA — Employer's state ID no.: 188-8871 9	16 State wages, tips, etc. 81274.02
17 State income tax 990.60	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	81,274.02	81,274.02	81,274.02	81,274.02
Less Soc.Sec.Tips Reported in Box 7	N/A	15,799.02	N/A	N/A
Reported W-2 Wages	**81,274.02**	**65,475.00**	**81,274.02**	**81,274.02**

2. Employee Name and Address.

FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066

© 2025 ADP, Inc.

1 Wages, tips, other comp. 81274.02 | 2 Federal income tax withheld 3254.24
3 Social security wages 65475.00 | 4 Social security tax withheld 5038.99
5 Medicare wages and tips 81274.02 | 6 Medicare tax withheld 1178.47
d Control number 000003 L8/W8X | Dept. | Corp. | Employer use only A 18
c Employer's name, address, and ZIP code: CAFE DE CASA FISHERMAN WHARF LLC, 2701 LEAVENWORTH ST, SAN FRANCISCO, CA 94133
b Employer's FED ID number 92-2536529 | a Employee's SSA number XXX-XX-1893
7 Social security tips 15799.02 | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12
14 Other 975.28 SDI | 12b | 12c | 12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: FLAVIANY MEDEIROS, 1051 NATIONAL AVENUE, APT 229, SAN BRUNO, CA 94066
15 State CA | Employer's state ID no. 188-8871 9 | 16 State wages, tips, etc. 81274.02
17 State income tax 990.60 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 81274.02 | 2 Federal income tax withheld 3254.24
3 Social security wages 65475.00 | 4 Social security tax withheld 5038.99
5 Medicare wages and tips 81274.02 | 6 Medicare tax withheld 1178.47
d Control number 000003 L8/W8X | Dept. | Corp. | Employer use only A 18
c Employer's name, address, and ZIP code: CAFE DE CASA FISHERMAN WHARF LLC, 2701 LEAVENWORTH ST, SAN FRANCISCO, CA 94133
b Employer's FED ID number 92-2536529 | a Employee's SSA number XXX-XX-1893
7 Social security tips 15799.02 | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a
14 Other 975.28 CA SDI | 12b | 12c | 12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: FLAVIANY MEDEIROS, 1051 NATIONAL AVENUE, APT 229, SAN BRUNO, CA 94066
15 State CA | Employer's state ID no. 188-8871 9 | 16 State wages, tips, etc. 81274.02
17 State income tax 990.60 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

CA.State Reference Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 81274.02 | 2 Federal income tax withheld 3254.24
3 Social security wages 65475.00 | 4 Social security tax withheld 5038.99
5 Medicare wages and tips 81274.02 | 6 Medicare tax withheld 1178.47
d Control number 000003 L8/W8X | Dept. | Corp. | Employer use only A 18
c Employer's name, address, and ZIP code: CAFE DE CASA FISHERMAN WHARF LLC, 2701 LEAVENWORTH ST, SAN FRANCISCO, CA 94133
b Employer's FED ID number 92-2536529 | a Employee's SSA number XXX-XX-1893
7 Social security tips 15799.02 | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a
14 Other 975.28 CA SDI | 12b | 12c | 12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: FLAVIANY MEDEIROS, 1051 NATIONAL AVENUE, APT 229, SAN BRUNO, CA 94066
15 State CA | Employer's state ID no. 188-8871 9 | 16 State wages, tips, etc. 81274.02
17 State income tax 990.60 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

CA.State Filing Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,500 (Generally, $16,500 for SIMPLE plans; $26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,500. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

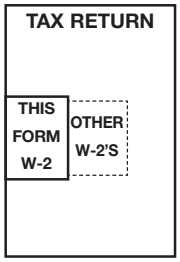
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2025 and more than $10,918.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ____, 2024, ending ____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
EDVAN C	MEDEIROS	614 68 8851
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
FLAVIANY	MEDEIROS	716 67 1893

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
389 Accacia St

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Daly City CA 94014

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: ____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): ____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
DIVINO	MEDEIROS	615-13-1767	Parent	☐	☒
MARLY ROSA	MEDEIROS	618-11-7805	Parent	☐	☒
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	153,068.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	153,068.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	153,068.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	153,068.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	123,868.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	17,357.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	17,357.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,357.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	16,357.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 13,692.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	13,692.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — No — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	13,692.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	2,665.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DRIVER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		SELF EMPLOYED	

Joint return? See instructions. Keep a copy for your records.

Phone no. (415)846-0789 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return

EDVAN C & FLAVIANY MEDEIROS

Your social security number

614-68-8851

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	153,068.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	153,068.
4	Number of qualifying children under age 17 with the required social security number	4	0		
5	Multiply line 4 by $2,000			5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	1,000.
8	Add lines 5 and 7			8	1,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11?			12	1,000.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	17,357.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	1,000.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27**

TAXABLE YEAR

FORM

2024 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

614-68-8851 MEDE 716-67-1893 24
EDVAN C MEDEIROS
FLAVIANY MEDEIROS

389 ACCACIA ST
DALY CITY CA 94014

12-30-1973 02-27-1989

Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [ ] Single

2 [X] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [2] X $149 = ◉ $ 298

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $149 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $149 = ◉ $

REV 03/12/25 TTW

Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	DIVINO	MARLY ROSA	
Last Name	MEDEIROS	MEDEIROS	
SSN. See instructions.	615131767	618117805	
Dependent's relationship to you	PARENT	PARENT	

Total dependent exemptions . . . . . 10 2 X $461 = $ 922

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 1220

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12 153068 .00	
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	153068 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	0 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	153068 .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	153068 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . $5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,080 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . .	18	11080 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	141988 .00

Tax

31	Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule ● ☐ FTB 3800 ● ☐ FTB 3803	31	6290 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions	32	1220 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	5070 .00
34	Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A . .	34	.00
35	Add line 33 and line 34	35	5070 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	40	.00
43	Enter credit name ____ code ● ☐ and amount . . .	43	.00
44	Enter credit name ____ code ● ☐ and amount . . .	44	.00

REV 03/12/25 TTW

Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	5070 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	5070 .00

Payments

71	California income tax withheld. See instructions	71	4413 .00
72	2024 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions.	73	.00
74	Reserved for future use	74	.
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	4413 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. [X]

Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	4413 .00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	4413 .00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	96	.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	97	.00

REV 03/12/25 TTW

Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	657 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

REV 03/12/25 TTW

Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **111** 657 .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ..... ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** 657 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... ● **115** .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ..... ◉ ☐ Yes ☐ No

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Sign your tax return on Side 6

Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number 4158460789

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

REV 03/12/25 TTW

TAXABLE YEAR

2024

Wage and Tax Statement

CALIFORNIA SCHEDULE

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*: 716671893

b. Employer identification number (EIN): 922536529

c. Employer's name: CAFE DE CASA FISHERMAN WHARF LLC

Employer's address: 2701 LEAVENWORTH ST

City: SAN FRANCISCO | State: CA | ZIP code: 94133

e. Employee's first name*: FLAVIANY | Initial*: | Last name*: MEDEIROS | Suffix*:

f. Employee's address*: 1051 NATIONAL AVENUE

City*: SAN BRUNO | State*: CA | ZIP code*: 94066

1. Wages, tips, other compensation	77239	4. Social security tax withheld	4789	8. Allocated tips (not included in box 1)	
2. Federal income tax withheld	7998	6. Medicare tax withheld	1120	10. Dependent care benefits	
3. Social security wages	62780	7. Social security tips	14460	11. Nonqualified plans	

12. Codes and amounts

	Code	Amount		Code	Amount
12a.			12c.		
12b.			12d.		

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type: SDI | Amount: 850

16. State wages, tips, etc.: 77239

15. State and employer's state ID number

State: CA | Employer's state ID number: 188-8871 9

17. State income tax: 3200

Franchise Tax Board Privacy Notice on Collection

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REV 03/12/25 TTW

TAXABLE YEAR **2024**

Wage and Tax Statement

CALIFORNIA SCHEDULE **W-2**

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*: 614688851

b. Employer identification number (EIN): 943248335

c. Employer's name: CITY & COUNTY OF SAN FRANCISCO

Employer's address: 1 DRCARLTON BGOODLETT PL

City: SAN FRANCISCO | State: CA | ZIP code: 94102

e. Employee's first name*: EDVAN | Initial*: C | Last name*: MEDEIROS | Suffix*:

f. Employee's address*: 389 ACCACIA ST

City*: DALY CITY | State*: CA | ZIP code*: 94014

1. Wages, tips, other compensation	75829	4. Social security tax withheld	5098
2. Federal income tax withheld	5694	6. Medicare tax withheld	1192
3. Social security wages	82221	7. Social security tips	
8. Allocated tips (not included in box 1)			
10. Dependent care benefits			
11. Nonqualified plans			

12. Codes and amounts

	Code	Amount		Code	Amount
12a.	DD	22094	12c.		
12b.			12d.		

