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) Mauricio	Middle Name (if any) N/A	Family Name (Last Name) Lopez
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		

USCIS
Attn: I-130
P.O. Box 21700
Phoenix, AZ 85036-1700

RE: Form I-130, Petition for Alien Relative
Petitioner: Mauricio Lopez
Beneficiary: Samara Fernanda da Silva Bueno (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 **Samara Fernanda da Silva Bueno**.

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

- **Mauricio Lopez's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130, Petition for Alien Relative

- **Samara Fernanda da Silva Bueno'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

I. **Mauricio Lopez's Identification Documents**
   - Mauricio Lopez's Birth Certificate;
   - Mauricio Lopez's Valid Passport;

II. **Samara Fernanda da Silva Bueno's Identification Documents:**
   - Samara Fernanda da Silva Bueno's Birth Certificate with English Translation;
   - Samara Fernanda da Silva Bueno's Valid Passport;
   - Samara Fernanda da Silva Bueno's Copy of I-94;
   - Samara Fernanda da Silva Bueno's Expired Passport;

III. **Mauricio Lopez and Samara Fernanda da Silva Bueno's Marriage Certificate;**

IV. **Evidence of Evidence of U.S. Armed Forces Membership and Bona Fide Marriage**
   - Mauricio Lopez's Military Identification Card;
   - Samara Fernanda da Silva Bueno's Identification and Privilege Card as the Spouse of an Active Duty Member of the Armed Forces;
   - Mauricio Lopez's Form DD-1174, Application for Identification Card/DEERS Enrollment;
   - Mauricio Lopez's DD Form 93, Record of Emergency Data Listing Samara as his Spouse;
   - Samara Fernanda da Silva Bueno's Tricare Prime Enrollment as Beneficiary;

V. Evidence of Bona Fide Marriage: Documentation of Shared Life

- Joint Home Purchase Texas Disclosure - February, 2026;
- Joint Real Estate Lease in Alaska - August, 2024;
- Joint Amazon Account;
- Joint Bank Account;
- Joint Costco Membership;
- Joint Energy Bill - March, 2025;
- Samara Fernanda da Silva Bueno's Personal Declaration with English Translation;
- Mauricio Lopez's Personal Declaration;
- Photographic Evidence of Relationship;

VI. Evidence of Bona Fide Marriage: Affidavits of Support

- Letter of Support Delivered by Beatriz;
- Letter of Support Delivered by Cristiano;
- Letter of Support Delivered by Luiz;

VII. Evidence of Bona Fide Marriage: Documentation of Husband's Support During Samara's Medical Emergency

- Red Cross Emergency Message;
- Mauricio Lopez's Authorization of Absence Request when Samara was in the ICU;

VIII. Evidence Related to Removal Proceedings

- Samara Fernanda da Silva Bueno's Notice to Appear;
- Form I-261 - Additional Charges of Inadmissibility/Deportability (Amended NTA Charges);

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: 07/31/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

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 and I-130A

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): LOPEZ

6.b. Given Name (First Name): Mauricio

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

9404655150

11. Mobile Telephone Number (if any)

9404655150

12. Email Address (if any)

mauricio128capulines@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. ☒ 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. ☒ 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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 07/28/2026

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

[signature]

1.b. Date of Signature (mm/dd/yyyy) 07/28/2026

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): Lopez

1.b. Given Name (First Name): Mauricio

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		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

- ☐ 201(b) Spouse - IR-1/CR-1
- ☐ 201(b) Child - IR-2/CR-2
- ☐ 201(b) Parent - IR-5
- ☐ 203(a)(1) Unm. S/D - F1-1
- ☐ 203(a)(2)(A) Spouse - F2-1
- ☐ 203(a)(2)(A) Child - F2-2
- ☐ 203(a)(2)(B) Unm. S/D - F2-4
- ☐ 203(a)(3) Married S/D - F3-1
- ☐ 203(a)(4) Brother/Sister - F4-1

Petition was filed on (Priority Date mm/dd/yyyy):

PDR request granted/denied - New priority date (mm/dd/yyyy):

- ☐ Field Investigation
- ☐ Previously Forwarded
- ☐ 203(g) Resolved
- ☐ Personal Interview
- ☐ Pet. A-File Reviewed
- ☐ Ben. A-File Reviewed
- ☐ 204(a)(2)(A) Resolved
- ☐ I-485 Filed Simultaneously
- ☐ 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- N/A

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

3. U.S. Social Security Number (if any)
► 643884693

Your Full Name

4.a. Family Name (Last Name): LOPEZ

4.b. Given Name (First Name): Mauricio

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): N/A

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: San Antonio

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 11/08/2003

9. Sex ☒ Male ☐ Female

Mailing Address (USPS ZIP Code Lookup)

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: USA

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: 3102 Baldwin Loop

12.b. ☐ Apt. ☐ Ste. ☐ Flr. B

12.c. City or Town: Killeen

12.d. State: TX **12.e.** ZIP Code: 76549

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: United States of America

13.a. Date From (mm/dd/yyyy): 02/28/2026

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

Physical Address 2

14.a. Street Number and Name: 1175 Vicki Ln

14.b. ☒ Apt. ☐ Ste. ☐ Flr. D

14.c. City or Town: North Pole

14.d. State: AK **14.e.** ZIP Code: 99705

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 01/20/2023

15.b. Date To (mm/dd/yyyy): 01/29/2026

Your Marital Information

16. How many times have you been married? ▶ 1

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) 07/09/2024

Place of Your Current Marriage (if married)

19.a. City or Town: San Jose

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): DA SILVA BUENO

20.b. Given Name (First Name): Samara Fernanda

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): VELAZQUEZ BAILON

24.b. Given Name (First Name): Beatriz

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 07/14/1985

26. Sex ☐ Male ☒ Female

27. Country of Birth: Mexico

28. City/Town/Village of Residence: Celaya Guanajuato

29. Country of Residence: Mexico

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: N/A

39.b. Place of Issuance: N/A

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

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

United States Army

43.a. Street Number and Name Fort Hood

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town Central Texas

43.d. State TX **43.e.** ZIP Code 76544

43.f. Province

43.g. Postal Code

43.h. Country

USA

44. Your Occupation

Stryker Driver

45.a. Date From (mm/dd/yyyy) 02/08/2026

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

Employer 2

46. Name of Employer/Company

United States Army

47.a. Street Number and Name Fort Wainwright

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town Fairbanks

47.d. State AK **47.e.** ZIP Code 99703

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Active Duty Military

49.a. Date From (mm/dd/yyyy) 01/20/2023

49.b. Date To (mm/dd/yyyy) 01/29/2026

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 7 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-** 2 4 5 9 6 1 6 7 1

2. USCIS Online Account Number (if any)

► N/A

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

► 7 6 2 7 0 5 0 5 0

Beneficiary's Full Name

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

4.b. Given Name (First Name): Samara Fernanda

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: Dois Corregos

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 09/27/1992

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: 3102 Baldwin Loop

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: B

11.c. City or Town: Killeen

11.d. State: TX **11.e.** ZIP Code: 76549

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: SAME

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): 9252853243

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

9252853243

16. Email Address (if any)

samarafernandabueno@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) 07/09/2024

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: San Jose

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): LOPEZ

21.b. Given Name (First Name): Mauricio

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): N/A

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

25.c. Middle Name: N/A

26. Relationship: N/A

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

28. Country of Birth: N/A

Person 2

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

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

29.c. Middle Name: N/A

30. Relationship: N/A

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

32. Country of Birth: N/A

Person 3

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

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

33.c. Middle Name: N/A

34. Relationship: N/A

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

36. Country of Birth: N/A

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): J1 – EXCHANGE VISITOR – OTHERS

46.b. Form I-94 Arrival-Departure Record Number: ▶ 0 8 7 1 8 9 0 2 6 A 2

46.c. Date of Arrival (mm/dd/yyyy): 07/01/2019

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: D/S

47. Passport Number: FW840055

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): 08/27/2028

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): UNEMPLOYED

51.b. Street Number and Name: N/A

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

51.e. State: N/A **51.f.** ZIP Code: N/A

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): N/A

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: San Antonio

55.b. State: TX

56. Date (mm/dd/yyyy): 04/11/2024

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: 3102 Baldwin Loop

59.b. ☒ Apt. ☐ Ste. ☐ Flr. B

59.c. City or Town: Killeen

59.d. State: TX **59.e.** ZIP Code: 76549

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 02/28/2026

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: N/A

61.b. State: N/A

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: Rio de Janeiro

62.b. Province: Rio de Janeiro

62.c. Country: Brazil

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. ☒ 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. ☐ At my request, the preparer named in **Part 8.**, N/A, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 9404655150

4. Petitioner's Mobile Telephone Number (if any): 9404655150

5. Petitioner's Email Address (if any): mauricio128capulines@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) ➡ [signature]

6.b. Date of Signature (mm/dd/yyyy): 07/28/2026

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) 07/28/2026

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): LOPEZ

1.b. Given Name (First Name): Mauricio

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 13A

3.d.
Address: Fort Benning, Georgia
City: Fort Benning State: GA
Zip Code: 31905
Provine: N/A
Postal Code: N/A
Coutry: United States of America

From: 07/19/2022
To: 01/19/2023

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 13A

4.d.
Address: 818 East Walnut St
City: Grapevine State: TX
Zip Code: 76051
Provine: N/A
Postal Code: N/A
Coutry: United States of America

From: 09/01/2021
To: 07/18/2022

5.a. Page Number: 4 **5.b.** Part Number: 2 **5.c.** Item Number: 44

5.d.
Name of Employer/Company: U.S. Army
Address: Fort Benning
City: Columbus State: GA
Zip Code: 31905
Province: N/A Postal Code: N/A
Country: United States of America

Your Occupation: Infantry Basic Training
From: 07/19/2022 To: 01/29/2023

6.a. Page Number: 4 **6.b.** Part Number: 2 **6.c.** Item Number: 44

6.d.
Mauricio was unemployed before July 2022.

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

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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 and I-130A

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): DA SILVA BUENO

6.b. Given Name (First Name): Samara Fernanda

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- 2 4 5 9 6 1 6 7 1

Client's Contact Information

10. Daytime Telephone Number

19252853243

11. Mobile Telephone Number (if any)

19252853243

12. Email Address (if any)

samarafernandabueno@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. ☒ 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. ☒ 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

➡ Tamara Fernanda L Bueno

2.b. Date of Signature (mm/dd/yyyy) 07/28/26

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) 07/28/2026

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): da Silva Bueno

1.b. Given Name (First Name): Samara Fernanda

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-** 245961671

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

Your Full Name

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

3.b. Given Name (First Name): Samara Fernanda

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: 3102 Baldwin Loop

4.b. ☒ Apt. ☐ Ste. ☐ Flr. B

4.c. City or Town: Killeen

4.d. State: TX **4.e.** ZIP Code: 76549

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 02/28/2026

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

Physical Address 2

6.a. Street Number and Name: 1175 Vicki Ln

6.b. ☒ Apt. ☐ Ste. ☐ Flr. D

6.c. City or Town: North Pole

6.d. State: AK **6.e.** ZIP Code: 99705

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 10/01/2024

7.b. Date To (mm/dd/yyyy): 01/29/2026

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: 40 Sgt Eleotereo Fonseca do Nascimento

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: Mineiros do Tiete

8.d. Province: Sao Paulo

8.e. Postal Code: 17320000

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 01/01/2005

9.b. Date To (mm/dd/yyyy): 06/30/2019

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): RIBEIRO DA SILVA CURCE

10.b. Given Name (First Name): Raquel

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 07/24/1965

12. Sex ☐ Male ☒ Female

13. City/Town/Village of Birth: Cornelio Procopio

14. Country of Birth: Brazil

15. City/Town/Village of Residence: Mineiros do Tiete

16. Country of Residence: Brazil

Information About Parent 2

Full Name of Parent 2

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

17.b. Given Name (First Name): Jose Luiz

17.c. Middle Name: N/A

18. Date of Birth (mm/dd/yyyy): 04/27/1956

19. Sex ☒ Male ☐ Female

20. City/Town/Village of Birth: Mineiros do Tiete

21. Country of Birth: Brazil

22. City/Town/Village of Residence: Mineiros do Tiete

23. Country of Residence: Brazil

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: UNEMPLOYED

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

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: N/A

2.d. State: N/A **2.e.** ZIP Code: N/A

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: UNEMPLOYED

4.a. Date From (mm/dd/yyyy): 06/02/2022

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

Employer 2

5. Name of Employer/Company: Steve Deol

6.a. Street Number and Name: 363 Winding Way

6.b. ☐ Apt. ☐ Ste. ☐ Flr.:

6.c. City or Town: San Francisco

6.d. State: CA **6.e.** ZIP Code: 94112

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

Part 2. Information About Your Employment (continued)

7. Your Occupation: Nanny

8.a. Date From (mm/dd/yyyy): 10/01/2021

8.b. Date To (mm/dd/yyyy): 06/01/2022

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: UNIP EAD Colegio Preve Objetivo

2.a. Street Number and Name: 431 Rodolpho Magnani Ave

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town: Jau

2.d. State: SP 2.e. ZIP Code: N/A

2.f. Province: Sao Paulo

2.g. Postal Code: 17210100

2.h. Country: Brazil

3. Your Occupation: Administrative Assistant

4.a. Date From (mm/dd/yyyy): 12/03/2018

4.b. Date To (mm/dd/yyyy): 06/17/2019

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 N/A, a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer name in **Part 6.**, N/A, 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: 1925285324

4. Spouse Beneficiary's Mobile Telephone Number (if any): 1925285324

5. Spouse Beneficiary's Email Address (if any): samarafernandabueno@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) ➡ Samara Fernanda S. Bueno

6.b. Date of Signature (mm/dd/yyyy): 07/28/26

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)
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 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)
N/A

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

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) 07/28/2026

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): Samara Fernanda

1.b. Given Name (First Name): DA SILVA BUENO

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 245961671

3.a. Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 5A

3.d.
Address: 30 Otis Street, Apt 2605
City: San Francisco State: CA
Zip Code: 94103
Provine: N/A
Postal Code: N/A
Coutry: United States of America

From: 10/01/2023
To: 10/01/2024

4.a. Page Number: 1 **4.b.** Part Number: 1 **4.c.** Item Number: 5A

4.d.
Address: 365 Laurie Meadows Drive
City: San Mateo State: CA
Zip Code: 94403
Provine: N/A
Postal Code: N/A
Coutry: United States of America

From: 07/01/2022
To: 09/30/2023

5.a. Page Number: 1 **5.b.** Part Number: 1 **5.c.** Item Number: 5A

5.d.
Address: 363 Winding Way
City: San Francisco State: CA
Zip Code: 94112
Provine: N/A
Postal Code: N/A
Coutry: United States of America

From: 10/01/2021
To: 07/01/2023

6.a. Page Number: 1 **6.b.** Part Number: 1 **6.c.** Item Number: 5A

6.d.
Address: 1674 Hollenbeck Ave, Apt 18
City: Sunnyvale State: CA
Zip Code: 94087
Provine: N/A
Postal Code: N/A
Coutry: United States of America

From: 02/01/2021
To: 09/30/2021

7.a. Page Number: 2 **7.b.** Part Number: 2 **7.c.** Item Number: 1

7.d.
Samara holds an account with the Lyft application and has performed sporadic work as a driver between October 2021 and July 2022.

Exhibit list

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Exhibit 6 - Evidence of Bona Fide Marriage: Affidavits of Support

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Exhibit 1 - Mauricio Lopez's Identification Documents

CERTIFICATION OF VITAL RECORD

County of Denton

FILE NO.: 346932-2003

NAME: MAURICIO LOPEZ

DATE OF BIRTH: 11-08-2003 SEX: MALE

PLACE OF BIRTH: BEXAR COUNTY, TEXAS

FATHER: MOTHER: BEATRIZ LOPEZ

DATE FILED: 01-06-2004 I

S96847

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health Bureau of Vital Statistics, from a document officially in its custody.