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type: CASDI | Amount: 902

16. State wages, tips, etc.: 75829

15. State and employer's state ID number

State: CA | Employer's state ID number: 93200814

17. State income tax: 1214

Franchise Tax Board Privacy Notice on Collection

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REV 03/12/25 TTW

TAXABLE YEAR

SCHEDULE

2024 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

EDVAN C & FLAVIANY MEDEIROS

SSN or ITIN

614688851

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	153068		
b Household employee wages not reported on federal Form(s) W-2 ..... 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 ..... 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 ..... 1f			
g Wages from federal Form 8919, line 6. ..... 1g			
h Other earned income. See instructions 1h	0		
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	153068		
2 Taxable interest. a _____ 2b			
3 Ordinary dividends. See instructions. a _____ 3b			
4 IRA distributions. See instructions. a _____ 4b			
5 Pensions and annuities. See instructions. a _____ 5b			
6 Social security benefits. a _____ 6b			
7 Capital gain or (loss). See instructions 7			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1	0	0	
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions. 3			
4 Other gains or (losses) 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6 Farm income or (loss) 6			
7 Unemployment compensation 7			

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	◉ ( )		◉
b Gambling 8b	◉	◉	
c Cancellation of debt 8c	◉	◉	◉
d Foreign earned income exclusion from federal Form 2555 8d	◉ ( )		◉
e Income from federal Form 8853 8e	◉		◉
f Income from federal Form 8889 8f	◉	◉	
g Alaska Permanent Fund dividends 8g	◉		
h Jury duty pay 8h	◉		
i Prizes and awards 8i	◉		
j Activity not engaged in for profit income 8j	◉		
k Stock options 8k	◉		◉
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l	◉		
m Olympic and Paralympic medals and USOC prize money 8m	◉		
n IRC Section 951(a) inclusion 8n	◉	◉	
o IRC Section 951A(a) inclusion 8o	◉	◉	
p IRC Section 461(l) excess business loss adjustment 8p	◉	◉	◉
q Taxable distributions from an ABLE account 8q	◉		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	◉		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	◉ ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	◉		
u Wages earned while incarcerated 8u	◉		
v Digital assets received as ordinary income not reported elsewhere 8v	◉	◉	◉
z Other income. List type and amount. ◉ 8z	◉	◉	◉

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 ..... 9b3			
10 **Total.** Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	153068	0	

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15			
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN _____ Last Name _____			
20 IRA deduction 20			
21 Student loan interest deduction. 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit **24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**			
d Reforestation amortization and expenses. **24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**			
j Housing deduction from federal Form 2555 . . . . . **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**			
z Other adjustments. List type and amount.			
_____ **24z**			
25 Total other adjustments. Add line 24a through line 24z **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**			
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	153068	0	

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11. . 2	153068		
3 Multiply line 2 by 7.5% (0.075) 3	11480		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . 5a	6166	6166	
b State and local real estate taxes 5b			
c State and local personal property taxes 5c	0		
d Add line 5a through line 5c. 5d	6166		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	6166	6166	0
6 Other taxes. List type _____ 6			
7 Add line 5e and line 6. 7	6166	6166	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a			
b Home mortgage interest not reported to you on federal Form 1098. . . . . 8b			
c Points not reported to you on federal Form 1098. . 8c			
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e			
9 Investment interest. 9			
10 Add line 8e and line 9. 10			

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Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check **11**			
12 Other than by cash or check **12**			
13 Carryover from prior year **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17**	6166	6166	0
18 Total. Combine line 17 column A less column B plus column C **18**			0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**		
20 Tax preparation fees **20**		
21 Other expenses: investment, safe deposit box, etc. List type **21**		0
22 Add line 19 through line 21 . . . . . **22**		0
23 Enter amount from federal Form 1040 or 1040-SR, line 11	153068	
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . **24**		3061
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . **25**		0
26 Total Itemized Deductions. Add line 18 and line 25 . . . . . **26**		0
27 Other adjustments. See instructions. Specify. **27**		
28 Combine line 26 and line 27 . . . . . **28**		0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$244,857**
Head of household **$367,291**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$489,719**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . **29** 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,540**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,080**

Transfer the amount on line 30 to Form 540, line 18 . . . . . **30** 11080

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
EDVAN C	MEDEIROS	614 68 8851
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
FLAVIANY	MEDEIROS	716 67 1893

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
389 Accacia St

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Daly City CA 94014

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
DIVINO	MEDEIROS	615-13-1767	Parent	☐	☒
MARLY ROSA	MEDEIROS	618-11-7805	Parent	☐	☒
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	95,211.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	95,211.
2a	Tax-exempt interest 2a	b Taxable interest 2b	
3a	Qualified dividends 3a	b Ordinary dividends 3b	
4a	IRA distributions 4a	b Taxable amount 4b	
5a	Pensions and annuities 5a	b Taxable amount 5b	
6a	Social security benefits 6a	b Taxable amount 6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	95,211.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	95,211.
12	**Standard deduction or itemized deductions** (from Schedule A)	12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	67,511.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____		16	7,663.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	7,663.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	1,000.
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	1,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	6,663.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	6,663.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 5,198.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	5,198.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC) No	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	5,198.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	1,506.
	38	Estimated tax penalty (see instructions)	38 41.		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		DRIVER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		SELF EMPLOYED	

Joint return? See instructions. Keep a copy for your records.

Phone no. (415) 846-0789 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

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Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under 17 with the required social security number: _____ x $1,600. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $4,800 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27**

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SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return: EDVAN C & FLAVIANY MEDEIROS

Your social security number: 614-68-8851

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	95,211.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	95,211.
4	Number of qualifying children under age 17 with the required social security number	4	0		
5	Multiply line 4 by $2,000			5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	1,000.
8	Add lines 5 and 7			8	1,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11?			12	1,000.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	7,663.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	1,000.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	DIVINO	MARLY ROSA	
Last Name	MEDEIROS	MEDEIROS	
SSN. See instructions.	615131767	618117805	
Dependent's relationship to you	PARENT	PARENT	

Total dependent exemptions . . . . . 10 | 2 | X $446 = $ | 892

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 1180

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	95211 .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	95211 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	95211 .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	95211 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $10,726 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. .	18	10726 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	84485 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
[ ] FTB 3800 [ ] FTB 3803 . . . . . 31 — 2316 .00

32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions.	32	1180 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	1136 .00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A . .	34	.00
35	Add line 33 and line 34	35	1136 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40	.00
43	Enter credit name [ ] code [ ] and amount. . .	43	.00
44	Enter credit name [ ] code [ ] and amount. . .	44	.00

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TAXABLE YEAR

FORM

2023 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

614-68-8851 MEDE 716-67-1893 23
EDVAN C MEDEIROS
FLAVIANY MEDEIROS

389 ACCACIA ST
DALY CITY CA 94014

12-30-1973 02-27-1989

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Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [ ] Single

2 [X] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [2] X $144 = ◉ $ 288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $144 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $144 = ◉ $

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Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	**99**	303 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	◉	**100**	.00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	**400**	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
	California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
	California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
	State Parks Protection Fund/Parks Pass Purchase	**423**	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
	Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110	Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

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REV 03/05/24 TTW

Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	120 .00
47	Add line 40 through line 46. These are your total credits	47	120 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	1016 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	1016 .00

Payments

71	California income tax withheld. See instructions	71	1319 .00
72	2023 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	74	.00
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	1319 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	1319 .00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	1319 .00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	96	.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	97	303 .00

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Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number 4158460789

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

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Your name: MEDEIROS Your SSN or ITIN: 614-68-8851

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ..... ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** .00

Refund and Direct Deposit

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... ● **115** 303 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ..... ◉ ☐ Yes ☐ No

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Sign your tax return on Side 6

TAXABLE YEAR **2023**

Wage and Tax Statement

CALIFORNIA SCHEDULE **W-2**

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*: 614688851

b. Employer identification number (EIN): 943248335

c. Employer's name: CITY & COUNTY OF SAN FRANCISCO

Employer's address: 1 DRCARLTON BGOODLETT PL

City: SAN FRANCISCO | State: CA | ZIP code: 94102

e. Employee's first name*: EDVAN | Initial*: C | Last name*: MEDEIROS | Suffix*:

f. Employee's address*: 389 ACCACIA ST

City*: DALY CITY | State*: CA | ZIP code*: 94014

1. Wages, tips, other compensation	67871	4. Social security tax withheld	4523
2. Federal income tax withheld	4268	6. Medicare tax withheld	1058
3. Social security wages	72948	7. Social security tips	
8. Allocated tips (not included in box 1)			
10. Dependent care benefits			
11. Nonqualified plans			

12. Codes and amounts

	Code	Amount		Code	Amount
12a.	DD	19211	12c.		
12b.			12d.		

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type: CASDI | Amount: 654

16. State wages, tips, etc.: 67871

15. State and employer's state ID number

State: CA | Employer's state ID number: 93200814

17. State income tax: 921

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TAXABLE YEAR **2023**

Wage and Tax Statement

CALIFORNIA SCHEDULE **W-2**

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*: 716671893

b. Employer identification number (EIN): 814921252

c. Employer's name: CAFE DE CASA

Employer's address: 2701 LEAVENWORTH ST

City: SAN FRANCISCO | State: CA | ZIP code: 94133

e. Employee's first name*: FLAVIANY | Initial*: | Last name*: MEDEIROS | Suffix*:

f. Employee's address*: 1051 NATIONAL AVENUE

City*: SAN BRUNO | State*: CA | ZIP code*: 94066

1. Wages, tips, other compensation	27340	4. Social security tax withheld	1695
2. Federal income tax withheld	930	6. Medicare tax withheld	396
3. Social security wages	21463	7. Social security tips	5877
8. Allocated tips (not included in box 1)			
10. Dependent care benefits			
11. Nonqualified plans			

12. Codes and amounts

	Code	Amount		Code	Amount
12a.			12c.		
12b.			12d.		

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type: SDI | Amount: 246

16. State wages, tips, etc.: 27340

15. State and employer's state ID number

State: CA | Employer's state ID number: 129-6981 2

17. State income tax: 398

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	( )		
b Gambling 8b			
c Cancellation of debt 8c			
d Foreign earned income exclusion from federal Form 2555 8d	( )		
e Income from federal Form 8853 8e			
f Income from federal Form 8889 8f			
g Alaska Permanent Fund dividends 8g			
h Jury duty pay 8h			
i Prizes and awards 8i			
j Activity not engaged in for profit income 8j			
k Stock options 8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l			
m Olympic and Paralympic medals and USOC prize money 8m			
n IRC Section 951(a) inclusion 8n			
o IRC Section 951A(a) inclusion 8o			
p IRC Section 461(l) excess business loss adjustment 8p			
q Taxable distributions from an ABLE account 8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t			
u Wages earned while incarcerated 8u			
z Other income. List type and amount. _____ 8z			

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TAXABLE YEAR

SCHEDULE

2023 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

EDVAN C & FLAVIANY MEDEIROS

SSN or ITIN

614688851

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	95211		
b Household employee wages not reported on federal Form(s) W-2 ..... 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 ..... 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 ..... 1f			
g Wages from federal Form 8919, line 6. ..... 1g			
h Other earned income. See instructions 1h	0		
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	95211		
2 Taxable interest. a _____ 2b			
3 Ordinary dividends. See instructions. a _____ 3b			
4 IRA distributions. See instructions. a _____ 4b			
5 Pensions and annuities. See instructions. a _____ 5b			
6 Social security benefits. a _____ 6b			
7 Capital gain or (loss). See instructions 7			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1			
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions. 3			
4 Other gains or (losses) 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6 Farm income or (loss) 6			
7 Unemployment compensation 7			

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**	◉		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**	◉	◉	◉
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**	◉	◉	
d Reforestation amortization and expenses. **24d**	◉	◉	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**	◉		
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**	◉	◉	◉
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**	◉	◉	◉
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**	◉		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**	◉	◉	
j Housing deduction from federal Form 2555 . . . . . **24j**	◉	◉	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**	◉		
z Other adjustments. List type and amount.			
◉ _____ **24z**	◉	◉	◉
25 Total other adjustments. Add line 24a through line 24z **25**	◉	◉	◉
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**	◉	◉	◉
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	◉ 95211	◉	◉

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. . 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3			
10 **Total.** Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	95211		

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15			
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN _____ Last Name _____			
20 IRA deduction 20			
21 Student loan interest deduction. 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

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REV 03/05/24 TTW

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. 2	95211		
3 Multiply line 2 by 7.5% (0.075) 3	7141		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a	3504	3504	
b State and local real estate taxes 5b			
c State and local personal property taxes 5c	0		
d Add line 5a through line 5c. 5d	3504		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	3504	3504	0
6 Other taxes. List type _____ 6			
7 Add line 5e and line 6. 7	3504	3504	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a			
b Home mortgage interest not reported to you on federal Form 1098. . . . . 8b			
c Points not reported to you on federal Form 1098. . 8c			
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e			
9 Investment interest. 9			
10 Add line 8e and line 9. 10			

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REV 03/05/24 TTW

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check **11**			
12 Other than by cash or check **12**			
13 Carryover from prior year **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17**	3504	3504	0

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21** 0

22 Add line 19 through line 21 . . . . . **22** 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 95211

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . **24** 1904

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . **25** 0

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . **26** 0

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27 . . . . . **28** 0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$237,035**
Head of household **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$474,075**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . **29** 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,726**

Transfer the amount on line 30 to Form 540, line 18 . . . . . **30** 10726

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175

Nonrefundable Renter's Credit Qualification Record

✓Tip e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to **ftb.ca.gov** to check your e-file options. You can claim the nonrefundable renter's credit using CalFile.

If you were a resident of California and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

1. Were you a resident of California for the entire year in 2022?
Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse/RDP may claim this credit if he or she was a resident during 2022, and is otherwise qualified.
YES. Go to question 2. ✕ **NO.** Stop here. File Form 540NR. See "Order Forms and Publications."

2. Is your California adjusted gross income the amount on line 17:
- $49,220 or less if single or married/RDP filing separately; or
- $98,440 or less if married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP?

YES. Go to question 3. ✕ **NO.** Stop here. You do not qualify for this credit.

3. Did you pay rent, for at least half of 2022, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?
YES. Go to question 4. ✕ **NO.** Stop here. You do not qualify for this credit.

4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2022?
NO. Go to question 6. ✕ **YES.** Go to question 5.

5. For more than half the year in 2022, did you live in the home of the person who can claim you as a dependent?
NO. Go to question 6. ✕ **YES.** Stop here. You do not qualify for this credit.

6. Was the property you rented exempt from property tax in 2022?
You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.
NO. Go to question 7. ✕ **YES.** Stop here. You do not qualify for this credit.

7. Did you claim the homeowner's property tax exemption anytime during 2022?
You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.
NO. Go to question 8. ✕ **YES.** If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

8. Were you single in 2022?
YES. Go to question 11. ✕ **NO.** Go to question 9.

9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2022?
You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.
NO. Go to question 11. ✕ **YES.** If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

10. Did you and your spouse/RDP maintain separate residences for the entire year in 2022?
YES. Go to question 11. **NO.** Stop here. You do not qualify for this credit.

11. If you are:
- Single, enter $60 on Form 540, line 46.
- Head of household or qualifying surviving spouse/RDP, enter $120 on Form 540, line 46.
- Married/RDP filing separately: if you and your spouse/RDP lived in the same rental property and both qualify for this credit, one spouse/RDP may claim the full amount of the credit ($120), or each spouse/RDP may claim half the amount ($60 each). If you and your spouse/RDP lived apart for the entire year and you qualify for this credit, you may claim half the amount of the credit ($60). Enter your credit amount on Form 540, line 46.
- Married/RDP filing jointly, enter $120 on Form 540, line 46. (Exception: If one spouse/RDP claimed the homeowner's tax exemption and you lived apart from your spouse/RDP for the entire year, enter $60 on Form 540, line 46.)

120

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2022, which qualified you for this credit.

Street Address	City, State, and ZIP Code	Dates Rented in 2022 (From ____ to ____)
a		
b		

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name	Street Address	City, State, ZIP Code, and Telephone Number
a		
b		

PRINT COPY

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000010 KF/ZPR			A 5

c Employer's name, address, and ZIP code

CAFE DE CASA
2701 LEAVENWORTH ST
SAN FRANCISCO, CA 94133

Batch #91295

e/f Employee's name, address, and ZIP code

FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066

b Employer's FED ID number	a Employee's SSA number
81-4921252	XXX-XX-1893

1 Wages, tips, other comp. 27339.82	2 Federal income tax withheld 929.94
3 Social security wages 21463.10	4 Social security tax withheld 1695.07
5 Medicare wages and tips 27339.82	6 Medicare tax withheld 396.43
7 Social security tips 5876.72	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 246.06 SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
CA	129-6981 2	27339.82
17 State income tax 397.95		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	27,339.82	27,339.82	27,339.82	27,339.82
Less Soc.Sec.Tips Reported in Box 7	N/A	5,876.72	N/A	N/A
Reported W-2 Wages	**27,339.82**	**21,463.10**	**27,339.82**	**27,339.82**

2. Employee Name and Address.

FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066

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Fold and Detach Here

1 Wages, tips, other comp. 27339.82 | 2 Federal income tax withheld 929.94
3 Social security wages 21463.10 | 4 Social security tax withheld 1695.07
5 Medicare wages and tips 27339.82 | 6 Medicare tax withheld 396.43
d Control number 000010 KF/ZPR | Dept. | Corp. | Employer use only A 5
c Employer's name, address, and ZIP code
CAFE DE CASA
2701 LEAVENWORTH ST
SAN FRANCISCO, CA 94133
b Employer's FED ID number 81-4921252 | a Employee's SSA number XXX-XX-1893
7 Social security tips 5876.72 | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12
14 Other 246.06 SDI | 12b | 12c | 12d | 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code
FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066
15 State CA | Employer's state ID no. 129-6981 2 | 16 State wages, tips, etc. 27339.82
17 State income tax 397.95 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp. 27339.82 | 2 Federal income tax withheld 929.94
3 Social security wages 21463.10 | 4 Social security tax withheld 1695.07
5 Medicare wages and tips 27339.82 | 6 Medicare tax withheld 396.43
d Control number 000010 KF/ZPR | Dept. | Corp. | Employer use only A 5
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CAFE DE CASA
2701 LEAVENWORTH ST
SAN FRANCISCO, CA 94133
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11 Nonqualified plans | 12a
14 Other 246.06 CA SDI | 12b | 12c | 12d | 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code
FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066
15 State CA | Employer's state ID no. 129-6981 2 | 16 State wages, tips, etc. 27339.82
17 State income tax 397.95 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