COUNTY COURT OF DENTON COUNTY TEXAS

DATE ISSUED 01-23-2014

Cynthia Mitchell

Cynthia Mitchell, County Clerk
Denton County, Texas

THE STATE OF TEXAS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

DISTINCT BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

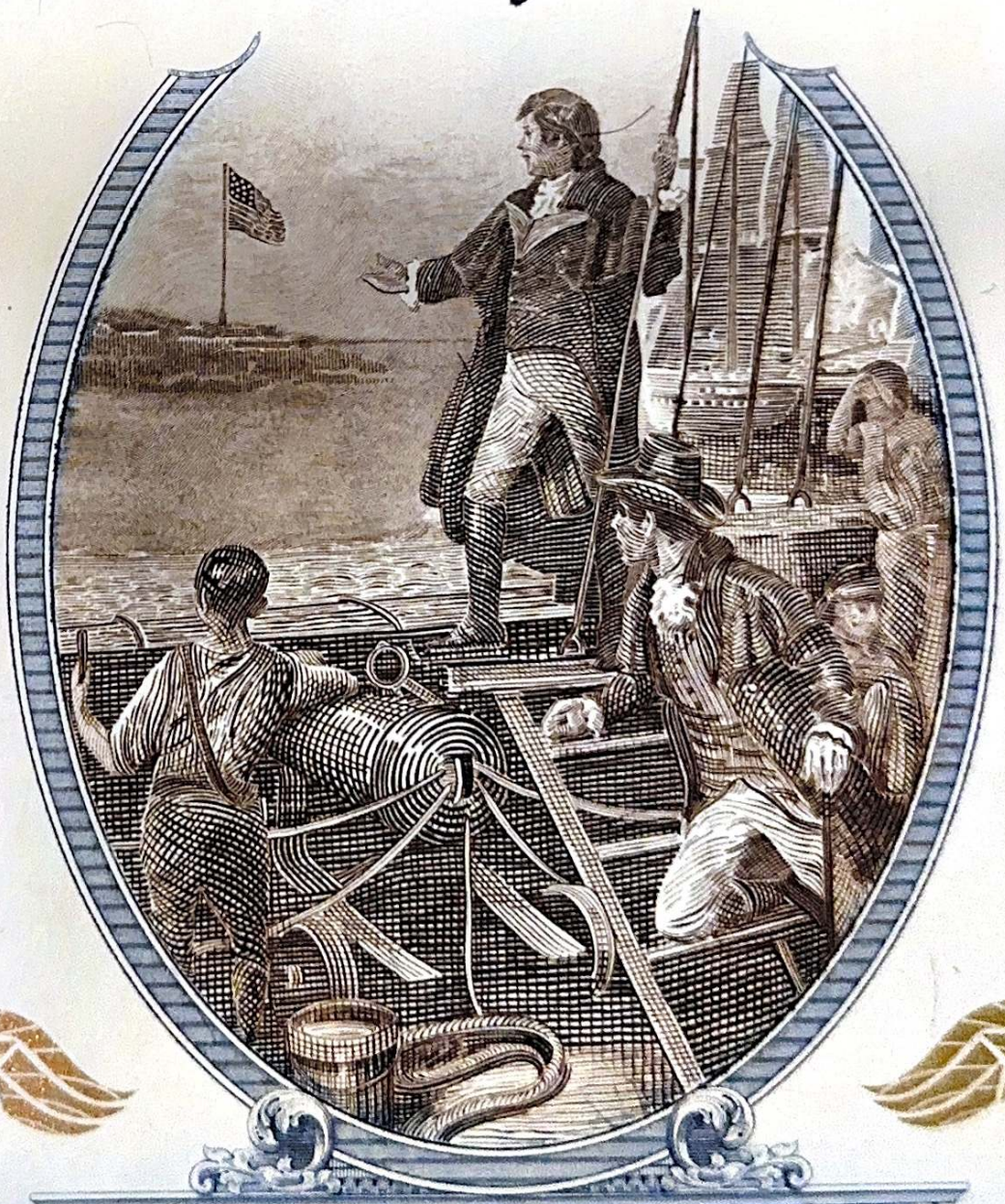
OFFICIAL PASSPORT



United States of America

A

O say does that star-
spangled banner yet wave
O'er the land of the free
& the home of the brave?



THE UNITED STATES OF AMERICA

...AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

—ABRAHAM LINCOLN



The Secretary of Sta[illegible]he United States of America hereby requests all wh[illegible]it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Y0041238


PASSPORT
PASSEPORT / PASAPORTE
THE UNITED STATES OF AMERICA
Type/Type/Tipo
P
Code/Code/Código
USA
Passport No./No. du Passeport/No. de Pasaporte
Y00412318
USA
Surname/Nom/Apellidos
LOPEZ
Given names/Prénoms/Nombres
MAURICIO
Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA
Date of birth/Date de naissance/Fecha de nacimiento
08 NOV 2003
Sex/Sexe/Sexo
M
Place of birth/Lieu de naissance/Lugar de nacimiento
TEXAS, U.S.A.
Date of issue/Date de délivrance/Fecha de expedición
11 MAY 2024
Date of expiration/Date d'expiration/Fecha de caducidad
10 MAY 2029
Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE
P<USALOPEZ<<MAURICIO<<<<<<<<<<<<<<<<<<<<<<<<<<<<
Y00412318 3USA0311085M2905109805093674<411404

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.

-THE BEARER IS ABROAD ON AN OFFICIAL ASSIGNMENT FOR THE UNITED STATES GOVERNMENT.



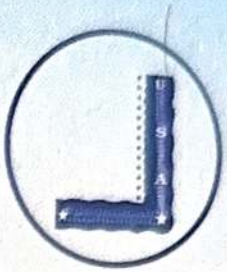
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

SECURITY INFORMATION

4

OPTICALLY VARIABLE DEVICE

The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE

An image of the document holder is printed over security artwork.



MICROTEXT

"United States of America" is printed in microtext behind the Bearer's image.



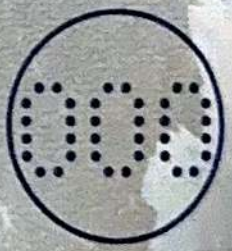
WATERMARK

The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER

The passport number is perforated throughout the passport.



COLOR-SHIFTING INK

"USA" shifts from gold to green when the document is tilted.



PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRONICO DEL TITULAR:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST U.S. EMBASSY OR CONSULATE OR THE STATE DEPARTMENT OPERATIONS CENTER AT **202-647-1512**, AND THE EMERGENCY CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE CENTRE DES OPERATIONS DU DEPARTMENT D'ETAT, AU **202-647-1512**, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS:

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O AL CONSULADO DE LOS EE.UU. MAS CERCANO, O AL CENTRO DE OPERACIONES DEL DEPARTAMENTO DE ESTADO AL TELEFONO **202-647-1512** Y A LA PERSONA QUE USTED INDIQUE A CONTINUACION:

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Téléphone/Teléfono:

Email/Courrier électronique/Correo electronico:

Y004128

IMPORTANT INFORMATION

THIS PASSPORT IS VALID UNTIL THE EXPIRATION DATE ON PAGE TWO OR SO LONG AS THE BEARER MAINTAINS HIS OR HER OFFICIAL STATUS, WHICHEVER IS SHORTER. ANY USE OF THIS PASSPORT FOR TRAVEL OTHER THAN THAT INCIDENTAL TO THE DISCHARGE OF THE BEARER'S OR SPONSOR'S OFFICIAL MISSION IS PROHIBITED, AND PUNISHABLE UNDER TITLE 18, UNITED STATES CODE, SECTION 1544.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport; or to use this passport in contravention of the passport regulations, or of conditions or restrictions set out in this passport; or to use this passport for travel to countries where a U.S. passport is not valid (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate or the Department of State.

U.S. GOVERNMENT PROPERTY This passport remains the property of the United States at all times. It must be returned to the Department of State upon demand, or immediately upon the termination of the official status for which the passport was issued or endorsed (Title 22, Code of Federal Regulations, Section 51.7).

LOSS, THEFT, OR ALTERATION OF A PASSPORT should be reported immediately to local police authorities and to Passport Services at **1-877-487-2778**. If overseas contact the nearest U.S. embassy or consulate, or notify via email at ***NPIC@state.gov***. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at ***step.state.gov***.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

IMPORTANT INFORMATION

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

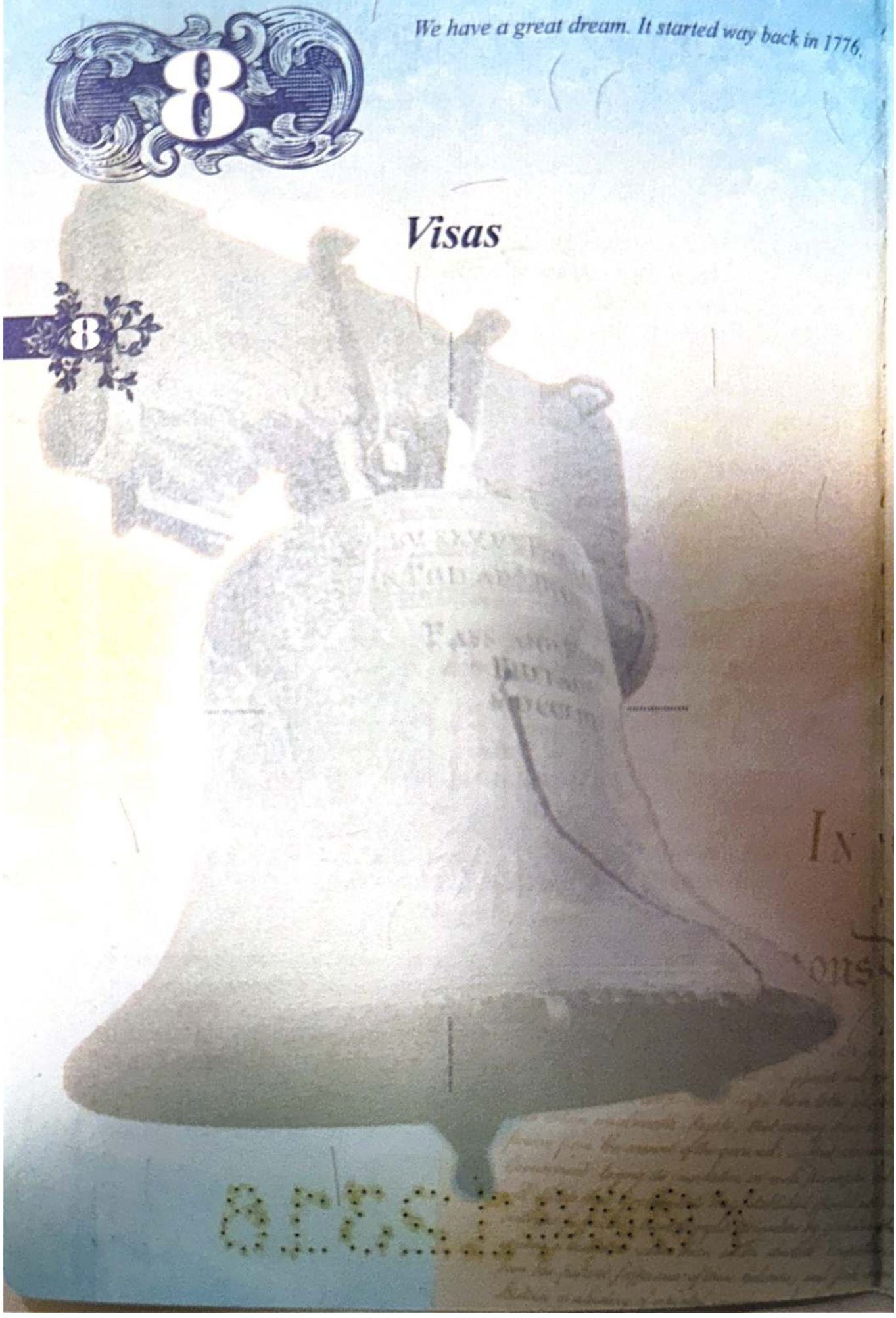
SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT ***TRAVEL.STATE.GOV/PASSPORTINFO*** FOR UP-TO-DATE INFORMATION.

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

FOR UP-TO-DATE INFORMATION REGARDING THE RIGHTS AND PRIVILEGES GRANTED TO OFFICIAL PASSPORT HOLDERS, PLEASE VISIT *TRAVEL.STATE.GOV*

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



We have a great dream. It started way back in 1776.

Visas


वीज़ा VISA
भारत गणराज्य REPUBLIC OF INDIA
VL 9002544
VL9002544
VISA
उपनाम और नाम /Surname and Given Name
LOPEZ MAURICIO
पासपोर्ट सं /Passport No
Y00412318
वीज़ा प्रकार /Visa Type
O-2
प्रवेशों की संख्या/No Of Entries
MULTIPLE
जारी करने की तिथि /Date of Issue
08/08/2024
समाप्ति की तिथि /Date of Expiry(DD MM YYYY)
07/08/2025
विशेषता /Special Endorsement
NOT VALID FOR PROHIBITED & PERMIT AREAS AND CANTONMENT AREAS
REGISTRATION NOT REQUIRED
GRATIS VISA
प्रयोजन बदलने की अनुमति नहीं है / Change of Purpose Not Allowed.
VOINDLOPEZ<<MAURICIO<<<<<<<<<<<<<<<<<<<<<<<<
VL9002544 2USA0311085M2508072USAWV01E1F24<<04

10

Let every nation know, whether it wishes us well or any hardship, support any friend, oppose any foe, in

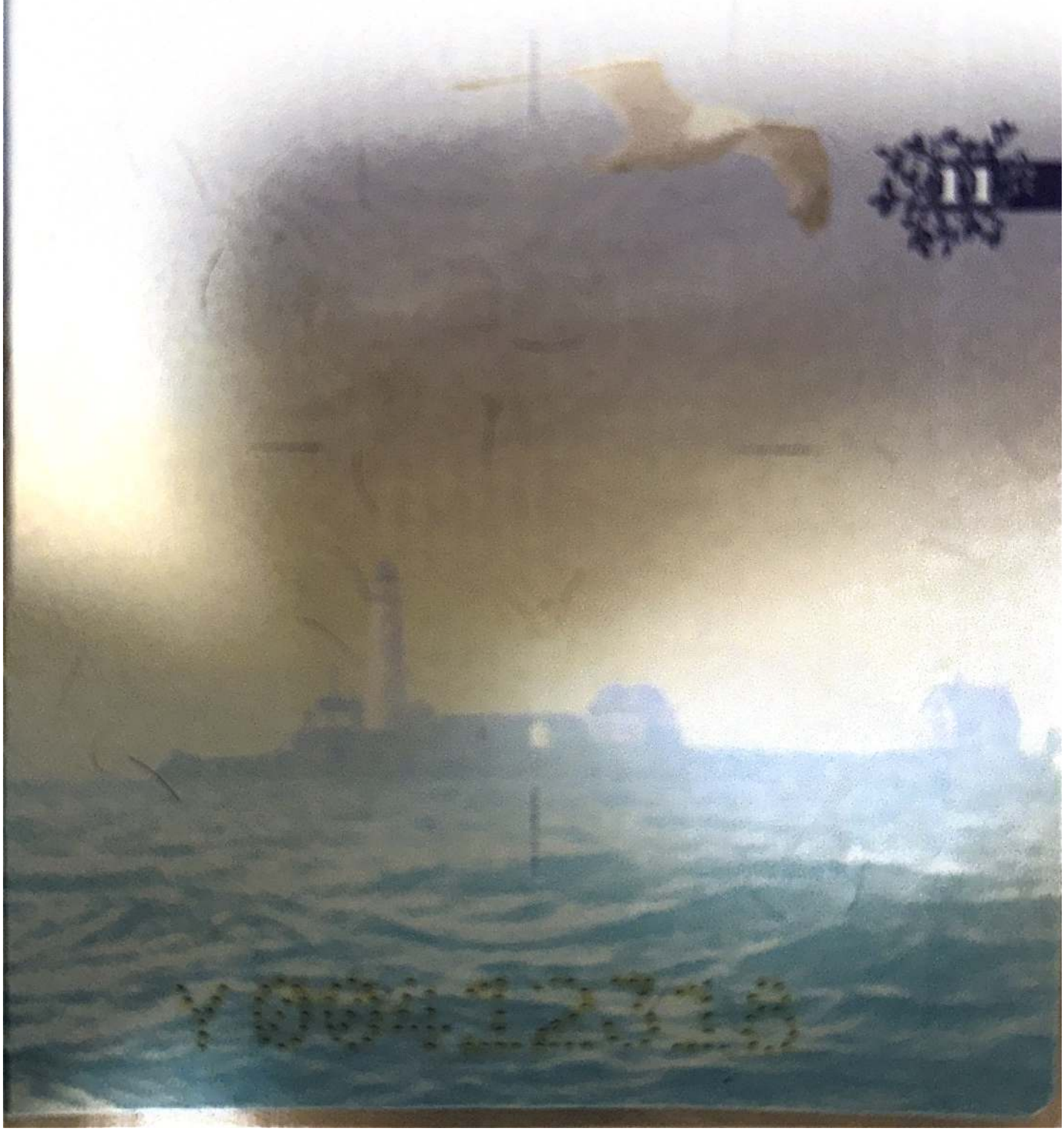
Visas



ill, that we shall pay any price, bear any burden, meet order to assure the survival and the success of liberty.
John F. Kennedy