CA.State Reference Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp. 27339.82 | 2 Federal income tax withheld 929.94
3 Social security wages 21463.10 | 4 Social security tax withheld 1695.07
5 Medicare wages and tips 27339.82 | 6 Medicare tax withheld 396.43
d Control number 000010 KF/ZPR | Dept. | Corp. | Employer use only A 5
c Employer's name, address, and ZIP code
CAFE DE CASA
2701 LEAVENWORTH ST
SAN FRANCISCO, CA 94133
b Employer's FED ID number 81-4921252 | a Employee's SSA number XXX-XX-1893
7 Social security tips 5876.72 | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a
14 Other 246.06 CA SDI | 12b | 12c | 12d | 13 Stat emp. Ret. plan 3rd party sick pa
e/f Employee's name, address and ZIP code
FLAVIANY MEDEIROS
1051 NATIONAL AVENUE
APT 229
SAN BRUNO, CA 94066
15 State CA | Employer's state ID no. 129-6981 2 | 16 State wages, tips, etc. 27339.82
17 State income tax 397.95 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

CA.State Filing Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

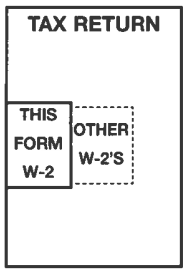
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution.
For 2023 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51192	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 06/26/2026
Period Ending: 07/09/2026
Pay Date: 07/23/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	38425.00
Credit Card Tips Owed		0.00	382.85	9811.88
Gross Pay			**$1,707.85**	$49,944.72

Statutory Deductions	this period	year to date
Federal Income	-79.87	1699.75
Social Security	-105.89	2990.69
Medicare	-24.76	699.43
California State Income	-18.54	400.82
California State DI	-22.21	627.08

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	0.00	101.52
Net Pay	**$1,456.58**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,707.85
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51192
Pay Date: 07/23/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED FIFTY SIX AND 58/100 **$1,456.58**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51193	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 06/26/2026
Period Ending: 07/09/2026
Pay Date: 07/23/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	39750.00
Credit Card Tips Owed		0.00	382.84	10194.72
Gross Pay			**$1,707.84**	$49,944.72

Statutory Deductions	this period	year to date
Federal Income	-79.86	1779.61
Social Security	-105.88	3096.57
Medicare	-24.77	724.20
California State Income	-18.54	419.36
California State DI	-22.20	649.28

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	0.00	101.52
Net Pay	**$1,456.59**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,707.84
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51193
Pay Date: 07/23/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED FIFTY SIX AND 59/100 **$1,456.59**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51168	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 06/12/2026
Period Ending: 06/25/2026
Pay Date: 07/08/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	35775.00
Credit Card Tips Owed		0.00	231.72	9197.31
Gross Pay			**$1,556.72**	$46,529.03

Statutory Deductions	this period	year to date
Federal Income	-62.79	1557.09
Social Security	-96.51	2788.28
Medicare	-22.57	652.10
California State Income	-15.21	367.07
California State DI	-20.24	584.64

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	0.00	101.52
Net Pay	**$1,339.40**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,556.72
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51168
Pay Date: 07/08/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND THREE HUNDRED THIRTY NINE AND 40/100 **$1,339.40**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51169	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 06/12/2026
Period Ending: 06/25/2026
Pay Date: 07/08/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	37100.00
Credit Card Tips Owed		0.00	231.72	9429.03
Gross Pay			**$1,556.72**	$46,529.03

Statutory Deductions	this period	year to date
Federal Income	-62.79	1619.88
Social Security	-96.52	2884.80
Medicare	-22.57	674.67
California State Income	-15.21	382.28
California State DI	-20.23	604.87

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	0.00	101.52
Net Pay	**$1,339.40**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,556.72
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51169
Pay Date: 07/08/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND THREE HUNDRED THIRTY NINE AND 40/100 **$1,339.40**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51147	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 05/29/2026
Period Ending: 06/11/2026
Pay Date: 06/26/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	33125.00
Credit Card Tips Owed		0.00	338.08	8627.51
Gross Pay			**$1,663.08**	$43,415.59

Statutory Deductions	this period	year to date
Federal Income	-74.49	1419.81
Social Security	-103.12	2588.66
Medicare	-24.11	605.41
California State Income	-17.55	334.31
California State DI	-21.62	542.78

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	0.00	101.52
Net Pay	**$1,422.19**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,663.08
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51147
Pay Date: 06/26/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED TWENTY TWO AND 19/100 **$1,422.19**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51148	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 05/29/2026
Period Ending: 06/11/2026
Pay Date: 06/26/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	34450.00
Credit Card Tips Owed		0.00	338.08	8965.59
Gross Pay			**$1,663.08**	$43,415.59

Statutory Deductions	this period	year to date
Federal Income	-74.49	1494.30
Social Security	-103.11	2691.77
Medicare	-24.12	629.53
California State Income	-17.55	351.86
California State DI	-21.62	564.40

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	0.00	101.52
Net Pay	**$1,422.19**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,663.08
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51148
Pay Date: 06/26/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED TWENTY TWO AND 19/100 **$1,422.19**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51126	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 05/15/2026
Period Ending: 05/28/2026
Pay Date: 06/10/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	30475.00
Credit Card Tips Owed		0.00	367.22	7922.21
Gross Pay			**$1,692.22**	$40,089.43

Statutory Deductions	this period	year to date
Federal Income	-71.90	1273.42
Social Security	-104.92	2380.63
Medicare	-24.54	556.76
California State Income	-17.08	299.68
California State DI	-22.00	499.17

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	-50.76	50.76
Net Pay	**$1,401.02**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,641.46
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51126
Pay Date: 06/10/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED ONE AND 02/100 **$1,401.02**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51127	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 05/15/2026
Period Ending: 05/28/2026
Pay Date: 06/10/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	31800.00
Credit Card Tips Owed		0.00	367.22	8289.43
Gross Pay			**$1,692.22**	$40,089.43

Statutory Deductions	this period	year to date
Federal Income	-71.90	1345.32
Social Security	-104.91	2485.54
Medicare	-24.54	581.30
California State Income	-17.08	316.76
California State DI	-21.99	521.16

Voluntary Deductions	this period	year to date
*ADP RS Starter(k) Before	-50.76	101.52
Net Pay	**$1,401.04**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,641.46
* Excluded from Federal taxable wages

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51127
Pay Date: 06/10/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED ONE AND 04/100 **$1,401.04**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51105	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 05/01/2026
Period Ending: 05/14/2026
Pay Date: 05/28/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	27825.00
Credit Card Tips Owed		0.00	291.08	7263.92
Gross Pay			**$1,616.08**	$36,704.99

Statutory Deductions	this period	year to date
Federal Income	-68.85	1132.67
Social Security	-100.19	2175.51
Medicare	-23.43	508.79
California State Income	-16.52	266.08
California State DI	-21.01	456.16
Net Pay	**$1,386.08**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,616.08

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51105
Pay Date: 05/28/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND THREE HUNDRED EIGHTY SIX AND 08/100 **$1,386.08**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51106	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 05/01/2026
Period Ending: 05/14/2026
Pay Date: 05/28/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	29150.00
Credit Card Tips Owed		0.00	291.07	7554.99
Gross Pay			**$1,616.07**	$36,704.99

Statutory Deductions	this period	year to date
Federal Income	-68.85	1201.52
Social Security	-100.20	2275.71
Medicare	-23.43	532.22
California State Income	-16.52	282.60
California State DI	-21.01	477.17
Net Pay		**$1,386.06**

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,616.07

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51106
Pay Date: 05/28/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND THREE HUNDRED EIGHTY SIX AND 06/100 **$1,386.06**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51084	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 04/17/2026
Period Ending: 04/30/2026
Pay Date: 05/13/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	25175.00
Credit Card Tips Owed		0.00	335.75	6637.09
Gross Pay			**$1,660.75**	$33,472.84

Statutory Deductions	this period	year to date
Federal Income	-74.21	989.61
Social Security	-102.97	1972.35
Medicare	-24.09	461.28
California State Income	-17.50	232.06
California State DI	-21.59	413.56
Net Pay	**$1,420.39**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,660.75

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51084
Pay Date: 05/13/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED TWENTY AND 39/100 **$1,420.39**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51085	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 04/17/2026
Period Ending: 04/30/2026
Pay Date: 05/13/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	26500.00
Credit Card Tips Owed		0.00	335.75	6972.84
Gross Pay			**$1,660.75**	$33,472.84

Statutory Deductions	this period	year to date
Federal Income	-74.21	1063.82
Social Security	-102.97	2075.32
Medicare	-24.08	485.36
California State Income	-17.50	249.56
California State DI	-21.59	435.15
Net Pay	**$1,420.40**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,660.75

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51085
Pay Date: 05/13/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED TWENTY AND 40/100 **$1,420.40**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51063	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 04/03/2026
Period Ending: 04/16/2026
Pay Date: 04/29/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	22525.00
Credit Card Tips Owed		0.00	331.25	5970.10
Gross Pay			**$1,656.25**	$30,151.34

Statutory Deductions	this period	year to date
Federal Income	-73.67	841.73
Social Security	-102.69	1766.70
Medicare	-24.02	413.18
California State Income	-17.40	197.16
California State DI	-21.53	370.44
Net Pay	**$1,416.94**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,656.25

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51063
Pay Date: 04/29/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED SIXTEEN AND 94/100 **$1,416.94**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Company Code	Loc/Dept	Number	Page
L8 / W8X 28124773	01/	51064	1 of 1

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Earnings Statement

Period Starting: 04/03/2026
Period Ending: 04/16/2026
Pay Date: 04/29/2026

Taxable Filing Status: Head Of Household
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-1893

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Flaviany Medeiros
1051 National Avenue
Apt 229
San Bruno, CA 94066

Earnings	rate	hours/units	this period	year to date
Regular		0.00	1325.00	23850.00
Credit Card Tips Owed		0.00	331.24	6301.34
Gross Pay			**$1,656.24**	$30,151.34

Statutory Deductions	this period	year to date
Federal Income	-73.67	915.40
Social Security	-102.68	1869.38
Medicare	-24.01	437.19
California State Income	-17.40	214.56
California State DI	-21.53	391.97
Net Pay	**$1,416.95**	

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $1,656.24

91-7162/3222

CAFE DE CASA FISHERMAN WHARF LLC
2701 Leavenworth St
San Francisco, CA 94133

Payroll Check Number: 51064
Pay Date: 04/29/2026

Pay to the order of: Flaviany Medeiros

This amount: ONE THOUSAND FOUR HUNDRED SIXTEEN AND 95/100 **$1,416.95**

THIS IS NOT A CHECK

VOID - NON NEGOTIABLE VOID - NON NEGOTIABLE

JPMORGAN CHASE

Exhibit 11 – Nara Julia Ferreira da Silva’s F-1 Status Documentation

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE		NOTICE DATE
Receipt		May 19, 2023
CASE TYPE		USCIS ALIEN NUMBER
I-539, Application to Extend-Change Nonimmigrant Status		
RECEIPT NUMBER	RECEIVED DATE	PAGE
WAC2390078951	May 17, 2023	1 of 1
		DATE OF BIRTH
		July 15, 1996

NARA J. FERREIRA DA SILVA
C/O NARA JULIA FERREIRA DA SILVA
2225 7TH AVE APT 33
OAKLAND, CA 94606

2 00000512

PAYMENT INFORMATION:

Application/Petition Fee:	$370.00
Total Amount Received:	$455.00
Total Balance Due:	$0.00

NAME AND MAILING ADDRESS

We have received your form and are currently processing the above case for the following applicants:

Name	Date of Birth	Country of Birth	Class (If Applicable)
FERREIRA DA SILVA, NARA	7/15/1996	BRAZIL	

If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment. We will also provide a receipt number for each co-applicant with their application support center (ASC) appointment notice.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

USCIS Office Address:
USCIS
California Service Center
P.O. Box 30111
Laguna Niguel, CA 92607-0111

USCIS Contact Center Number:
(800)375-5283

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for People with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) for help in English or Spanish. Asylum and NACARA 203 applicants must call to make their request.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

ASC Appointment Notice - APPLICANT COPY	CASE TYPE	NOTICE DATE
	I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS	05/19/2023

APPLICATION/PETITION/REQUEST NUMBER	USCIS A#	CODE
WAC2390078951		3

ACCOUNT NUMBER	TCR	SERVICE CENTER	PAGE
		CSC	1 of 2

NARA JULIA FERREIRA DA SILVA
c/o NARA JULIA FERREIRA DA SILVA
2225 7TH AVE APT 33
OAKLAND CA 94606

PLEASE READ THIS ENTIRE NOTICE CAREFULLY. To process your application, petition, or request, U.S. Citizenship and Immigration Services (USCIS) must collect your biometrics. Please appear at the below Application Support Center (ASC) at the date and time specified.

IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPOINTMENT MAY NOT BE RESCHEDULED. TO REQUEST THAT USCIS RESCHEDULE YOUR APPOINTMENT, SEE THE INSTRUCTIONS AT THE BOTTOM OF THIS NOTICE. IF USCIS DOES NOT RESCHEDULE YOUR APPOINTMENT, YOUR APPLICATION, PETITION, OR REQUEST WILL BE CONSIDERED ABANDONED AND DENIED.

APPLICATION SUPPORT CENTER
USCIS OAKLAND
8000 Edgewater Drive Suite 170
Oakland CA 94621

DATE AND TIME OF APPOINTMENT
06/09/2023
11:00AM

WHEN YOU APPEAR AT THE ASC FOR BIOMETRICS SUBMISSION, YOU MUST BRING:

1. **THIS APPOINTMENT NOTICE.** If you received multiple ASC notices, bring **all** notices to your first appointment, and
2. **PHOTO IDENTIFICATION.** Your biometrics will not be collected without identification. You must bring a valid government-issued photo identification document. If the name on your identification is different than the name on your ASC notice, bring supporting documentation. If you filed an Application for Naturalization (Form N-400) or Application to Replace Permanent Resident Card (Form I-90), you must bring your Permanent Resident Card (also known as a Green Card).

Only those necessary to assist you with transportation or completion of the biometrics worksheet should accompany you to your ASC appointment. If you have open wounds, bandages, or casts when you appear for biometrics submission, USCIS may reschedule your appointment if we determine your injuries may interfere with biometrics submission. Please do not visit a USCIS office if you are sick or feel any symptoms of being sick. Follow the instructions on this notice to reschedule your appointment.

You may bring cell phones or electronic devices, but they must be turned off during biometrics collection. No one may photograph or record at an ASC.

For more information regarding your ASC appointment, visit https://www.uscis.gov/forms/forms-information/preparing-your-biometric-services-appointment. If you have questions regarding this notice, please call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).

NOTE: If an ASC closes due to inclement weather or unforeseen circumstances, USCIS will automatically reschedule your appointment for the next available date and time. For the latest information on the status of an office, visit https://www.uscis.gov/about-us/uscis-office-closings. Please check this page on the day of your appointment. If USCIS reschedules your appointment for any reason, you will receive a new ASC appointment notice.

To ensure you receive all correspondence from USCIS, you must update your address if you move. For instructions, visit https://www.uscis.gov/addresschange.

USCIS may use your biometrics to check the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (e.g., Green Card, Employment Authorization Document, etc.), or any purpose authorized by the Immigration and Nationality Act. You may obtain a copy of your own FBI record using the procedures outlined within Title 28 C.F.R., Section 16.32. For information, please visit https://www.fbi.gov/services/cjis/identity-history-summary-checks. For Privacy Act information, please visit https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement.

REQUESTS TO RESCHEDULE/SPECIAL HANDLING

If you are unable to attend your scheduled ASC appointment, you may request that USCIS reschedule your appointment by calling the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833). **Your request to reschedule must: 1) be made before the date and time of the original appointment and 2) establish good cause for rescheduling.** If you fail to make a request before your scheduled appointment or fail to establish good cause, USCIS may not reschedule your ASC appointment. If USCIS does not reschedule your appointment, your application, petition, or request will be considered abandoned and denied.

If you have a serious ongoing medical condition and you cannot leave your home/hospital, you may request a mobile biometrics/homebound appointment by following the instructions on the back in the Notice for People with Disabilities or by visiting uscis.gov/accommodations.

APPLICATION NUMBER
I539 - WAC2390078951

BIOMETRICS PROCESSING STAMP
ASC SITE CODE
BIOMETRICS QA REVIEW BY:
ON
TENPRINTS QA REVIEW BY:
ON
JUN 09 2023

If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Important Information for Your Biometric Services Appointment

USCIS Application Support Centers (ASC) are open with additional precautions to prevent the spread of the coronavirus disease (COVID-19). For the most updated visitor guidance and facility entrance requirements, on the day of your appointment please visit: www.uscis.gov/about-us/uscis-response-to-covid-19.

Appointments

- You must have a scheduled appointment before arriving at a USCIS office. Only appear on your scheduled date and time at the designated location.
- Do not appear more than 15 minutes before your appointment. Military members may appear without an appointment.
- Only interpreters, attorneys or those providing needed assistance if you are disabled will be permitted to accompany you if capacity restrictions are in place. Do not bring additional individuals or family members with you to your appointment.
- Fill out the Applicant Information Worksheet below and bring it to your appointment to complete the biometric collection process.
- If you are ill, you should reschedule your appointment. Please call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) to reschedule.
- On the day of your appointment, please check for office closures or other important information here: www.uscis.gov/about-us/uscis-office-closings.