11

Visas

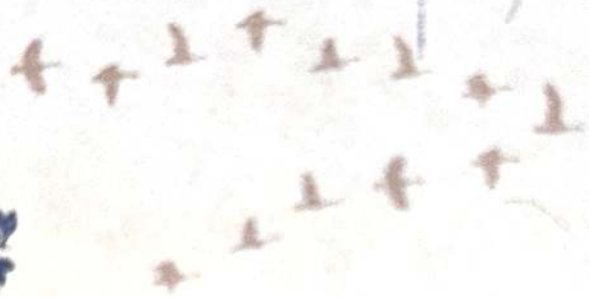




This is a new nation, based on a mighty

Visas





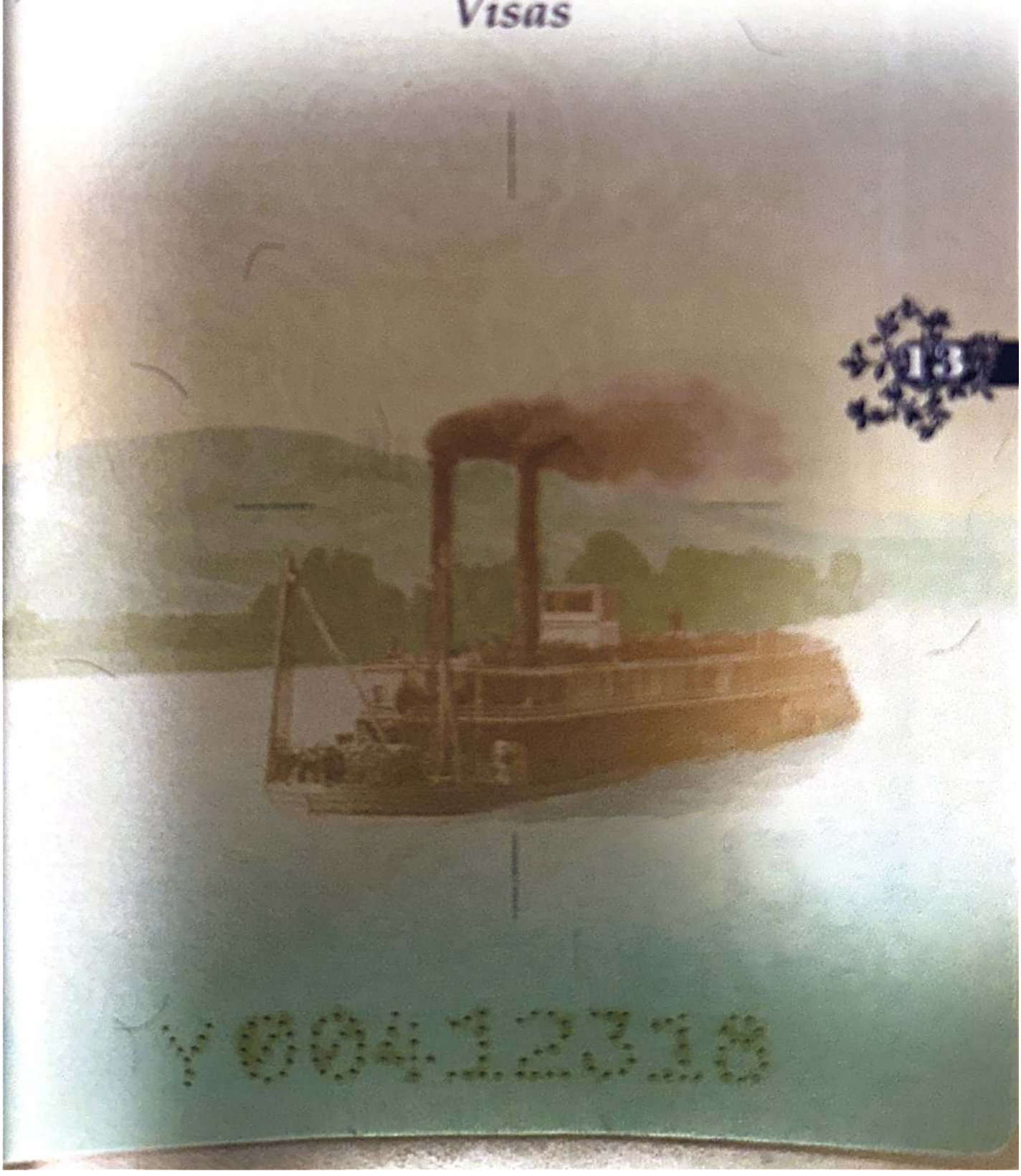




continent, of boundless possibilities.
Theodore Roosevelt

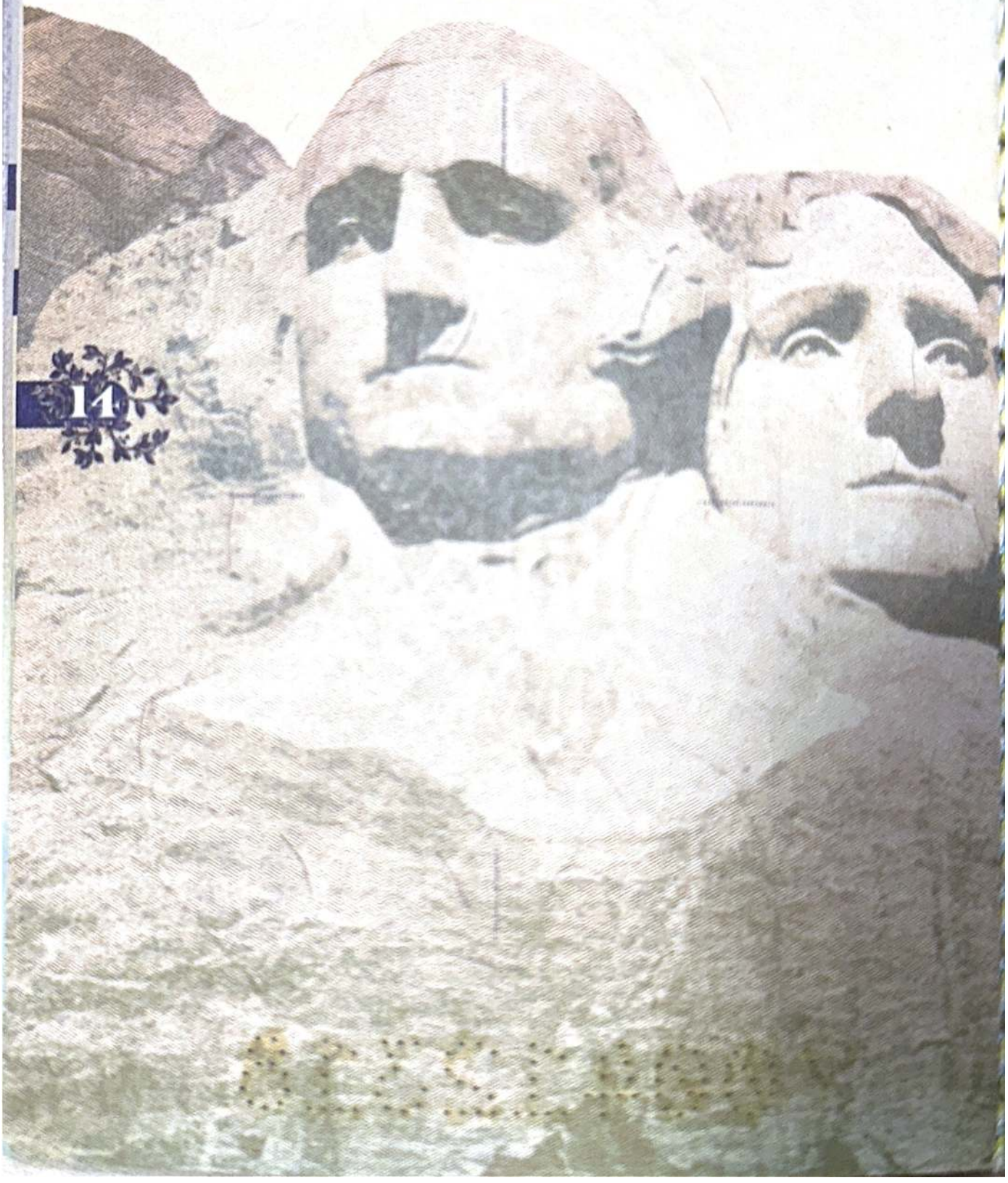


Visas



14

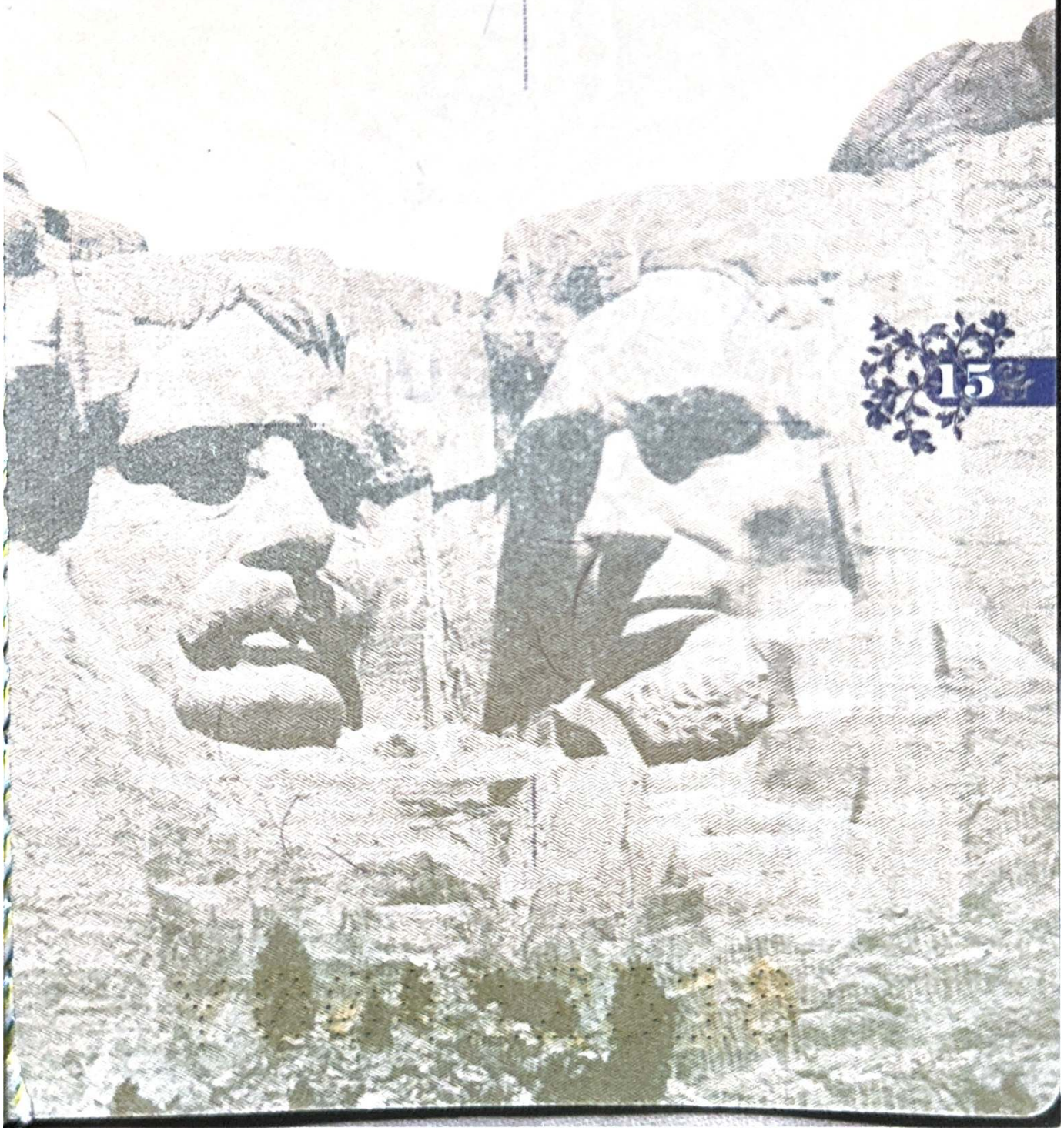
Visas

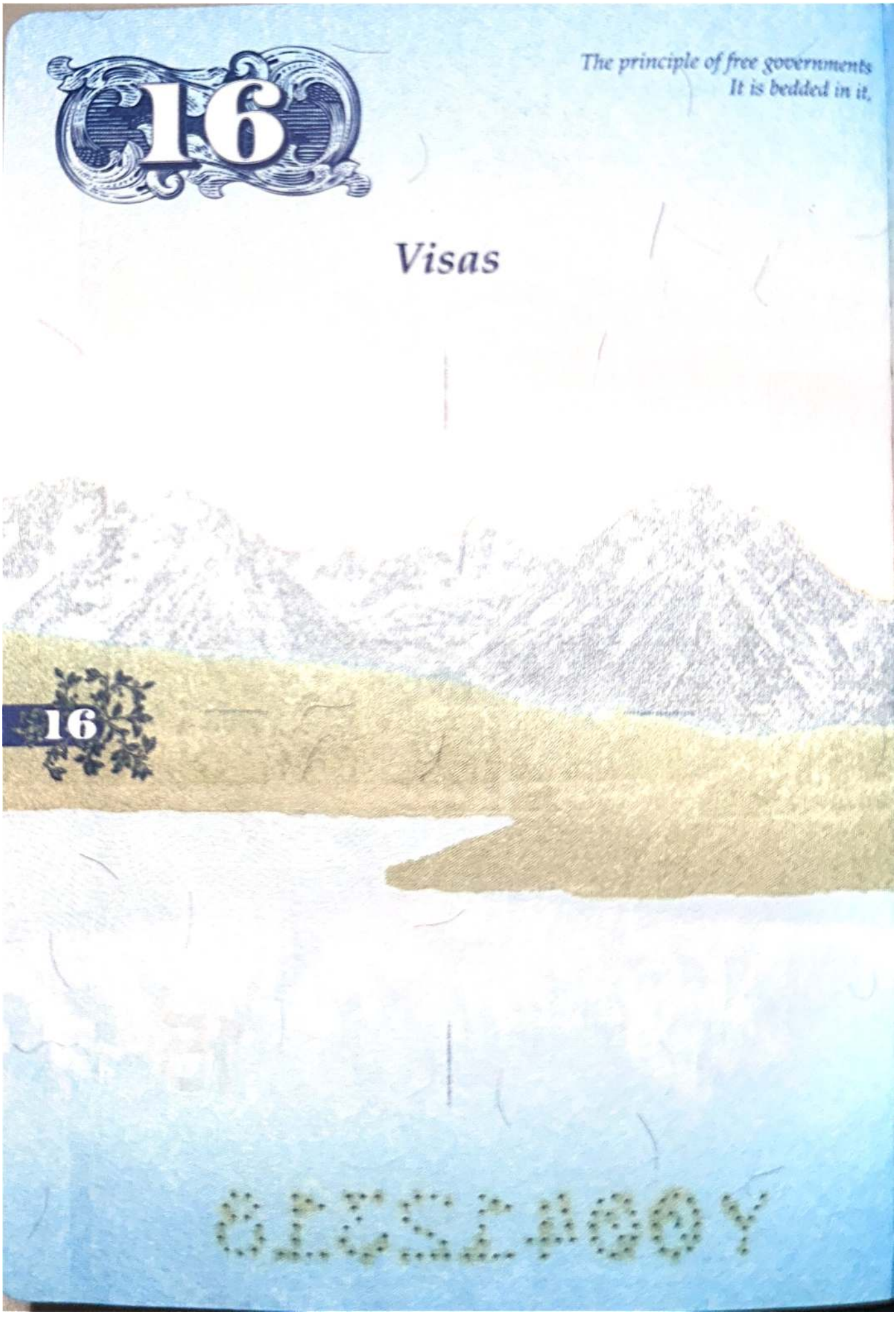


the wise and honest can repair...
George Washington



Visas





16

The principle of free governments
It is bedded in it.

Visas

16

adheres to the American soil.
immovable as its mountains.
Daniel Webster



Visas



Y0041234



Whatever America hopes to bring to pass in the

Visas



world must first come to pass in the heart of America.
Dwight D. Eisenhower

19

Visas





For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend

Visas



It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
it to the hopes of man.