Entrance to USCIS Facilities (Application Support Centers)

- In offices with low and medium COVID-19 transmission levels (cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html), masking is not required; however, individuals may choose to wear a mask at any time. When levels are high, all federal employees, contractors, and visitors two years old or older must wear a mask inside federal buildings regardless of vaccination status.
- You may not enter a USCIS facility if you have:
  - COVID-19 or any symptoms of COVID-19 (according to the CDC) including, but not limited to, recently developed cough, fever, difficulty breathing, new loss of smell or taste, fatigue, muscle aches, headache, congestion, sore throat, or vomiting (this list does not include all symptoms);
  - Been in close contact (within 6 feet for a total of 15 minutes or more) with anyone known to have COVID-19 in the past 10 days (unless you are up to date on your COVID-19 vaccination or you are a health careworker and consistently wear an N-95 respirator and proper personal protective equipment (PPE) or equivalent when in contact with COVID-19 positive individuals);
  - Returned from domestic, international, or cruise ship travel in the past 5 days (unless you are up to date on your COVID-19 vaccination);
  - Been instructed by a health care provider, public health authority, or government entity to self-isolate or self-quarantine in the past 10 days (unless you have been cleared to end isolation or quarantine);
- For more information for visiting USCIS facilities, please visit: www.uscis.gov/about-us/uscis-visitor-policy.

APPLICANT'S INFORMATION WORKSHEET (AIW)

NAME: Nara Julia (FIRST) Ferreira da (MIDDLE) Silva (LAST)

LIST ANY OTHER NAMES USED (MAIDEN NAME, PREVIOUS MARRIAGE, ALIAS, ETC.):

1) _____ (FIRST) _____ (MIDDLE) _____ (LAST)

2) _____ (FIRST) _____ (MIDDLE) _____ (LAST)

DATE OF BIRTH: 07 (MONTH) 15 (DAY) 1996 (YEAR)

COUNTRY OF BIRTH: Brazil **COUNTRY OF CITIZENSHIP:** Brazil

GENDER: (CHECK ONE)
- ☐ MALE
- ☒ FEMALE
- ☐ OTHER

RACE: (CHECK ONE)
- ☐ ASIAN
- ☐ BLACK
- ☒ CAUCASIAN/LATINO
- ☐ NATIVE AMERICAN
- ☐ UNKNOWN

EYE COLOR: (CHECK ONE)
- ☐ BLACK
- ☐ BLUE
- ☐ BROWN
- ☐ GRAY
- ☐ GREEN
- ☐ HAZEL
- ☐ MAROON
- ☐ MULTICOLOR
- ☐ PINK
- ☐ UNKNOWN

HAIR COLOR: (CHECK ONE)
- ☐ BALD
- ☐ BLACK
- ☐ BLOND OR STRAWBERRY
- ☐ BLUE
- ☐ BROWN
- ☐ GRAY
- ☐ GREEN
- ☐ ORANGE
- ☐ PINK
- ☐ PURPLE
- ☐ RED OR AUBURN
- ☐ SANDY
- ☐ WHITE
- ☐ UNKNOWN

HEIGHT: _____ (FEET/INCHES) **OR** 1,66 (CENTIMETERS) **WEIGHT:** _____ (POUNDS) **OR** 55 (KILOGRAMS)

When you provide your digital signature, you will be attesting to the following:

I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the screen above, and that all the information in these materials is complete, true, and correct. This includes any:

- *application, petition, or request that I submitted;*
- *application, petition, or request that I provided on behalf of my derivative beneficiary;*
- *application, petition, or request that was submitted on my behalf; and*
- *supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, or that was filed on my behalf.*

RETURN "AIW" TO APPLICANT

AIW: REVISED 9 MARCH 2022

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for Customers with Disabilities

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If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
WAC2390078951		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 05/17/2023	**Priority Date**	**Applicant** FERREIRA DA SILVA, NARA JULIA
Notice Date 09/12/2023	**Page** 1 of 1	**Beneficiary** FERREIRA DA SILVA, NARA JULIA

LAW OFFICE OF NICOLE A WESLEY
c/o NICOLE WESLEY
16607 PEAR BLOSSOM CT.
WHITTIER CA 90603

Notice Type: Approval Notice
Class: F1
Valid from 09/12/2023 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.

An updated I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

California Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 30111
Laguna Niguel CA 92607-0111

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC2390078951
I-94# 143501326 A3
NAME FERREIRA DA SILVA, NARA JULIA
CLASS F1
VALID FROM 09/12/2023 **UNTIL** Duration of Status (DS)

APPLICANT
FERREIRA DA SILVA, NARA JULIA
2225 7TH AVE APT 33
OAKLAND CA 94606

143501326 A3
Receipt Number WAC2390078951
US Citizenship and Immigration Services

I94 Departure Record
Applicant: FERREIRA DA SILVA, NARA

14. Family Name	
FERREIRA DA SILVA	
15. First (Given) Name NARA	**16. Date of Birth** 07/15/1996
17. Country of Citizenship BRAZIL	

ADDITIONAL INFORMATION FOR APPLICANT/PETITIONER

If this is an approval notice for Form I-102, Application For Initial/ Replacement I-94, save the upper portion of this I-797A, Notice of Action, for your records. If this is an approval notice for Form I-129, Petition for a Nonimmigrant Worker, the petitioner should keep the upper part of this I-797A.

Please note that simply filing an application, petition or request, or having an approved petition does not give the person it was filed for (also known as the beneficiary) permission to legally enter the United States. It also does not grant any legal immigration status.

Include a copy of this notice if you:

- Write to USCIS or a U.S. Consulate about your case or
- File another application or petition with USCIS based on this decision.

USCIS will notify you separately about any other application or petition you have filed.

Inquiries

If you have questions about your application or petition, you may:

- Go to https://egov.uscis.gov/casestatus to check your case status online.
- Call the USCIS Contact Center at 1-800-375-5283.
- Telecommunications Device for the Deaf (TDD) 1-800-767-1833.
- Send us a letter and include a copy of this notice.
- Schedule an appointment at a local USCIS office using InfoPass at https://infopass.uscis.gov.

If you filed Form I-907, Request for Premium Processing Service, and you have any questions about the decision or status of your application or petition, please follow the instructions for contacting the Premium Processing Unit printed on the receipt notice we mailed you.

APPROVAL OF NONIMMIGRANT PETITION

If we approved a nonimmigrant petition, it means that the beneficiary is eligible for the requested nonimmigrant classification. If this notice says that we are notifying a U.S. Consulate about the approval for the purpose of issuing a visa, contact the appropriate U.S. Consulate directly if you or the beneficiary has questions about the process. For more information about USCIS processing after a petition is approved, see the instructions on the form you filed.

FORM I-94 ATTACHMENT

You can find your replacement Form I-94 (Arrival/Departure Record) in the lower portion on the front side of this notice. Keep the right half of your replacement Form I-94 with your passport, along with a copy of your original I-94 if you have it. Keep the left half of your replacement Form I-94 in a safe place with your personal records. Submit a copy of your replacement Form I-94 with any future application or petition.

When you leave the United States, you must turn in the right half of your I-94 (kept in your passport) to the officials at the airport, border or seaport. If you do not do so, it may delay your entry into the United States in the future. You may stay in the United States only until the date indicated on this form. If you want to remain in the United States past this date, you will need further authorization from USCIS.

If you are a student planning to reenter the United States within 30 days to return to the same school, review the "Instructions to Students" on Page 3 of Form I-20 before surrendering your replacement I-94.

If you lose the right half of your replacement Form I-94 (kept in your passport), submit a copy of the left half of the Form I-94 (that you keep with your personal records), along with a new Form I-102, to apply for a new replacement I-94.

Warning: If you accept employment without our authorization, you may be subject to removal or deportation.

TRANSFER ELIGIBILITY FORM

ADVANCE ENGLISH ACADEMY

1370 Mission Street, Suite 300, San Francisco, CA 94103 Tel: (415) 552-1001 Fax: (415) 552-1002 info@advanceesl.com

Dear Transfer Student: Please complete **Section I**, and then give this form to the International Student Advisor (or Designated School Official) at your current school to complete **Section II**.
This information will assist us in processing your transfer.

I. To be completed by the student:

Student's Name: Ferreira da Silva (Last) Nara Julia (First)

Are you planning to travel outside the United States before classes start at AEA? ☐ Yes ☒ No

If **yes**, please tell us your traveling dates: _____

I authorize my SEVIS records to be immediately released to Advance English Academy:

Student's signature: Nara Julia F. da Silva Date: 01/15/2024

II. To be completed by the Designated School Official (DSO) at transfer-out school:

Please do not transfer student unless student has documented an official acceptance letter. Thank you.

Date student began studies at your school: _____ Last date of attendance: _____

Transfer release date: _____ (Please release to "Advance English Academy" School Code: **SFR214F02049000**)

The above-named student ☐ **was** ☐ **was not** a full-time student when last enrolled.
The above-named student ☐ **was** ☐ **was not** in status according to F-1 regulations.