Lyndon B. Johnson



Visas



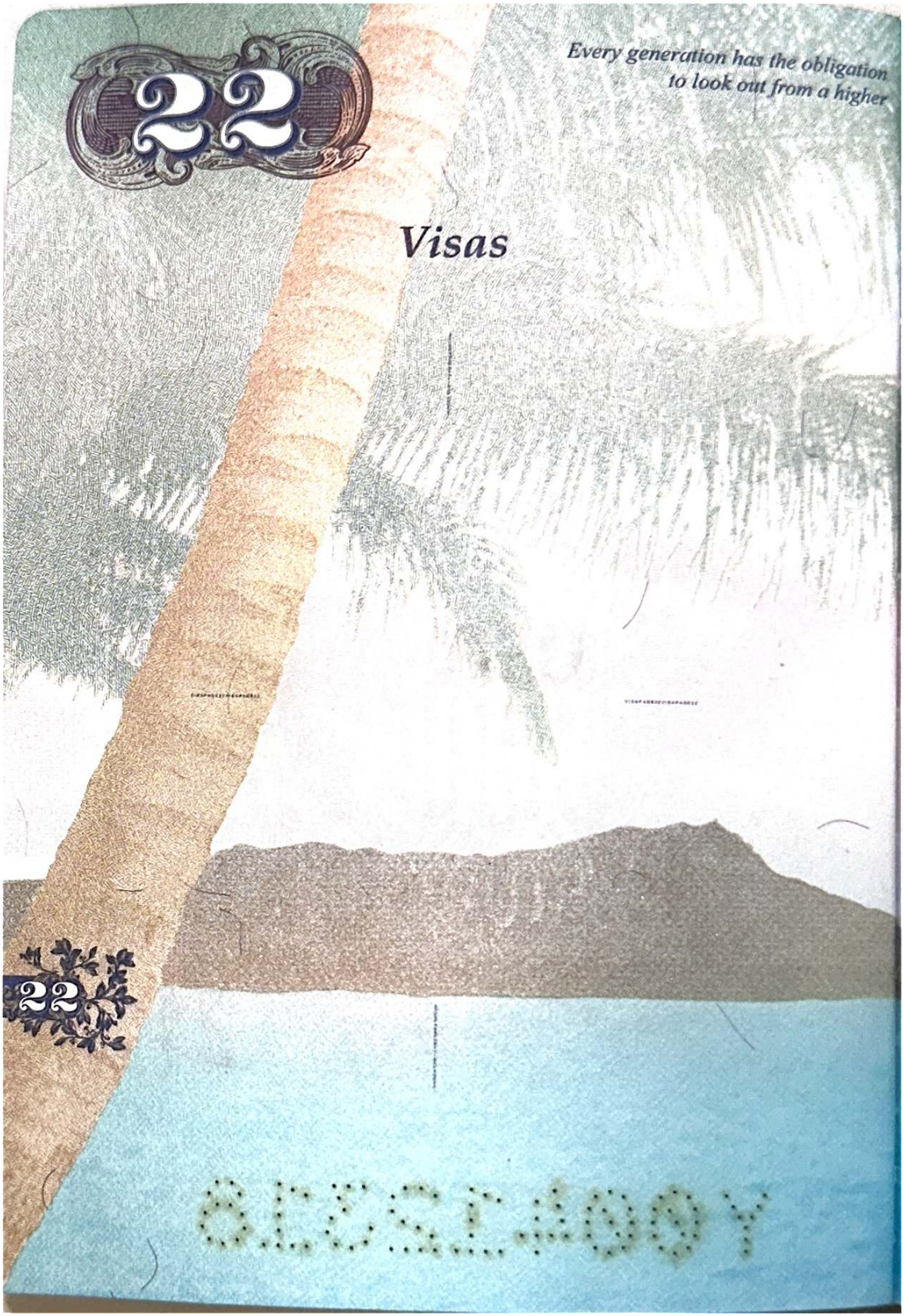

22
Every generation has the obligation
to look out from a higher
Visas
22

Exhibit 2 - Samara Fernanda da Silva Bueno's Identification Documents

1186042CEDW00000018845241
Check the Authenticity of the Digital Seal at
https://solodigital.tjsp.jus.br/

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Civil Registry Office of Natural Persons – Notary Public – MINEIROS DO TIETÊ

Birth Certificate

FULL CONTENT

Name:
SAMARA FERNANDA DA SILVA BUENO

Registration:
118604 01 55 1992 1 00017 284 0001487 78

HEREBY CERTIFIES and attests, at the verbal request of an interested party, that upon reviewing the Birth Register Book in this Registry Office **- Book A-17, page 284, entry no. 1487**, the following record appears, which is fully transcribed below: On the twenty-ninth (29th) day of October, nineteen ninety-two (1992), in this district and city of Mineiros do Tietê, in the Judicial District of Jaú, State of São Paulo, before this Registry Office, appeared **RAQUEL RIBEIRO DA SILVA CURCE**, Brazilian, married, homemaker, 27 years of age, born in Cornélio Procópio, State of Paraná, holder of Identity Card ID/SSP-SP No. 23,358,105-4 and CPF No. 131.071.628-50, who, in the presence of the witnesses named below and signing at the end, declared that on the twenty-seventh (27th) day of September, nineteen ninety-two (1992), at 12:00 p.m., at Santa Casa de Misericórdia Hospital of Dois Córregos, State of São Paulo, a female child, white, was born and was given the name **SAMARA FERNANDA DA SILVA**, daughter of the declarant. The declarant resides and is domiciled in this city, at Rua Maria Elídia Ferraz de Arruda, No. 985, Mineiros do Tietê. This is her third child. The paternal and maternal grandparents are **FRANCISCO RIBEIRO DA SILVA** and **ZULMIRA MARIA DA SILVA**. No further statements were made. I hereby certify. Having been read and found to be correct, it was signed by the declarant and the witnesses: Abrão Cesar Stroppa, Brazilian, single, ID/SSP-SP No. 5,811,750, CPF No. 708.680.938-15, and Ismael Levorato Marques, Brazilian, married, police clerk, ID/SSP-SP No. 7,539,960, CPF No. 195.010.808-20, all residents of this city of Mineiros do Tietê. I, Maria Consuelo Figueiredo, Civil Registrar, typed this record, subscribed it, signed it, and hereby certify. Signed by the parties. The following entries are made in the margin of the document: 1) On the twenty-eighth (28th) day of September, 1995, the present annotation is made to record that, by court decision rendered by the Honorable Judge of Law of the 1st Civil Court of the Judicial District of Jaú, Dr. José Roberto Freire da Silva, the registrant shall henceforth adopt the name **SAMARA FERNANDA DA SILVA BUENO**, and is the daughter of **JOSÉ LUIZ BUENO** and **RAQUEL RIBEIRO DA SILVA CURCE**, and that her paternal grandparents are **ALBERTO BUENO** and **APARECIDA DE JESUS ALBINO BUENO**. The decision became final on 04.25.1995, Case No. 1220/92. I, Maria Consuelo Figueiredo, Civil Registrar, typed, subscribed, signed, and hereby certify. Mineiros do Tietê, SEP 28, 1995. 2) Annotation made pursuant to Article 6, §2, of CNJ Provision No. 63/2017, to record that the registrant is enrolled in the CPF/MF under No. 419.025.038-48, according to a search conducted in the National Civil Registry (CRC Nacional). Exempt from fees and contributions. Mineiros do Tietê, May 11, 2018. I, Maria Consuelo Figueiredo, Civil Registrar typed, subscribed, and signed. **There being nothing further to certify.**

Name of the Office:
Civil Registry of Natural Persons and Notary Public

Civil Registrar:
Maria Consuelo Figueiredo

The contents of this certificate are true. I hereby certify.
Mineiros do Tietê, July 17, 2024.

Maria Lucia Rochitti, Deputy Clerk

Civil Registrar and Notary Public
Maria Lucia Rochitti
Deputy Notary
MINEIROS DO TIETÊ - SP

118604 - AA000013230 01/24

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: December 17, 2025**

1186042CED1W0000001884524 1
Consulte a Autenticidade do Selo Digital em
https://selodigital.tjsp.jus.br/

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Oficial de Registro Civil das Pessoas Naturais e Tab. de Notas - Oficial de Reg. Civil das Pessoas Naturais - MINEIROS DO TIETÊ

Certidão de Nascimento
EM INTEIRO TEOR

Nome:
SAMARA FERNANDA DA SILVA BUENO

Matrícula:
118604 01 55 1992 1 00017 284 0001487 78

CERTIFICA e dá fé, em virtude de pedido verbal de pessoa interessada, que revendo em meu cartório o livro de **Nascimento - Livro A-17, fls. 284, sob nº 1487,** consta o termo integralmente aqui transcrito: Em vinte e nove (29) dias de outubro de mil novecentos e noventa e dois (1.992), neste distrito e municipio de Mineiros do Tietê, da comarca de Jaú-São Paulo, em cartório, compareceu ***RAQUEL RIBEIRO DA SILVA CURCE***, brasileira, casada, do lar, com 27 anos de idade, natural de Cornélio Procópio- paraná, RG/SSP- SP 23.358.105-4 e CPF 131 0710 628-50 e, perante as testemunhas adiante nomeadas e no fim assinadas, declarou que, no dia vinte e sete (27) de setembro de mil novecentos e noventa e dois (1.992), ás 12:00 horas, em hospital Santa Casa de Misericórdia de Dois Córregos- São Paulo, nasceu uma criança do sexo feminino, de cor branca que recebeu o nome de ***SAMARA FERNANDA DA SILVA***, filha dela declarante. Sendo ela residente e domiciliada nesta cidade à Rua: Maria Elidia Ferraz de Arruda, 985, nesta cidade de Mineiros do Tietê. É o terceiro filho. Sendo avós paternos e maternos ***FRANCISCO RIBEIRO DA SILVA*** e ***ZULMIRA MARIA DA SILVA***. Nada mais declarou; dou fé. Lido e achado conforme, assina com as testemunhas Abrão Cesar Stroppa, brasileiro, solteiro, RG/SSP-SP 5.811.750 e CPF 708 680 938-15 e Ismael Levorato Marques, brasileiro, casado, escrivão de policia, RG/SSP-SP 7.539.960 e CPF 195 010 808-20, residentes e domiciliados nesta cidade de Mineiros do Tietê. Eu, Maria Consuelo Figueiredo, oficial a datilografei, subscrevi, assino e dou fé. Assinado pelas partes. A margem do termo consta as seguintes averbações: 1) Aos vinte e oito (28) de setembro de 1.995, procedo a presente averbação para ficar consignado que por sentença proferida pelo MM. Juiz de Direito da 1ª Vara da Comarca de Jaú, Dr. José Roberto Freire da Silva, que a registranda, que doravante passa a adotar o nome de ***SAMARA FERNANDA DA SILVA BUENO***, é filha de ***JOSÉ LUIZ BUENO*** e ***RAQUEL RIBEIRO DA SILVA CURCE***, sendo seus avós paternos ***ALBERTO BUENO*** e ***APARECIDA DE JESUS ALBINO BUENO***. Transitado em julgado aos 25.04.1.995 e proc 1220/92. Eu, Maria Consuelo Figueiredo, oficial, datilografei, subscrevi, assino e dou fé. Mineiros do Tietê, 28 SET 1.995. (a) Maria Consuelo Figueiredo. 2) Averbação. Procedo a presente averbação nos termos do atigo 6º, §2º do Provimento nº 63/2017 do CNJ, a fim de ficar constando que a registrada encontra-se cadastrada no CPF/MF sob nº 419.025.038-48, conforme pesquisa realizada na CRC- nacional. Isento de custas e contribuições. Mineiros do Tietê, 11/05/2018. Eu (a) Maria Consuelo Figueiredo, oficiala, digitei, subscrevi e assino. ***Nada mais me cumpria a certificar***.

Nome do Ofício
Oficial de Registro Civil das Pessoas Naturais e Tabelião de Notas

Oficial Registrador
Maria Consuelo Figueiredo

Oficial do Registro Civil das Pessoas Naturais e Tabelião de Notas
Maria Lucia Rochitti
Substituta da Tabeliã
MINEIROS DO TIETÊ - SP

O conteúdo da certidão é verdadeiro. Dou fé.
Mineiros do Tietê, 17 de julho de 2024.

Maria Lucia Rochitti, Substituta

118604 - AA000013230 01/24
118604 - AA000013230

Samara Fernanda da Silva Bueno

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

YE783854

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.

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE	PAÍS EMISSOR / ISSUING COUNTRY	PASSAPORTE Nº / PASSPORT No.
PP	BRA	YE783854



SOBRENOME / SURNAME
DA SILVA BUENO

NOME / GIVEN NAMES
SAMARA FERNANDA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
27 SET/SEP 1992

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
DOIS CÓRREGOS, SP, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
19 JUL/JUL 2024