Did the student take a vacation while enrolled in your program? ☐ Yes ☐ No If Yes, when? _____

_____

School Official's Name Title Signature Date

School name City, State, Zip Telephone Number

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0034341056

SURNAME/PRIMARY NAME Ferreira Da Silva	**GIVEN NAME** Nara Julia	**Class of Admission** **F-1**
PREFERRED NAME Nara Julia Ferreira Da Silva	**PASSPORT NAME** Ferreira Da Silva Nara Julia	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH Sao Paulo	**DATE OF BIRTH** 15 JULY 1996	**ACADEMIC AND LANGUAGE**
FORM ISSUE REASON CHANGE OF STATUS	**ADMISSION NUMBER**	

SCHOOL INFORMATION

SCHOOL NAME American English Language Institute dbaEnglish Language Inst American English Language Institute	**SCHOOL ADDRESS** One Embarcadero Center, Lobby Level (2nd Floor), San Francisco, CA 94111
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brian Cunningham Student Services	**SCHOOL CODE AND APPROVAL DATE** SFR214F01166000 22 SEPTEMBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** Second Language Learning 32.0109	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** Student will be enrolled in an English as a Second Language program. We resumed 100% in-person, on-campus classes for new F1 students on July 2, 2021.	**EARLIEST ADMISSION DATE** 22 APRIL 2023
START OF CLASSES 22 MAY 2023	**PROGRAM START/END DATE** 22 MAY 2023 - 17 MAY 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 10,080	Personal Funds	$ 39,881
Living Expenses	$ 13,920	Funds From This School	$
Expenses of Dependents (0)	$	Funds From Another Source	$
Other	$	On-Campus Employment	$
TOTAL	$ 24,000	TOTAL	$ 39,881

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Brian J Cunningham	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Brian Cunningham, Student Services	25 April 2023	San Francisco,CA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X Nara Julia F. da Silva	04/26/2023
SIGNATURE OF: Nara Julia Ferreira Da Silva	**DATE**

X			
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0034341056 (F-1)

NAME: Nara Julia Ferreira Da Silva

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0034341056

SURNAME/PRIMARY NAME Ferreira Da Silva	**GIVEN NAME** Nara Julia	**Class of Admission** **F-1**
PREFERRED NAME Nara Julia Ferreira Da Silva	**PASSPORT NAME** Ferreira Da Silva Nara Julia	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH Sao Paulo	**DATE OF BIRTH** 15 JULY 1996	**ACADEMIC AND LANGUAGE**
FORM ISSUE REASON CONTINUED ATTENDANCE	**ADMISSION NUMBER**	

SCHOOL INFORMATION

SCHOOL NAME American English Language Institute dbaEnglish Language Inst American English Language Institute	**SCHOOL ADDRESS** One Embarcadero Center, Lobby Level (2nd Floor), San Francisco, CA 94111
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brian Cunningham Student Services	**SCHOOL CODE AND APPROVAL DATE** SFR214F01166000 22 SEPTEMBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** Second Language Learning 32.0109	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** Student will be enrolled in an English as a Second Language program. We resumed 100% in-person, on-campus classes for new F1 students on July 2, 2021.	**EARLIEST ADMISSION DATE** 12 SEPTEMBER 2023
START OF CLASSES 12 OCTOBER 2023	**PROGRAM START/END DATE** 12 OCTOBER 2023 - 01 DECEMBER 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 10,080	Personal Funds	$ 39,881
Living Expenses	$ 13,920	Funds From This School	$
Expenses of Dependents (0)	$	Funds From Another Source	$
Other	$	On-Campus Employment	$
TOTAL	$ 24,000	TOTAL	$ 39,881

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

x Brian J Cunningham **SIGNATURE OF:** Brian Cunningham, Student Services	**DATE ISSUED** 11 October 2023	**PLACE ISSUED** San Francisco,CA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

x Nara Julia F. da Silva **SIGNATURE OF:** Nara Julia Ferreira Da Silva		01/17/2024 **DATE**	
NAME OF PARENT OR GUARDIAN	x **SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0034341056 (F-1)

NAME: Nara Julia Ferreira Da Silva

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
12 OCTOBER 2023	30 NOVEMBER 2023

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

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Exhibit 12 – Nara Julia Ferreira da Silva’s Traffic Citation and Defensive Driving Course Certificate

ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARIZONA TRAFFIC TICKET AND COMPLAINT

Report Number

☐ COLLISION ☐ FATALITY ☐ SERIOUS INJURY ☐ COMMERCIAL ☐ HAZ MAT ☐ 10 PASSENGER

Complaint: 915318926169003 | Interpreter Required? ☐ Spanish ☐ Other | Language

DEFENDANT

Driver's License Number: W8772182	State: CA	Class: C	Military: ☐ Yes	Endorsements			Restrictions: CORR LENS		
Name: First: NARAJULIA	Middle						Last: FERREIRADASILVA		
Residential Address: 1840 SEQUOIA AVE APT 207				City: BURLINGAME		State: CA	Zip Code: 94010-0000	Telephone (Cell Phone)	
Gender: FEMALE	Eyes: BRO	Hair: BLK	Height: 505	Weight: 121	Origin: W	DOB: 07/15/1996	Email Address		
Business Address				City		State	Zip Code	Business Phone	

VEHICLE

Year: 2024	Color: WHI	Make: TOYT	Model: COA	Style: 4DSD	License Plate: 9WRK329	State: CA	Expir. Date: 11/14/2026	Vehicle Identification Number (VIN): 5YFS4MCE6RP214666	
Registered Owner: NARAJULIA FERREIRADASILVA			Address: 1840 SEQUOIA AVE APT 207				City: BURLINGAME	State: CA	Zip Code: 94010-0000

THE UNDERSIGNED CERTIFIES THAT:

ON

Date: 06/18/2026	Time: 08:49	SPEED:	Approx: 79	Posted: 65	R&P: 65	Speed Measurement Device: RADAR	Equipment Number: DPS153680	Direction Of Travel: EAST

AT

On-Highway: YES	Highway: SR389	Milepost: 22	Location	Precinct: 0803	County: MOHAVE (STATE OF ARIZONA)

THE DEFENDANT COMMITTED THE FOLLOWING:

A	Section: 28-701A	Statute: ARS	Violation: SPEED GREATER THAN REASONABLE AND PRUDENT				☐ Domestic Violence Case
	Offense Classification	☐ Criminal	☐ Criminal Traffic	☐ Petty Offense	☑ Civil Traffic	☐ Civil Non-Traffic	
B	Section	Statute	Violation				☐ Domestic Violence Case
	Offense Classification	☐ Criminal	☐ Criminal Traffic	☐ Petty Offense	☐ Civil Traffic	☐ Civil Non-Traffic	
C	Section	Statute	Violation				☐ Domestic Violence Case
	Offense Classification	☐ Criminal	☐ Criminal Traffic	☐ Petty Offense	☐ Civil Traffic	☐ Civil Non-Traffic	
D	Section	Statute	Violation				☐ Domestic Violence Case
	Offense Classification	☐ Criminal	☐ Criminal Traffic	☐ Petty Offense	☐ Civil Traffic	☐ Civil Non-Traffic	
E	Section	Statute	Violation				☐ Domestic Violence Case
	Offense Classification	☐ Criminal	☐ Criminal Traffic	☐ Petty Offense	☐ Civil Traffic	☐ Civil Non-Traffic	

You Must Appear At:

Court: NORTH CANYON CONSOLIDATED JC	Court No.: 0803	AT THE DATE AND TIME INDICATED: VIRTUAL APPEARANCES VARY BY COURT	Date: 07/21/2026 / Time: 9:00 AM
Court Phone No.: (928) 875-8700	Business Address: 2100 S. HWY 389 / PO BOX 3160		City, State, Zip Code: COLORADO CITY, AZ 86021

CRIMINAL: ☐ Without admitting guilt, I promise to appear as directed herein.

CIVIL: ☑ Without admitting responsibility, I acknowledge receipt of this complaint.

X SERVED 8 9 25

☐ VICTIM? ☐ VICTIM NOTIFIED? ☐ FINGERPRINTED?

I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of this complaint upon the defendant.

R. Schubert-Nhim	11277	21020100
COMPLAINANT	BADGE NO.	LOCATION CODE

You may visit www.azdps.gov/courts for additional court or traffic school information.

IMPORTANT NOTICE TO DEFENDANT

This is a true copy of the offense described in the complaint that will be filed in the designated court or hearing office. The offense for which you have been cited is a Civil Traffic violation, a Civil Non-Traffic Violation, a Criminal offense, a Criminal Traffic offense, or a Petty offense. To determine which notice(s) applies to you, look at the box(es) checked under "the defendant committed the following".

If you are required to pay fines, penalties, fees, or other financial obligations as a result of this citation and **you are unable to pay**, bring this to the attention of court staff or the judge as payment over time or other alternatives may be available. Do not ignore the citation and the responsibility to pay as this may result in additional penalties and costs to you. For more information contact the court, or an attorney, or visit the following website: www.azdps.gov/courts.