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
18 JUL/JUL 2028

PPBRADA<SILVA<BUENO<<SAMARA<FERNANDA<<<<<<<<

YE783854<7BRA9209275F2807188<<<<<<<<<<<<<<02

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

5

BRA

CASA DA MOEDA DO BRASIL

BRA

779295MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

120

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

4

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005

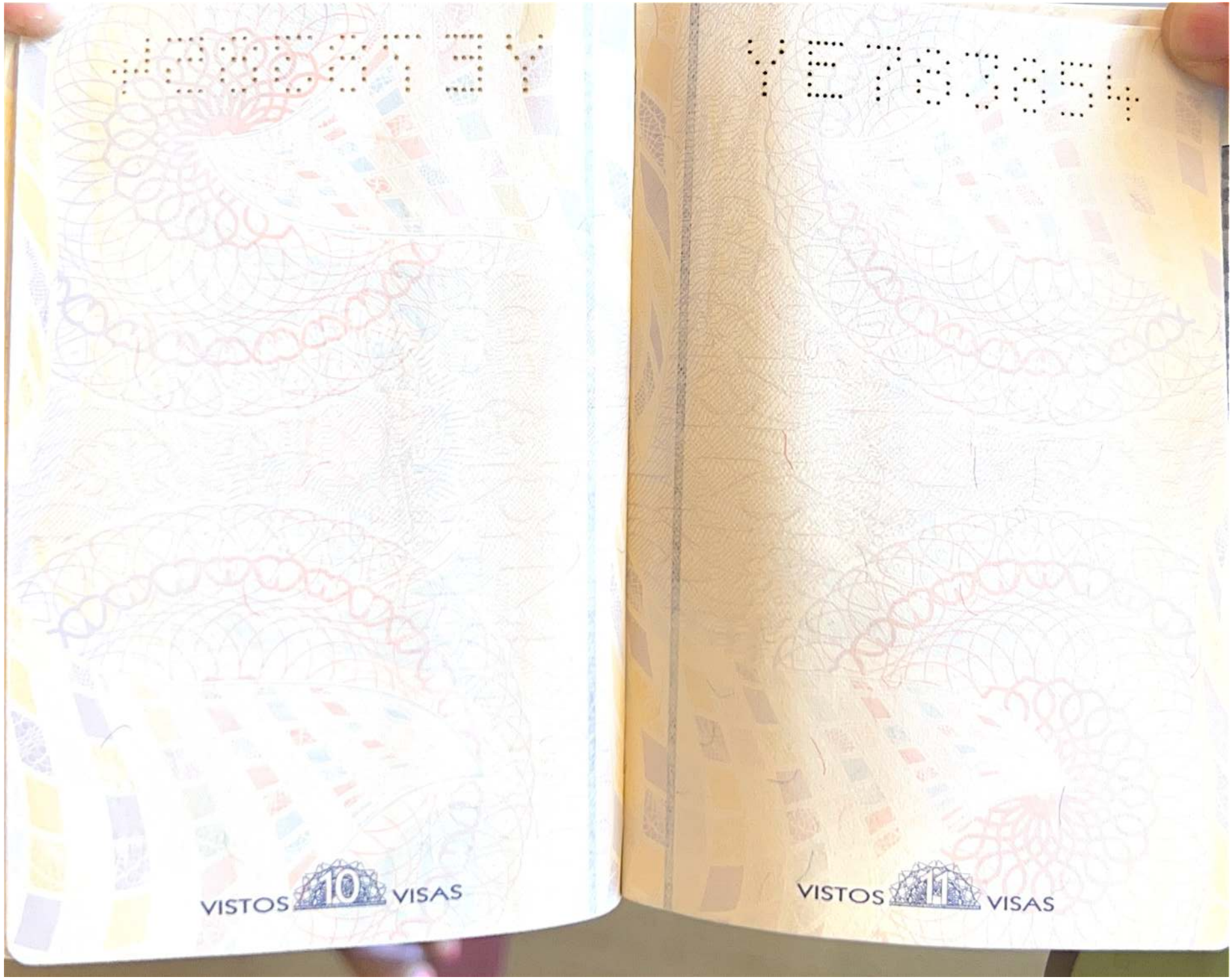
YE783854

19 JUL/JUL 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

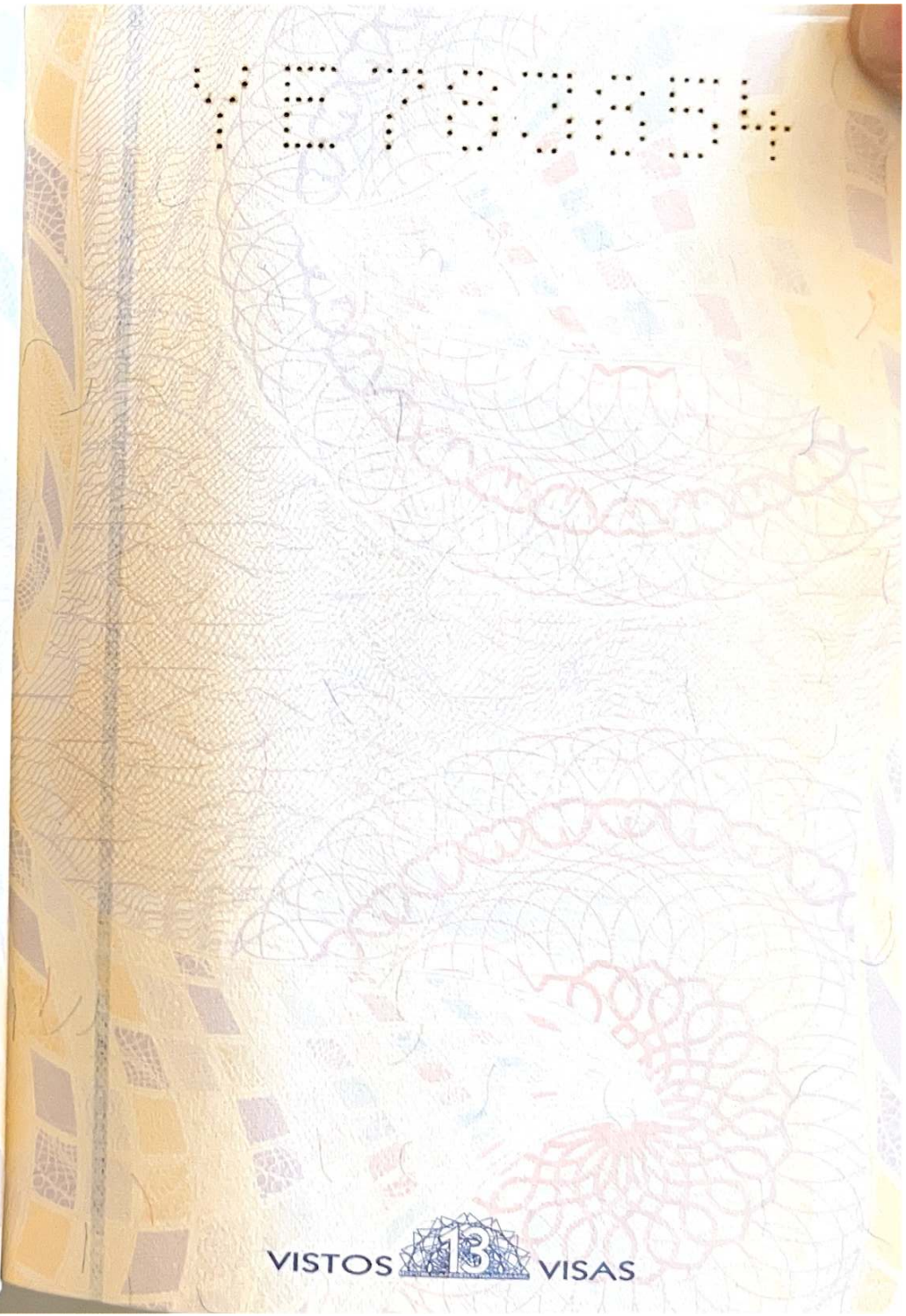

VISTOS 6 VISAS
VISTOS 7 VISAS

VISTOS 8 VISAS

VISTOS 9 VISAS


VISTOS 10 VISAS
VISTOS 11 VISAS

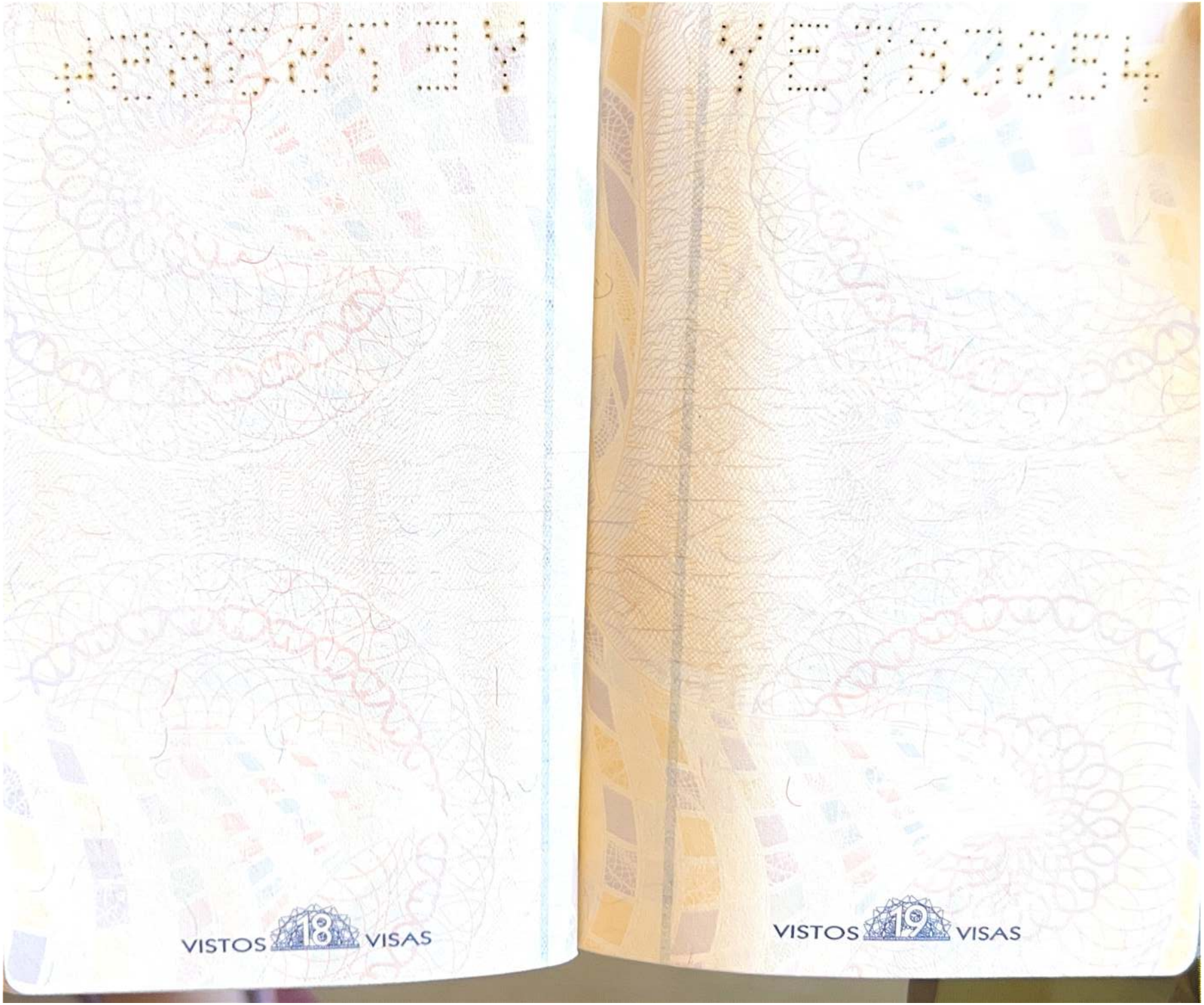




VISTOS 14 VISAS

VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS

VISTOS 22 VISAS

VISTOS 23 VISAS



VISTOS 97 VISAS

VISTOS 98 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

ATENÇÃO

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: _____

ATENÇÃO

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: **SAMARA DA SILVA BUENO**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 087189026A2
Most Recent Date of Entry: 2019 July 01
Class of Admission : J1
Admit Until Date : D/S
Details provided on the I-94 Information form:

Last/Surname :	**DA SILVA BUENO**
First (Given) Name :	**SAMARA**
Birth Date :	**1992 September 27**
Passport Number :	**FW840055**
Country of Issuance :	**Brazil**

Get Travel History

▶ **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. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).**

▶ **If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.**

▶ **Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.**

OMB No. 1651-0111
Expiration Date: 11/30/2019

For inquiries or questions regarding your I-94, please click here

Accessibility | Privacy Policy

Samara Fernanda S. Bueno

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FW840055

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.: FW840055

SOBRENOME / SURNAME: DA SILVA BUENO

NOME / GIVEN NAMES: SAMARA FERNANDA

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 27 SET/SEP 1992

IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: DOIS CORREGOS/SP

FILIAÇÃO / FILIATION: JOSE LUIZ BUENO

RAQUEL RIBEIRO DA SILVA CURCE



BRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 28 AGO/AUG 2018

AUTORIDADE / AUTHORITY: SR/DPF/SP

VÁLIDO ATÉ / DATE OF EXPIRY: 27 AGO/AUG 2028

P<BRADA<SILVA<BUENO<<SAMARA<FERNANDA<<<<<<<<
FW840055<7BRA9209275F2808277<<<<<<<<<<<<<<06

Exhibit 3 - Samara Fernanda da Silva Bueno and Mauricio Lopez's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
SAN JOSE, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE
MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER

4202443004726
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ☒ Groom ☐ Bride

1A. FIRST NAME: MAURICIO		1B. MIDDLE: --	
1C. CURRENT LAST: LOPEZ		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): --	
2. DATE OF BIRTH (MM/DD/CCYY): 11/08/2003	3. STATE/COUNTRY OF BIRTH: TX	4. #PREV. MARRIAGES/RDP: 0	5A. LAST MAR/RAGE/RDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A
5B. DATE ENDED (MM/DD/CCYY): -			
6. ADDRESS: 30 OTIS ST	7. CITY: SAN FRANCISCO	8. STATE/COUNTRY: CA	9. ZIP CODE: 94103
10A. FULL BIRTH NAME OF FATHER/PARENT: UNKNOWN		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEXICO	
11A. FULL BIRTH NAME OF MOTHER/PARENT: BEATRIZ LOPEZ		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEXICO	

SECOND PERSON DATA ☐ Groom ☒ Bride

12A. FIRST NAME: SAMARA FERNANDA		12B. MIDDLE: --	
12C. CURRENT LAST: DA SILVA BUENO		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): --	
13. DATE OF BIRTH (MM/DD/CCYY): 09/27/1992	14. STATE/COUNTRY OF BIRTH: BRAZIL	15. # PREV. MARRIAGES/RDP: 0	16A. LAST MARRIAGE/RDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A
16B. DATE ENDED (MM/DD/CCYY): -			
17. ADDRESS: 30 OTIS ST	18. CITY: SAN FRANCIOSO	19. STATE/COUNTRY: CA	20. ZIP CODE: 94103
21A. FULL BIRTH NAME OF FATHER/PARENT: JOSE LUIZ BUENO		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL	
22A. FULL BIRTH NAME OF MOTHER/PARENT: RAQUEL RIBEIRO DA SILVA		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): 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 ▶ [signature]

24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D ▶ Samara Fernanda da Silva Bueno

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): 07/09/2024	25B. EXPIRES AFTER (MM/DD/CCYY): 10/06/2024	25C. NAME OF COUNTY CLERK: REGINA ALCOMENDRAS	25D. SIGNATURE OF CLERK OR DEPUTY CLERK BY ▶ [signature]
25E. MARRIAGE LICENSE NUMBER: ML422319	25F. COUNTY OF ISSUE: SANTA CLARA	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 110 WEST TASMAN DRIVE, SAN JOSE, CA 95134	

WITNESSES (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS: Cristiano Cardoso Gomes	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): CRISTIANO CARDOSO GOMES
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 3146 OAK RD, 306, WALNUT CREEK, CA 94597	
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): 07/09/2024	28B. CITY/TOWN OF MARRIAGE: SAN JOSE	28C. COUNTY OF MARRIAGE: SANTA CLARA	
29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE ▶ [signature]		29B. RELIGIOUS DENOMINATION (IF CLERGY): --	
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): LAUREN MONTANA		29D. OFFICIAL TITLE: DEP COMM	
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 110 W TASMAN DR, SAN JOSE, CA 95134			

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: REGINA ALCOMENDRAS	32B. SIGNATURE OF CLERK OR DEPUTY CLERK BY ▶ [signature]	32C. DATE ACCEPTED FOR REGISTRATION: 07/11/2024

VS-117 (01/01/2010)

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

* R 2 7 3 9 4 0 1 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Santa Clara County Clerk-Recorder.

Regina Alcomendras
REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

DATE ISSUED JUL 25 2024

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Evidence of U.S. Armed Forces Membership and Bona Fide Marriage

United States Government

JAN2026



Affiliation
Uniformed Services

Agency/Department
Army

Expires
2026JAN16

LOPEZ, MAURICIO

W

Pay Grade
E3

Rank
PFC

Geneva Conventions Identification Card

GEMALTO DLGX4 128Kv2 4790-6A15-A6B8-00EA-2980 15346048



Medical

Benefits Number **020368780-00**

Date of Birth
2008NOV08

DoD ID Number
1613252424

Geneva Conv.
Category **I**

DODCAC210002637

U.S. Department of Defense / Uniformed Services



Relationship
Spouse

Sponsor Affiliation
Active Duty

Sponsor
Pay Grade
E4

Sponsor
Rank
SPC

Sponsor
Agency / Department
Army

Expires
2025JAN01

Authorized Patronage
MWR, Commissary
Unlimited Exchange

DA SILVA BUENO,
SAMARA FERNANDA

Identification and Privilege Card

G+D Mifare Classic EV1 1K 04744C6A191391 00006536

Sponsor Name
LOPEZ, MAURICIO

Sponsor DoD ID
1613252424



Medical
Verify Eligibility

Date of Birth
1992SEP27

Beneficiary DoD ID
1636329718

Benefits Number
020368780-01

Effective Date
2024OCT09

CVN 9765

Property of U.S. Government

DDUSID210001063

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT

Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

OMB No. 0704-0415
OMB approval expires March 31, 2020

SECTION I - SPONSOR/EMPLOYEE INFORMATION

1. NAME (Last, First, Middle)	2. GENDER	3. SSN OR DOD ID NO.	4. STATUS	5. ORGANIZATION
LOPEZ, MAURICIO	M	DoD#1613252424	Active Duty	USA

6. PAY GRADE	7. GEN. CAT	8. CITIZENSHIP	9. DATE OF BIRTH (YYYYMMMDD)	10. PLACE OF BIRTH
E4	I	USA	2003NOV08	

11. CURRENT HOME ADDRESS	12. CITY	13. STATE	14. ZIP CODE	15. COUNTRY
1175 VICKI LN	NORTH POLE	AK	99705-5991	USA

16. PRIMARY E-MAIL ADDRESS	☐ Permission to use for benefits notifications	17. TELEPHONE NUMBER (Include Area Code/DSN)	18. CITY OF DUTY LOCATION	19. STATE OF DUTY LOCATION	20. COUNTRY OF DUTY LOCATION
		(940)465-5150			

SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS

21. REMARKS *(Cite legal documentation, as applicable.)*

SPONSOR REQUESTS DD FORM 1172-2 FOR PERSONNEL ACTION; NOT FOR USID CARD ISSUANCE

VERIFIED BY DEERS

2024OCT02

NOTARY SIGNATURE AND SEAL

I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge.
(If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)

22. SPONSOR/EMPLOYEE SIGNATURE	23. DATE SIGNED (YYYYMMMDD)
Lopez M.	2024OCT02

SECTION III - AUTHORIZED BY

24. SPONSORING OFFICE NAME	25. CONTRACT NUMBER

26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)	27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)	28. OFFICE EMAIL ADDRESS	29. OVERSEAS ASSIGNMENT (Country)

30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMMDD)	31. OVERSEAS ASSIGNMENT END DATE (YYYYMMMDD)	32. ELIGIBILITY EFFECTIVE DATE (YYYYMMMDD)	33. ELIGIBILITY EXPIRATION DATE (YYYYMMMDD)

I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.

34. SPONSORING OFFICIAL NAME (Last, First, Middle)	35. UNIT/ORGANIZATION NAME		
36. TITLE	**37. PAY GRADE**	**38. SIGNATURE**	**39. DATE VERIFIED (YYYYMMMDD)**

SECTION IV - VERIFIED BY

40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)	41. SITE IDENTIFICATION	42. TELEPHONE NUMBER (Include Area Code/DSN)	43. SIGNATURE
ROBERTS, AMBER MARIE	102298	907 353-2195	Amber Roberts

SECTION V - DEPENDENT INFORMATION *(Attach additional pages if necessary)*

A

44. NAME (Last, First, Middle)	45. GENDER	46. DATE OF BIRTH (YYYYMMMDD)	47. RELATIONSHIP	48. SSN OR DOD ID NO.
DA SILVA BUENO, SAMARA FERNANDA	F	1992SEP27	SP	DoD#1636329718

49. CURRENT HOME ADDRESS	50. PRIMARY E-MAIL ADDRESS	☐ Permission to use for benefits notifications (18 and above)	51. TELEPHONE NUMBER (Include Area Code/DSN)
1175 VICKI LN			(925)285-3243

52. CITY	53. STATE	54. ZIP CODE	55. COUNTRY	56. ELIGIBILITY EFFECTIVE DATE (YYYYMMMDD)	57. ELIGIBILITY EXPIRATION DATE (YYYYMMMDD)
NORTH POLE	AK	99705-5991	USA	2024JUL07	2026JAN16

B

58. NAME (Last, First, Middle)	59. GENDER	60. DATE OF BIRTH (YYYYMMMDD)	61. RELATIONSHIP	62. SSN OR DOD ID NO.
AND NO OTHERS	X	XXXXXXXXX	XXXXXX	XXXXXXXXX

63. CURRENT HOME ADDRESS	64. PRIMARY E-MAIL ADDRESS	☐ Permission to use for benefits notifications (18 and above)	65. TELEPHONE NUMBER (Include Area Code/DSN)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX		

66. CITY	67. STATE	68. ZIP CODE	69. COUNTRY	70. ELIGIBILITY EFFECTIVE DATE (YYYYMMMDD)	71. ELIGIBILITY EXPIRATION DATE (YYYYMMMDD)
XXXXXXXXXXXXXXXXX	XXX	XXXXXXXXX	XX	XXXXXXXXX	XXXXXXXXX

SECTION VI - RECEIPT

Receipt of new card is acknowledged.

72. SIGNATURE	73. DATE ISSUED (YYYYMMMDD)

VELAZQUEZ, BEATRIZ,	CLECHUZA 126 CELAYA GTO 38030 461/354-0372
8a. STEP PARENT ONE (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (Home, Mobile, Other)
9a. STEP PARENT TWO (Last, First, Middle Initial)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER (Home, Mobile, Other)
10a. DO NOT NOTIFY DUE TO THEIR ILL HEALTH None	b. NOTIFY INSTEAD None
11a. DESIGNATED PERSON(S) (Military: Duty Status - Whereabouts Unknown Civilian: Excused Absence-Whereabouts Unknown) None	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

12. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)
Not Applicable

SECTION 2 - BENEFITS RELATED INFORMATION

13a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)	b. RELATIONSHIP	c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	d. PERCENTAGE
VELAZQUEZ, BEATRIZ,	Parent	CLECHUZA 128 CELAYA GTO 38030 461/354-0372	050
DA SILVA BUENO, SAMARA FERNANDA,	Spouse	30 OTIS ST APT 2605 SAN FRANCISCO CA 94103 925/285-3243	050

14a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME and RELATIONSHIP		b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	c. PERCENTAGE
VELAZQUEZ, BEATRIZ,	Parent	CLECHUZA 128 CELAYA GTO 38030 461/354-0372	070
DA SILVA BUENO, SAMARA FERNANDA,	Spouse	30 OTIS ST APT 2605SAN FRANCISCO CA 94103 925/285-3243	030

15a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD) NAME and RELATIONSHIP (Military only)	b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER
VELAZQUEZ, BEATRIZ, Parent	CLECHUZA 128 CELAYA GTO 38030 461/354-0372

16. CONTINUATION/REMARKS

Controlled by: ODASD MC&FP
CUI Category: PRIVACY
LDC: FEDCON
POC: osd.pentagon.rsrcmgmt.list.ousd-p-r-gold-star-advocate-mbx@mail.mil

17. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate or grade if applicable) cn=LOPEZ.MAURICIO.1613252424,ou=USA,ou=PKI,ou=DoD,o=U.S. Government,c=US	18. SIGNATURE OF WITNESS (Include rank, rate, or grade as appropriate)	19. DATE SIGNED (YYYYMMDD) 2025-03-31T23:08:30

Controlled by: ODASD MC&FP
CUI Category: PRIVACY
LDC: FEDCON
POC: osd.pentagon.rsrcmgmt.list.ousd-p-r-gold-star-advocate-mbx@mail.mil

INSTRUCTIONS FOR PREPARING DD FORM 93
(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 16, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 16" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter DoD Identification Number (located on DoD Identification Card) or SSN if DoD Identification Card is not issued yet. Upon issuance of DoD Identification Card, you will need to submit a new DD Form 93 with your DoD Identification Number to protect your personally identifiable information.

ITEM 3a. Service. Military: Mark X in appropriate block.
Civilian: Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 3c. Select marital status.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 4c. List home, mobile, and other phone numbers as appropriate.

ITEM 4d. Provide the preferred language spoken by the spouse.

ITEM 4e. Select from the dropdown menu the DoD affiliation of the spouse, if applicable.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEMS 6a. and 7a. Parent Name. Last name, first name and middle initial.

ITEMS 6b. and 7b. Address and Telephone Number of Parent. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than biological or adoptive parent is listed, indicate relationship.

ITEMS 8a. and 9a. Parent Name (if applicable). Last name, first name and middle initial.

ITEMS 8b. and 9b. Address and Telephone Number of Step Parent (if applicable). If deceased, so state. Include civilian title or military rank and service if applicable.

ITEM 10a. Do Not Notify Person Due to Their Ill Health. Last name, first name, and middle initial. If more than one person, indicate in ITEM 16, "Continuation/Remarks.

ITEM 10b. Notify Instead. Last name, first name, and middle initial and address of person(s) to be notified in lieu of person(s) listed on this form if they are not already listed on form. If ITEM 10a. is not applicable, leave blank.

ITEM 11a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655.

ITEM 11b. Address and telephone number of Designated Person(s).

ITEM 12. Contracting Agency and Telephone Number (Contractors only). NOT APPLICABLE to military personnel. Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 13a. Beneficiary(ies) for Death Gratuity (Military only). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

Controlled by: ODASD MC&FP
CUI Category: PRIVACY
LDC: FEDCON
POC: osd.pentagon.rsrcmgmt.list.ousd-p-r-gold-star-advocate-mbx@mail.mil

INSTRUCTIONS FOR PREPARING DD FORM 93
(Continued)

(1) To the surviving spouse of the person, if any;
(2) To any surviving children of the person and the descendants of any deceased children by representation;
(3) To the surviving parents or the survivor of them;
(4) To the duly appointed executor or administrator of the estate of the person;
(5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death. The member should make specific designations, as it expedites payment. Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. NOT APPLICABLE to civilians.

Item 13b. Relationship. NOT APPLICABLE to civilians.

ITEM 13c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 13d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. NOT APPLICABLE to civilians.

ITEM 14a. Beneficiary(ies) for Unpaid Pay/Allowance (Military only). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid in each in item 14c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. NOT APPLICABLE to civilians.

ITEM 14b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. NOT APPLICABLE to civilians.

ITEM 14c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. NOT APPLICABLE to civilians.

ITEM 15a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you die. Persons typically selected as a PADD include: surviving spouse, blood relative of legal age, or adoptive relatives. NOT APPLICABLE to civilians.

ITEM 15b. Address and telephone number of PADD. NOT APPLICABLE to civilians.

ITEM 16. Continuation/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: communication barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 17. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 18. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 19. Date the member or civilian signs the form if not already indicated in the electronic signature block. This item must be completed as an ink entry.

Controlled by: ODASD MC&FP
CUI Category: PRIVACY
LDC: FEDCON
POC: osd.pentagon.rsrcmgmt.list.ousd-p-r-gold-star-advocate-mbx@mail.mil

TRICARE Prime Enrollment (West Region)
TriWest Healthcare Alliance
P.O. Box 8550
Virginia Beach, VA 23450-8550

75

SAMARA FERNANDA DA SILVA BUENO
30 OTIS ST APT 2605
SAN FRANCISCO CA 94103-1990
United States

May 12, 2025
20368780-01

Dear New TRICARE Beneficiary:

Welcome to TRICARE. TRICARE is the health care program for service members and their eligible family members worldwide. TRICARE connects military hospitals and clinics with a network of civilian health care providers to offer medical, dental, and pharmacy options.

You were automatically enrolled in TRICARE Prime on 01 Jan 2025. This is because you're an active duty service member (including a Reserve Component member called to active duty for more than 30 days) or a family member. You'll have an assigned primary care manager (PCM). Your PCM will provide your routine care and refer you to TRICARE network providers for specialty care. Your PCM may be at the military hospital or clinic, or within the civilian network.

If you're an active duty service member, you must remain enrolled in TRICARE Prime. All other eligible beneficiaries have the option to change their enrollment if they're eligible for other TRICARE plans. This includes TRICARE Select. You may also be eligible to enroll in the US Family Health Plan (USFHP), a TRICARE Prime option. You must live in an area where USFHP is available. Learn more at www.tricare.mil/usfhp. If you want to change your enrollment from TRICARE Prime to TRICARE Select or USFHP, you have 90 days from the date of this letter to do so.

Your PCM is STEIN,CARL at 4158612400. If your PCM's name and phone number are missing in this letter, call TRICARE Prime Enrollment (West Region) at 888-TRIWEST (874-9378) for more information or to review other PCM options.

If you're assigned to a PCM at a military hospital or clinic, you don't have to do anything. However, if you have any health concerns, call your PCM.

If you have a civilian PCM, be sure to contact them within 30 days to establish yourself as a new patient.

To learn more about TRICARE, go to www.tricare.mil. You can also visit the TRICARE Prime Enrollment (West Region) website at www.tricare.mil/west or call 888-TRIWEST (874-9378).

Make sure you have a valid email address listed in the Defense Enrollment Eligibility Reporting System. That way, you'll receive email updates from the Defense Manpower Data Center. These will direct you to milConnect to get TRICARE-related correspondence. If you'd like to receive benefits correspondence via email instead of postal mail, please go to https://idco.dmdc.osd.mil/idco. Click "Continue" in the "My Profile" option to sign up for emails.

You may also qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP). The U.S. Office of Personnel Management offers FEDVIP. To find out about FEDVIP vision coverage options, go to www.benefeds.com.

The goal of TRICARE is the same wherever you are. It is to provide you access to the best possible health care. We look forward to serving your health care needs.

Sincerely,

Enrollment Department
TriWest Healthcare Alliance

Most TRICARE plans meet the minimum essential coverage requirement under the Affordable Care Act. For more information, visit www.tricare.mil/aca.

Note: You received this letter based on information in your DEERS record. If you made changes in DEERS after the date printed at the top of this letter, this letter may no longer apply.

Enrollment Card
TRICARE Prime

Name: SAMARA FERNANDA DA SILVA BUENO
Status: Active Duty Family Member
Primary Care Manager: _____
Primary Care Manager Phone: _____
Effective Date: 01 Jan 2025
Valid with presentation of Uniformed Services ID card.
Contact your personnel office to correct the above information.

TRICARE Information: 888-TRIWEST (874-9378)
TRICARE Pharmacy Program: 877-363-1303
Medical Claims: Contact your regional contractor or visit:
www.tricare.mil/claims *(stateside)*;
www.tricare-overseas.com *(overseas)*
Emergency Care: Call 911 or go to the nearest medical facility. Contact your PCM **as soon as possible** to coordinate further care and payment **before leaving the facility.**

www.tricare.mil

Exhibit 5 - Evidence of Bona Fide Marriage: Documentation of Shared Life

Texas Disclosure

Form T-64

This form provides additional disclosures and acknowledgements required in Texas. It is used with the federal Closing Disclosure form.

Closing Information	Transaction Information
Closing Disclosure	**Property Address:** 3102 Baldwin Loop, Killeen, TX 76549
Issued Date: February 9, 2026	
Closing Date: February 9, 2026	**Borrower(s):** Mauricio Lopez and Samara Fernanda Da Silva Bueno
GF #: PT-25-2625	**Address(es):** 1175 , Vicki Ln, Apt#D, North Pole, AK 99705
Sales Price: $350,000.00	**Seller(s):** Mh Homes LLC
Loan Amount: $357,525.00	**Address(es):** 523 Messer Ranch Road, Belton, TX 76513

Lender and Settlement Agent

Lender:	Mortgage Research Center LLC DBA Veterans United Home Loans ISAOA/ATIMA	**Settlement Agent:**	Poise Title Company
Address:	1400 Forum Boulevard, Suite 18, Columbia, MO 65203	**Address:**	346 Morgan Street, Suite E, Harker Heights, TX 76548

Title Insurance Premiums

If you are buying both an owner's policy and a loan policy the title insurance premiums on this form might be different than the premiums on the Closing Disclosure. The owner's policy premium listed on the Closing Disclosure will probably be lower than on this form, and the loan policy premium will probably be higher. If you add the two policies' premiums on the Closing Disclosure together, however, the total should be the same as the total of the two premiums on this form.

The premiums are different on the two forms because the Closing Disclosure is governed by federal law, while this form is governed by Texas Law. The owner's policy and loan policy premiums are set by the Texas commissioner of insurance. When you buy both an owner's policy and a loan policy in the same transaction, you are charged the full premium for the owner's policy but receive a discount on the loan policy premium. Federal and Texas law differ on where the discount is shown. Texas law requires the discount to be reflected in the loan policy premium, while federal law requires the discount to be reflected in the owner's policy premium.

Title Agent:	Poise Title Company	**Owner's Policy Premium**	$	2,150.00
		Loan Policy Premium	$	139.00
Underwriter:	AmTrust Title Insurance Company	**Endorsements**	$	159.45
		Other	$	0.00
		TOTAL	$	2,448.45

Of this total amount: $ 367.27 (or ____%) will be paid to the Underwriter; the Title Agent will retain $ 1,248.71 (or ____%); and the remainder of the premium will be paid to other parties as follows:

Amount ($ or %)	To Whom	For Services
$832.47	Netco Title Company	title exam

Fees Paid to Settlement Agent

Fees Paid to Settlement Agent on the Closing Disclosure include:

Title - Lender's T-19: Endorsement	$109.45	Title - Settlement or Closing Fee	$800
Title - Lender's T-36 Endorsement	$25	Title - Lender's T-30 Endorsement	$20

Texas Disclosure

Form T-64

This form provides additional disclosures and acknowledgements required in Texas. It is used with the federal Closing Disclosure form.

Title - Lender's T-3 Endorsement	$5	Title - Owner's T-3 Endorsement	$107.5

Real Estate Commission Disbursement

Portions of the Real Estate Commissions disclosed on the Closing Disclosure will be disbursed to:

Listing Agent Commission $7,000.00 to JCKEY Real Estate (2%%)
Selling Agent Commission $8,750.00 to Real Broker, LLC (2.5%%)

Fee for Services	Lisa Gallup
Fee for Services	Realty Search Solutions

Other Disclosures

Although not required, this section may be used to disclose individual recording charges included on Line 01 of Section E of the Closing Disclosure, or to disclose a breakdown of other charges that were combined on the Closing Disclosure:

Document Name	Recording Fee	Document Name	Recording Fee
Deed	$22	Mortgage	$78

Closing Disclosure Charge Name	Included in Closing Disclosure Charge
Lender Endorsements	Form, Form, T-3, Form

The Closing Disclosure was assembled from the best information available from other sources. The Settlement Agent cannot guarantee the accuracy of that information.

Tax and insurance prorations and reserves were based on figures for the preceding year or supplied by others, or are estimates for current year. If there is any change for the current year, all necessary adjustments must be made directly between Seller and Borrower, if applicable.

I (We) acknowledge receiving this Texas Disclosure and Closing Disclosure. I (We) authorize the Settlement Agent to make the expenditures and disbursements on the Closing Disclosure and I (we) approve those payments. If I am (we are) the Borrower(s), I (we) acknowledge receiving the Loan Funds, if applicable, in the amount on the Closing Disclosure.

Mauricio Lopez Date: 2026/002

Samara F. S. Bueno
Samara Fernanda Da Silva Bueno Date: 02/10/2026

Mh Homes LLC, a Texas Limited Liability Company Date: Feb. 09, 2026

By: _____
Hogie Donald Scott, CEO/President

Texas Disclosure

Form T-64

This form provides additional disclosures and acknowledgements required in Texas. It is used with the federal Closing Disclosure form.

Poise Title Company

By: _____
Amanda Santos-Robinson

REAL ESTATE LEASE

This Lease Agreement (this "Lease") is dated 07 August 2024, by and between Zack P. Latham ("Landlord") and Mauricio Lopez and Sanara Fernanda Da Silva Bueno ("Tenants"). Subject to the terms and conditions stated below the parties agree as follows:

1. PREMISES. Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant One Bed – One Bath and shared backyard, with heating oil, water/sewer are all included with the property located at 1175 Vickie Ln, Apt #D, Fairbanks, Alaska 99705. No other portion of the building (hereinafter, the Building), wherein the Premises is located is included unless expressly provided for in this Agreement.

2. TERM. The lease term will begin on 07 August 2024 ("Commencement Date") and will terminate on 31July 2025, and thereafter shall be on a month to month lease.

Tenant shall vacate the Premises upon termination of the Agreement, unless: (i) Landlord and Tenant have extended this Agreement in writing or signed a new agreement; (ii) mandated by local rent control law; or (iii) Landlord accepts Rent from Tenant (other than past due Rent), in which case a month-to-month tenancy shall be created which either party may terminate by Tenant giving Landlord written notice of at least 30 days prior to the desired termination date, or by Landlord giving Tenant written notice as provided by law. Rent shall be at a rate agreed to between Landlord & Tenant, or as allowed by law. All other terms and conditions of this Agreement shall remain in full force and effect.

3. MANAGEMENT. The Tenant is hereby notified that Zack P. Latham the property manager in charge of the Property. Should the tenant have any issues or concerns the Tenant may contact Zack P. Latham at (907) 750-5307.

4. RENT; LEASE PAYMENTS. "Rent" shall mean all monetary obligations of Tenant to Landlord under the terms of this Agreement, except the Security Deposit.

(a) Tenant shall pay to Landlord a $1400.00 security deposit at the beginning of the lease and that will be returned to tenant upon termination of lease if no damages are present. Rent payments of $1400 payable in advance on the first day of each month, and is delinquent by the 5 day of the month and a late fee of $100.00 will be charged. Lease payments shall be made to Landlord at the address of Landlord noted in the Notices provision of this Lease which may be changed from time to time by Landlord. If tenant wishes to have a pet an additional $250 pet fee as well as a $75.00 non-refundable pet fee per month will be charged.