By providing your cell phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case. Normal text and SMS rates may apply. Please contact the court in which your case is filed should you desire to opt out of this service.

CIVIL TRAFFIC: If the Civil Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint, a default judgment will be entered against you, a civil sanction will be imposed, the Department of Transportation may refuse to renew the registration of a vehicle of which you are the registered owner, and your case may be sent to collections.

CIVIL NON-TRAFFIC: If the Civil Non-Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint, a default judgment will be entered against you, and a civil penalty will be imposed.

CIVIL MARIJUANA VIOLATION IMMIGRATION ADVISEMENT: Marijuana remains a controlled substance that is illegal to possess under federal law. As a result, a finding of responsibility for this infraction may impact your immigration status. For further information and advice, you should consult an attorney.

CRIMINAL OR PETTY OFFENSE: If the Criminal or Petty Offense box is checked, notice is hereby given that if you fail to appear in court as directed in this complaint, a warrant will be issued for your arrest (A.R.S. 13-3903[F]).

CRIMINAL TRAFFIC: If the Criminal Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint on a criminal charge, a warrant will be issued for your arrest and your license will be suspended (A.R.S. 28-1557[B][1]).

(The court, law enforcement agency or public body responsible for issuing the Arizona Traffic Ticket and Complaint may include any additional information considered necessary to the defendant regarding appearances, pleas, and the payment of fines or civil sanctions.)

ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARIZONA TRAFFIC TICKET AND COMPLAINT

Report Number

Complaint: 9153189261690O3 | Interpreter Required? ☐ Spanish ☐ Other | Language

☐ COLLISION ☐ FATALITY ☐ SERIOUS INJURY ☐ COMMERCIAL ☐ HAZ MAT ☐ 10 PASSENGER

DEFENDANT

Driver's License Number: WB7172182 | State: CA | Class: C | Military: ☐ Yes | Endorsements | Restrictions: CORR LENS

Name: First: NARALIJIA | Middle | Last: FERREIRADASILVA

Residential Address: 1840 SEQUOIA AVE APT 207 | City: BURLINGAME | State: CA | Zip Code: 94010-0000 | Telephone (Cell Phone)

Gender: FEMALE | Eyes: BRO | Hair: BLK | Height: 505 | Weight: 121 | Origin: W | DOB: 07/15/1998 | Email Address

Business Address | City | State | Zip Code | Business Phone

VEHICLE

Year: 2024 | Color: WHI | Make: TOYT | Model: COA | Style: 4DSD | License Plate: 9WRK329 | State: CA | Expir. Date: 11/14/2026 | Vehicle Identification Number (VIN): 5YFS4MCE8RP216868

Registered Owner: NARALIJIA FERREIRADASILVA | Address: 1840 SEQUOIA AVE APT 207 | City: BURLINGAME | State: CA | Zip Code: 94010-0000

OFFENSE

THE UNDERSIGNED CERTIFIES THAT:

Date: 08/18/2026 | Time: 08:49 | SPEED: | Approx: 79 | Posted: 65 | R&P: 65 | Speed Measurement Device: RADAR | Equipment Number: DPS15380 | Direction Of Travel: EAST

Citation/Warning: YES | Highway: SR389 | Milepost: 22 | Location | Precinct: 0803 | County: MOHAVE | Agency: ADOT

THE DEFENDANT COMMITTED THE FOLLOWING:

CERTIFICATE OF COMPLETION

Student ID: 26062500590
Citation No.: 915318926169003
Completion Code:

This Certificate is presented to

NARA JULIA FERREIRA DA SILVA

For Successfully Completing the:

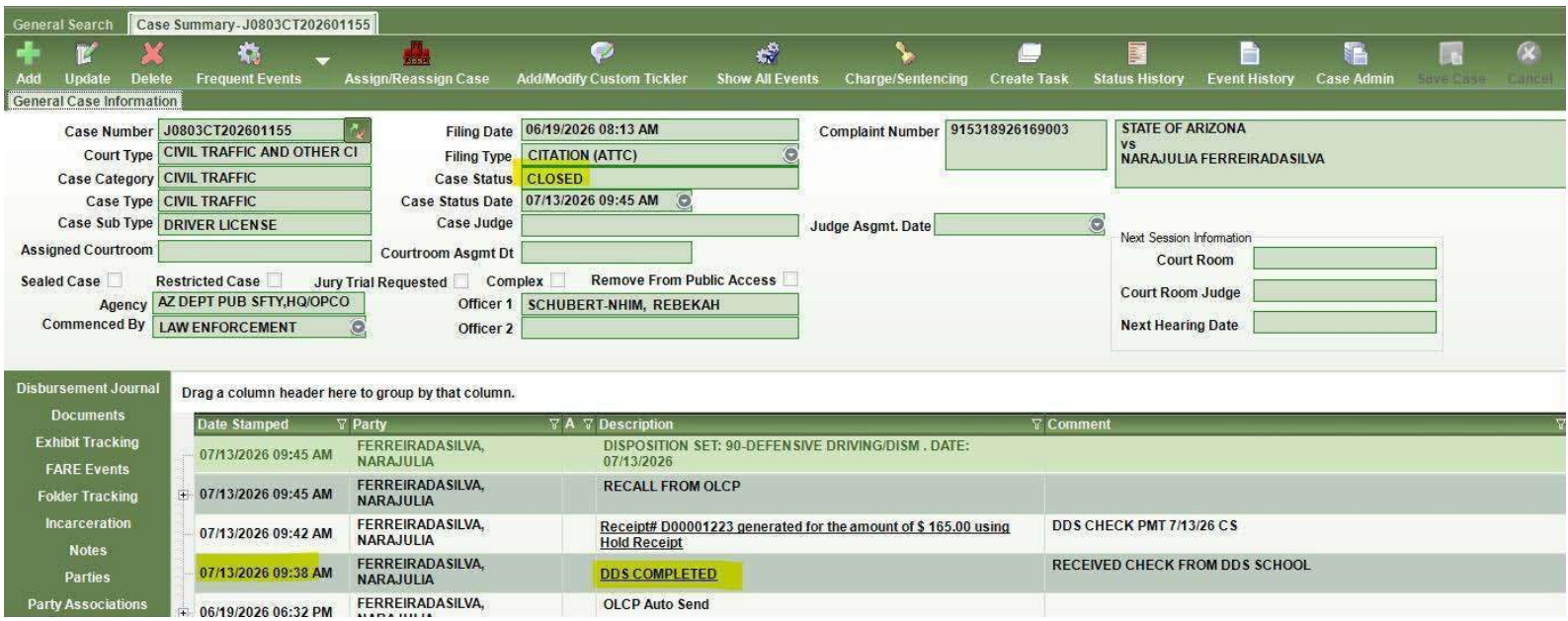
Arizona Academy of Responsible Drivers

Awarded on:
June 28, 2026

Alex Smith, Principal

Have a NiSE Day!

NiSE National Institute for Safety Education


General Search
Case Summary-J0803CT202601155
Add
Update
Delete
Frequent Events
Assign/Reassign Case
Add/Modify Custom Tickler
Show All Events
Charge/Sentencing
Create Task
Status History
Event History
Case Admin
Save Case
Cancel
General Case Information
Case Number J0803CT202601155
Court Type CIVIL TRAFFIC AND OTHER CI
Case Category CIVIL TRAFFIC
Case Type CIVIL TRAFFIC
Case Sub Type DRIVER LICENSE
Assigned Courtroom
Filing Date 06/19/2026 08:13 AM
Filing Type CITATION (ATTC)
Case Status CLOSED
Case Status Date 07/13/2026 09:45 AM
Case Judge
Courtroom Asgmt Dt
Complaint Number 915318926169003
STATE OF ARIZONA
vs
NARAJULIA FERREIRADASILVA
Judge Asgmt. Date
Next Session Information
Court Room
Court Room Judge
Next Hearing Date
Sealed Case
Restricted Case
Jury Trial Requested
Complex
Remove From Public Access
Agency AZ DEPT PUB SFTY,HQ/OPCO
Commenced By LAW ENFORCEMENT
Officer 1 SCHUBERT-NHIM, REBEKAH
Officer 2
Disbursement Journal
Documents
Exhibit Tracking
FARE Events
Folder Tracking
Incarceration
Notes
Parties
Party Associations
Drag a column header here to group by that column.
Date Stamped
Party
A
Description
Comment
07/13/2026 09:45 AM
FERREIRADASILVA, NARAJULIA
DISPOSITION SET: 90-DEFENSIVE DRIVING/DISM . DATE: 07/13/2026
07/13/2026 09:45 AM
FERREIRADASILVA, NARAJULIA
RECALL FROM OLCP
07/13/2026 09:42 AM
FERREIRADASILVA, NARAJULIA
Receipt# D00001223 generated for the amount of $ 165.00 using Hold Receipt
DDS CHECK PMT 7/13/26 C$
07/13/2026 09:38 AM
FERREIRADASILVA, NARAJULIA
DDS COMPLETED
RECEIVED CHECK FROM DDS SCHOOL
06/19/2026 06:32 PM
FERREIRADASILVA,
OLCP Auto Send