(b) Rent shall be paid by the following method(s):

Personal Check
Cashier's Check
Direct Deposit – Zachariah Latham
Alaska USA – Routing # 325272021
Acct # 5128338 Electronic Acct # 1700051283384

Initials: ML

If any payment is returned for non-sufficient funds or because Tenant stops payments, then, after that, (i) Landlord may, in writing, require Tenant to pay Rent in cash for three months and (ii) all future Rent shall be paid by cashier's check.

5. POSSESSION. Tenant shall be entitled to possession on the first day of the term of this Lease, and shall yield possession to Landlord on the last day of the term of this Lease, unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good a condition as when delivered to Tenant, ordinary wear and tear excepted.

6. USE OF PREMISES/ABSENCES. Tenant shall occupy and use the Premises as a full-time residential dwelling unit. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

No retail, commercial or professional use of the Premises is allowed unless the Tenant receives prior written consent of the Landlord and such use conforms to applicable zoning laws. In such case, Landlord may require Tenant obtain liability insurance for the benefit of Landlord. Landlord reserves the right to refuse to consent to such use in its sole and absolute discretion.

The failure to abide by the provisions of this section shall constitute a material breach of this Agreement and is a just cause for eviction.

7. OCCUPANTS. No more than 4 person(s) may reside on the Premises unless the prior written consent of the Landlord is obtained.

This Lease and occupancy of the premises is binding, individually and severally, on each person(s) specifically named and who signs this Lease, regardless of the named person's occupancy of the Premises.

Authorized Tenants/Occupants:

Tenant may have guests on the Premises for not over 2 consecutive days or days in a calendar year, and no more than two guests per bedroom at any one time. Persons staying more than 2 consecutive days or more than 24 days in any calendar year shall NOT be considered original tenants of the Premises. Tenant must obtain the prior written approval of Landlord if an invitee of Tenant will be present at the Premises for more than 10 consecutive days in a month.

8. PETS. No pets, dogs, cats, birds, fish or other animals shall be allowed on the Premises, even temporarily or with a visiting guest, without prior written consent of Landlord. As required by law, Service Animal(s) are the only exception to this rule. If a pet has been in a Tenants apartment or allowed into the building, even temporarily (with or without Landlords permission) Tenant may be charged for cleaning, de-fleeing, deodorizing or shampooing any portion of the building or Premises at the discretion of Owner. At the time of signing this Lease, Tenant shall pay to Landlord, in trust, a deposit of $250.00, to be held and disbursed for pet damages to the Premises (if any) as provided by law. This deposit is in addition to any other security deposit

stated in this Lease. Tenant will review and sign the Pet Agreement Form and Landlord will keep on file. Tenant will take pet off side walk into parking area to urinate and will pick up any feces and or poop and dispose in bag and or dumpster.

Strays shall not be kept or fed in or about the Premises. Strays can be dangerous and Owner must be notified immediately of any strays in or about the Premises.

9. KEYS. Tenant will be given 2 key(s) to the Premises and 1 mailbox key(s). If all keys are not returned to Landlord following termination of the Lease, Tenant shall be charged $10.00. Tenant is not permitted to change any lock or place additional locking devices on any door or window of the Premises without Landlords approval prior to installation. If allowed, Tenant must provide Landlord with keys to any changes lock immediately up installation.

10. LOCKOUT. If Tenant becomes locked out of the Premises, Tenant will be charged $50.00 to regain entry.

11. STORAGE. No additional storage space outside the Premises is provided or authorized by this Lease. Tenant shall not store any property in any area outside of the rented Premises at any time.

12. PARKING. This lease does include two parking spots adjacent to the building with a receptacle linked to your apartment.

13. MAINTENANCE. Landlord shall have the responsibility to maintain the Premises in reasonably good repair at all times and perform all repairs reasonably necessary to satisfy any implied warranty of habitability except that Tenant will be responsible for: Trash

Except in an emergency, all maintenance and repair requests must be made in writing and delivered to Landlord or its Agent. A repair request will be deemed permission for the Landlord or its Agent to enter the Premises to perform such maintenance or repairs in accordance with ACCESS BY LANDLORD TO PREMISES herein unless otherwise specifically requested, in writing, by Tenant. Tenant may not place any unreasonable restrictions upon Landlords or Landlords Agents access or entry. Landlord shall have expectation that the Premises is in a safe and habitable condition upon entry.

14. UTILITIES AND SERVICES. . Landlord shall be responsible for all utilities (except for electric and phone/cable for the apartment) and services incurred in connection with the Premises. Tenant will keep thermostat at or below 70 degrees Fahrenheit or additional charges will apply. If heat is excessive or not working tenant will advise landlord.

15. TAXES. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

REAL ESTATE TAXES. Landlord shall pay all real estate taxes and assessments for the Premises.

PERSONAL TAXES. Landlord shall pay all personal taxes and any other charges which may be levied against the Premises which are attributable to Tenant's use of the Premises, along with all sales and/or use taxes (if any) that may be due in connection with lease payments.

16. PROPERTY INSURANCE. Tenant shall maintain casualty insurance on the Premises in an amount equal to 100 % of the full replacement value. Landlord shall be named as an insured in such policies. Tenant shall deliver appropriate evidence to Landlord as proof that adequate insurance is in force issued by companies reasonably satisfactory to Landlord. Landlord shall have the right to require that the Landlord receive notice of any termination of such insurance policies. Tenant shall also maintain any other insurance which Landlord may reasonably require for the protection of Landlord's interest in the Premises. Tenant is responsible for maintaining casualty/renters insurance on its own property.

17. OTHER. Between the months of October to April windows will remain closed except occasionally for fresh air, due to extreme temperatures, the cost of heating fuel and the potentially for extensive damage to occur (freezing pipes, etc.) A verbal warning will be given after that a $50 per incident fee will be charged. Windows can remain open momentarily between the Octobers through April months for fresh air.

18. NON-SUFFICIENT FUNDS. Tenant shall be charged $50.00 as reimbursement of the expenses incurred by Landlord for each check that is returned to Landlord for lack of sufficient funds. In addition, a check returned due to insufficient funds will be subject to any and all Late Payments provisions included in this lease. All charges will be immediately due from Tenant and failure to make immediate payment will constitute a default under the terms of this Lease.

Landlord reserves the right to demand future payments by cashier's check, money order or certified funds on all future payments in the event of a check returned for insufficient funds. Nothing in this paragraph limits other remedies available to the Landlord as a payee of a dishonored check. Landlord and Tenant agree that three returned checks in any twelve month period constitutes frequent return of checks due to insufficient funds and may be considered a just cause for eviction.

19. LATE PAYMENTS. For any payment that is not paid within _05_ days after its due date, Tenant shall pay a late fee of $100.00.

20. DEFAULTS. Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 10 days (or any other obligation within 0 days) after written notice of such default is provided by Landlord to Tenant, Landlord may elect to cure such default and the cost of such action shall be added to Tenant's financial obligations under this Lease. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

Initials: ML

21. TERMINATION UPON SALE OF PREMISES. Not withstanding any other provision of this Lease, Landlord may terminate this lease upon 30 days' written notice to Tenant that the Premises have been sold.

22. EARLY TERMINATION CLAUSE. Reference the Alaska Landlord and Tenant Act published 01/2015, page 18 (**Moving prior to the end of a lease**).

23. MILITARY TERMINATION CLAUSE. In the event, the Tenant is, or hereafter becomes, a member of the United States Armed Forces on extended active duty and hereafter the Tenant receives permanent change of station orders to depart from the area where the Premises are located, or is relieved from active duty, retires or separates from the military, or is ordered into military housing, then in any of these events, the Tenant may terminate this lease upon giving thirty (30) days written notice to the Landlord. The Tenant shall also provide to the Landlord a copy of the official orders or a letter signed by the tenant's commanding officer, reflecting the change, which warrants termination under this clause. The Tenant will pay prorated rent for any days (he/she) occupy the dwelling past the first day of the month. Any security deposit will be promptly returned to the tenant, provided there are no damages to the premises.

24. DESTRUCTION OR CONDEMNATION OF PREMISES. If the Premises are partially destroyed by fire or other casualty to an extent that prevents the conducting of Tenant's use of the Premises in a normal manner, and if the damage is reasonably repairable within sixty days after the occurrence of the destruction, and if the cost of repair is less than $500.00, Landlord shall repair the Premises and a just proportion of the lease payments shall abate during the period of the repair according to the extent to which the Premises have been rendered un-rentable. However, if the damage is not repairable within sixty days, or if the cost of repair is $500.00 or more, or if Landlord is prevented from repairing the damage by forces beyond Landlord's control, or if the property is condemned, this Lease shall terminate upon twenty days' written notice of such event or condition by either party and any unearned rent paid in advance by Tenant shall be apportioned and refunded to it. Tenant shall give Landlord immediate notice of any damage to the Premises.

25. HABITABILITY. Tenant has inspected the Premises and fixtures (or has had the Premises inspected on behalf of Tenant), and acknowledges that the Premises are in a reasonable and acceptable condition of habitability for their intended use, and the agreed lease payments are fair and reasonable. If the condition changes so that, in Tenant's opinion, the habitability and rental value of the Premises are adversely affected, Tenant shall promptly provide reasonable notice to Landlord.

26. HOLDOVER. If Tenant maintains possession of the Premises for any period after the termination of this Lease ("Holdover Period"), Tenant shall pay to Landlord lease payment(s) during the Holdover Period at a rate equal to the most recent rate preceding the Holdover Period. Such holdover shall constitute a month-to-month extension of this Lease.

27. CUMULATIVE RIGHTS. The rights of the parties under this Lease are cumulative, and shall not be construed as exclusive unless otherwise required by law.

Initials: ML

28. REMODELING OR STRUCTURAL IMPROVEMENTS. Tenant shall be allowed to conduct construction or remodeling (at Tenant's expense) only with the prior written consent of the Landlord which shall not be unreasonably withheld. At the end of the lease term, Tenant shall be entitled to remove (or at the request of Landlord shall remove) any such fixtures, and shall restore the Premises to substantially the same condition that existed at the commencement of this Lease.

29. ACCESS BY LANDLORD TO PREMISES. Subject to Tenant's consent (which shall not be unreasonably withheld), Landlord shall have the right to enter the Premises to make inspections, provide necessary services, or show the unit to prospective buyers, mortgagees, tenants or workers. Landlord will provide 24 hour notice of its intention to enter the Premises. If Tenant has, after written notice to cease, continued to deny Owner access to the unit, as required by State law, such failure is a substantial breach of this agreement and is a just cause for eviction. However, Landlord does not assume any liability for the care or supervision of the Premises. As provided by law, in the case of an emergency, Landlord may enter the Premises without Tenant's consent. During the last three months of this Lease, or any extension of this Lease, Landlord shall be allowed to display the usual "To Let" signs and show the Premises to prospective tenants.

30. INDEMNITY REGARDING USE OF PREMISES. To the extent permitted by law, Tenant agrees to indemnify, hold harmless, and defend Landlord from and against any and all losses, claims, liabilities, and expenses, including reasonable attorney fees, if any, which Landlord may suffer or incur in connection with Tenant's possession, use or misuse of the Premises, except Landlord's act or negligence. Tenant hereby expressly releases Landlord and/or Agent from any and all liability for loss or damage to Tenants property or effects whether in the Premises, garage, storerooms or any other location in or about the Premises, arising out of any cause whatsoever, including but not limited to rain, plumbing leakage, fire or theft, except in the case that such damage has been adjudged to be the result of the gross negligence of Landlord, Landlords employees, heirs, successors, assignees and/or Agents.

31. ACCOMMODATION. Landlord agrees to and is committed to complying with all applicable laws providing equal housing opportunities. To ensure compliance, Landlord will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or a tenant, unless undue hardship would result. It is the applicant or tenants responsibility to make Landlord aware of any required accommodation. In writing, the individual with the disability should specify the nature and effect of the disability and any accommodation he or she needs. If after thoughtful consideration and evaluation, the accommodation is reasonable and will not impose an undue hardship, Landlord will make the accommodation. Owner reserves the right to require appropriate medical verification of the disability.

32. DANGEROUS MATERIALS. Tenant shall not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might substantially increase the danger of fire on the Premises, or that might be considered hazardous by a responsible insurance

company, unless the prior written consent of Landlord is obtained and proof of adequate insurance protection is provided by Tenant to Landlord.

33. COMPLIANCE WITH REGULATIONS. Tenant shall promptly comply with all laws, ordinances, requirements and regulations of the federal, state, county, municipal and other authorities, and the fire insurance underwriters. However, Tenant shall not by this provision be required to make alterations to the exterior of the building or alterations of a structural nature.

34. MECHANICS LIENS. Neither Tenant nor anyone claiming through the Tenant shall have the right to file mechanics liens or any other kind of lien on the Premises and the filing of this Lease constitutes notice that such liens are invalid. Further, Tenant agrees to (1) give actual advance notice to any contractors, subcontractors or suppliers of goods, labor, or services that such liens will not be valid, and (2) take whatever additional steps that are necessary in order to keep the premises free of all liens resulting from construction done by or for the Tenant.

35. SUBORDINATION OF LEASE. This Lease is subordinate to any mortgage that now exists, or may be given later by Landlord, with respect to the Premises.

36. ASSIGNABILITY/SUBLETTING. Tenant may not assign or sublease any interest in the Premises, nor assign, mortgage or pledge this Lease. This is a blanket prohibition, meaning no replacement tenant(s) will be permitted and no additional tenant or occupant will be allowed in the Premises even if a Tenant leaves the Premises. This prohibition applies to each and every term of this Lease in regard to space leased to Tenant. Any waiver of this prohibition must be secured from the Landlord in writing, and the consent of which Landlord may withhold in its sole and absolute discretion. In the event the prohibition is invalidated or lifted, Tenant, Landlord and any subtenant or assignee agrees to be bound by each and every provision contained in this Lease.

37. NOTICE. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed to the party at the appropriate address set forth below. Such addresses may be changed from time to time by either party by providing notice as set forth below. Notices mailed in accordance with these provisions shall be deemed received on the third day after posting.

LANDLORD:

Zack P. Latham

38. GOVERNING LAW. This Lease shall be construed in accordance with the laws of the State of Alaska.

39. ENTIRE AGREEMENT/AMENDMENT. This Lease contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

Initials: ML

40. SERVICEABILITY; WAIVER. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Lease is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

41. TIME OF ESSENCE. Time is of the essence with respect to the execution of this Lease.

42. ESTOPPEL CERTIFICATE. Tenant shall execute and return a tenant estoppel certificate delivered to Tenant by Landlord or Landlord's agent within 3 days after its receipt. Failure to comply with this requirement shall be deemed Tenant's acknowledgment that the estoppel certificate is true and correct, and may be relied upon by a lender or purchaser.

43. TENANT REPRESENTATION; CREDIT. Tenant represents and warrants that all statements in Tenant's rental application are accurate. Tenant authorizes Landlord and any broker to obtain Tenant's credit report periodically during the tenancy in connection with the modification or enforcement of this Lease. Landlord may cancel this Lease (i) before occupancy begins, (ii) upon disapproval of the credit report(s), or (iii) at any time, upon discovering that information in Tenant's application is false.

44. BINDING EFFECT. The provisions of this Lease shall be binding upon and inure to the benefit of both parties and their respective legal representatives, successors and assigns.

LANDLORD:

8/7/2024
Zack P. Latham
Dated:

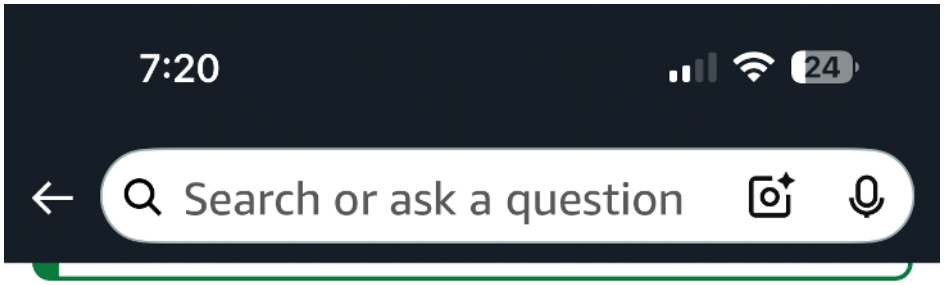
TENANT:

08/07/2024
Mauricio Lopez
Dated:

TENANT:

Samara F. S. Bueno
Samara Fernanda Da Silva Bueno
Dated: 08/07/2024

Initials: ML



Your Addresses

Add a new address

Add a new pickup location

Personal Addresses

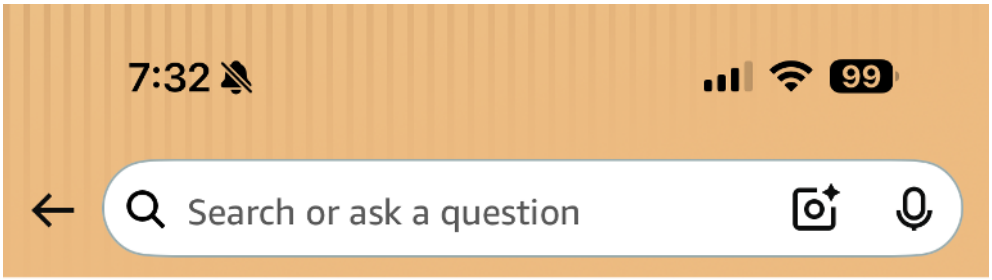
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Samara Da Silva Bueno
1175 VICKI LN APT # D
NORTH POLE, AK 99705-5991
United States
Phone number: (925) 285-3243
Add delivery instructions

Edit | Remove

Mauricio lopez
1175 Vicki Ln
Apt#D
North Pole, Alaska 99705
United States
Phone number: 9404655150
Add delivery instructions

Edit | Remove | Set as Default



Your Addresses

Add a new address

Add a new pickup location

Personal Addresses

Default: amazon

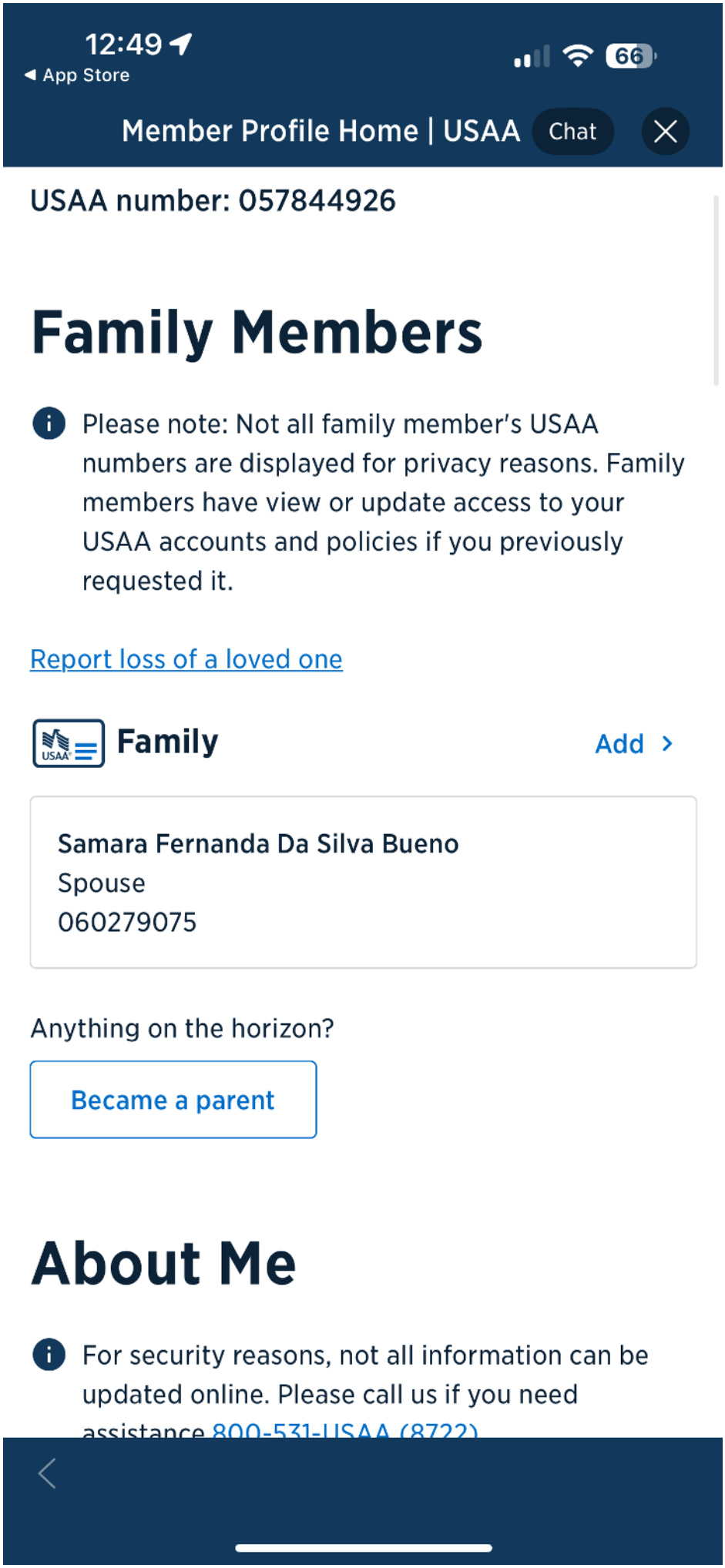
Samara Da Silva Bueno
3102 BALDWIN LOOP APT B
KILLEEN, TX 76549-7162
United States
Phone number: (925) 285-3243
Add delivery instructions

Edit | Remove

Mauricio lopez
3102 Baldwin Loop
Unit B
Killeen, Tx 76549
United States
Phone number: 9404655150
Add delivery instructions

Edit | Remove | Set as Default




12:49
App Store
66
Member Profile Home | USAA
Chat
USAA number: 057844926
Family Members
Please note: Not all family member's USAA numbers are displayed for privacy reasons. Family members have view or update access to your USAA accounts and policies if you previously requested it.
Report loss of a loved one
Family
Add
Samara Fernanda Da Silva Bueno
Spouse
060279075
Anything on the horizon?
Became a parent
About Me
For security reasons, not all information can be updated online. Please call us if you need
assistance 800-531-USAA (8722)

Hello, Mauricio Lopez

USAA number: 057844926

Verify your military information.

Please review your military information to help ensure you receive the most personalized product and service offers that meet your needs. If all your military information is up to date, select "My profile is current and correct."

My profile is current and correct

Contact Information

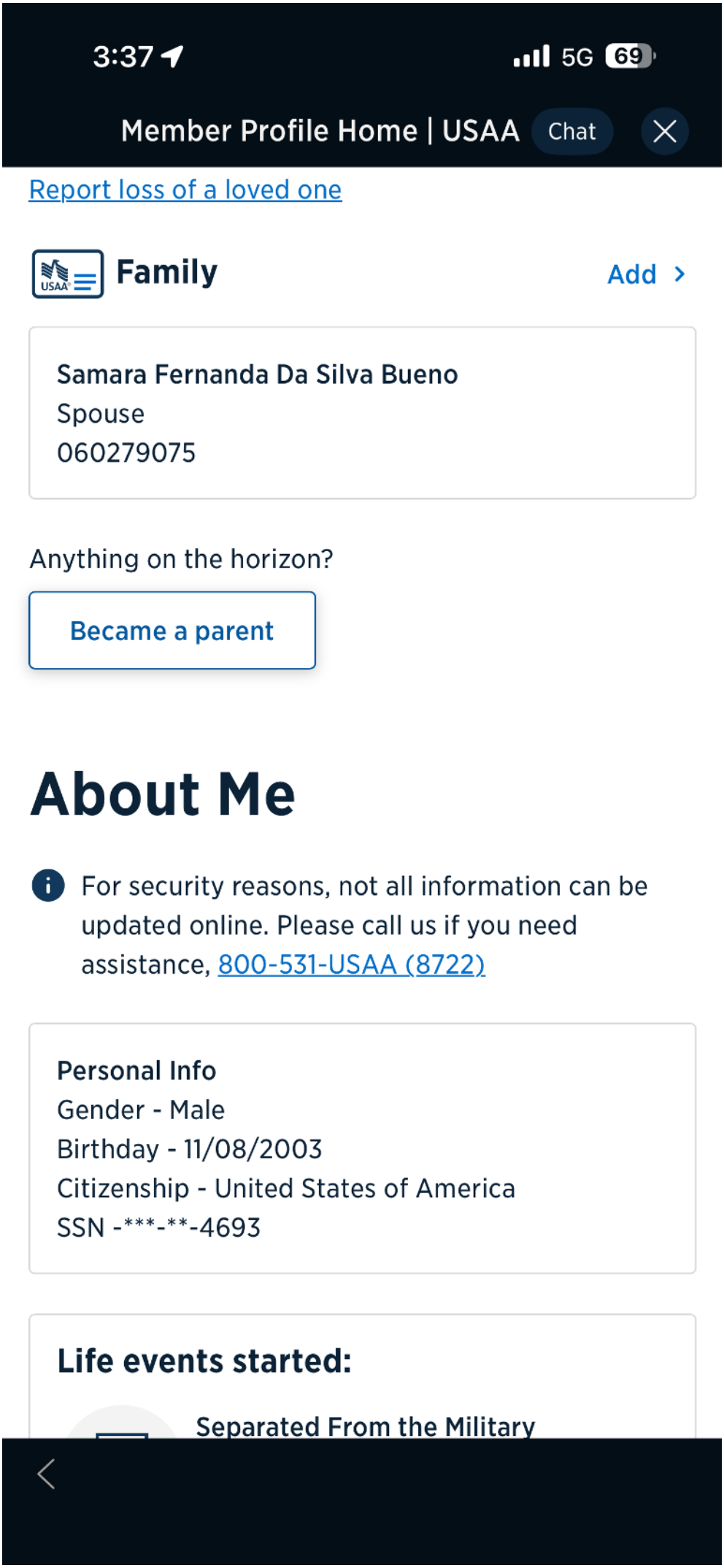
Address

Mailing address
3102 BALDWIN LOOP APT B
KILLEEN TX 76549-7162

Physical address
Same as Mailing

Edit

Anything on the horizon?



Report loss of a loved one

Family

Add >

Samara Fernanda Da Silva Bueno
Spouse
060279075

Anything on the horizon?

Became a parent

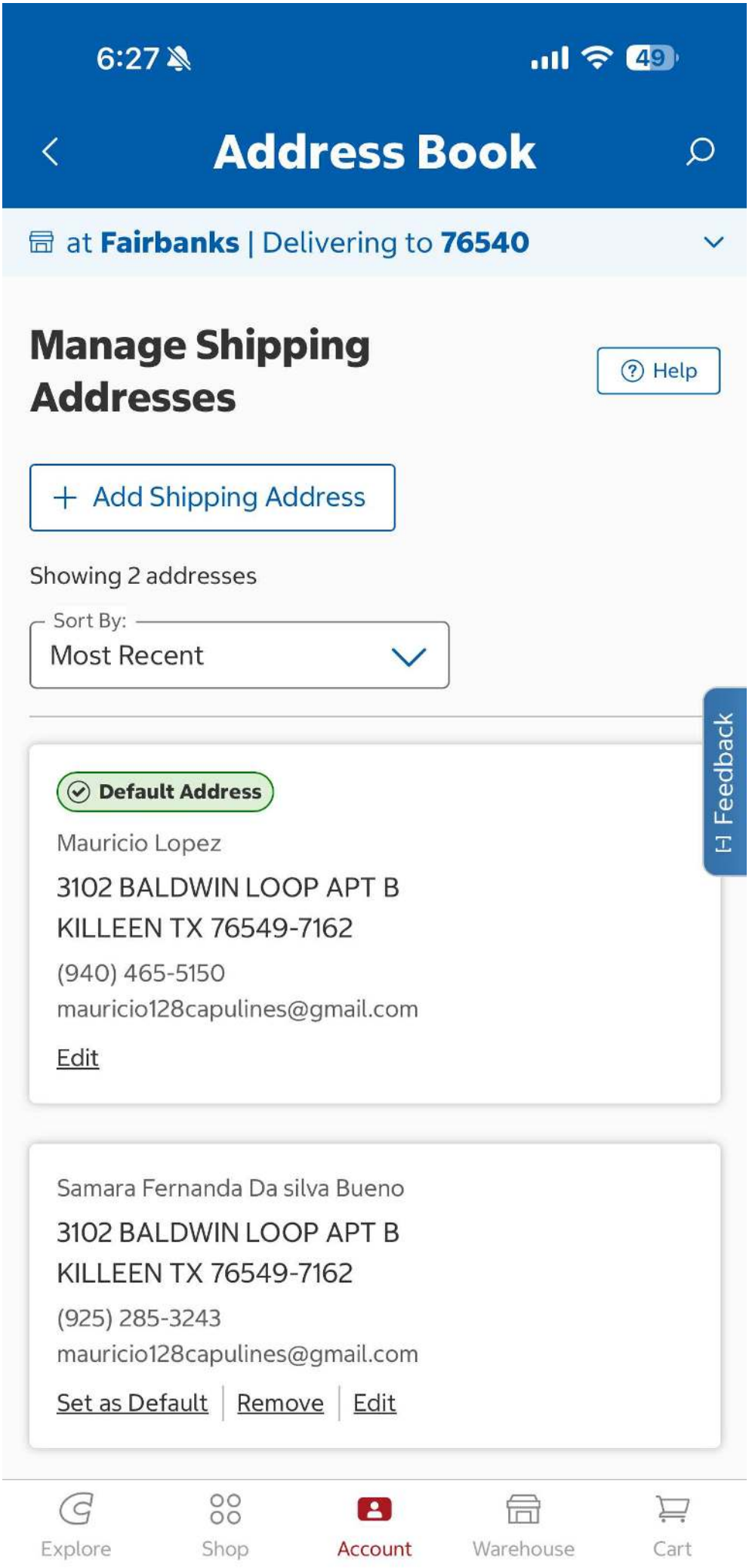
About Me

For security reasons, not all information can be updated online. Please call us if you need assistance, 800-531-USAA (8722)

Personal Info
Gender - Male
Birthday - 11/08/2003
Citizenship - United States of America
SSN -***-**-4693

Life events started:

Separated From the Military


6:27
49
Address Book
at Fairbanks | Delivering to 76540
Manage Shipping Addresses
Help
+ Add Shipping Address
Showing 2 addresses
Sort By:
Most Recent
Feedback
Default Address
Mauricio Lopez
3102 BALDWIN LOOP APT B
KILLEEN TX 76549-7162
(940) 465-5150
mauricio128capulines@gmail.com
Edit
Samara Fernanda Da silva Bueno
3102 BALDWIN LOOP APT B
KILLEEN TX 76549-7162
(925) 285-3243
mauricio128capulines@gmail.com
Set as Default
Remove
Edit
Explore
Shop
Account
Warehouse
Cart

NNNN

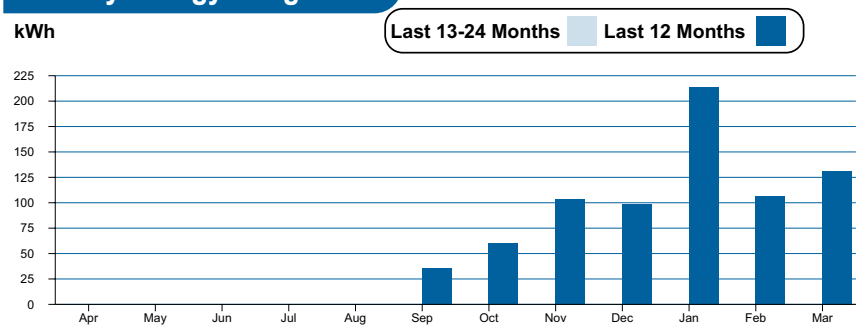
Office Hours: Mon. - Fri. 8:30 AM -4:30 PM
Toll Free: 1-800-770-4832
Phone: 907-452-1151
www.gvea.com

Kiosk Barcode

AUTOPAY AMOUNT
$59.00
Paying with Credit Card
04/15/2025

Name: MAURICIO LOPEZ
SAMARA F DA SILVA BUENO
Billing Date: 03/21/2025
Account #: 658280
Service Address: 1175 VICKI LN #4
Voting District: 3
Member #: 1082445

Monthly Energy Usage



Messages From Golden Valley

- Save the Date! GVEA Annual Members' Meeting is Thursday May 1, 2025 at 8 Star Event Center. The event will also be live-streamed on GVEA's YouTube and Facebook pages. Stay tuned for more information at our dedicated webpage: www.gvea.com/annual.

Monthly Energy Usage Comparison

This Month	Last Month	This Month Last Year	Amount Billed Last Year	Avg Daily Use	Avg Daily Cost	Avg Daily High	Avg Daily Low
131 kWh 28 days	107 kWh 31 days	0 kWh 30 days	$.00	5 kWh	$2.11	24°F	2°F

Please return bottom portion with your payment.

GOLDEN VALLEY ELECTRIC ASSOCIATION, INC.
P.O. Box 71249, Fairbanks, Alaska 99707-1249

Bill date 03/21/2025
Account Number 658280

Total Due $59.00
Paying With Credit Card on 04/15/2025

PHONE NUMBER: (940) 465-5150
EMAIL: mauricio128capulines@gmail.com

GOLDEN VALLEY ELECTRIC ASSOCIATION
PO BOX 71249
FAIRBANKS AK 99707-1249

4 2071

MAURICIO LOPEZ
SAMARA F DA SILVA BUENO
1175 VICKI LN #4
NORTH POLE AK 99705-0000

02006000065828000000059000000061000321202 53

Account Number: 658280 **Service Address: 1175 VICKI LN #4**

Meter #	Billing Period From	Billing Period To	Days	Readings Previous	Readings Present	Meter Multiplier	Usage	Rate
319631	02/13/25	03/13/25	28	660	791	1	131	RES1

Previous Account Activity

Previous Balance	$52.00
Payment Received - Thank You	-$52.00
Balance Forward	**$0.00**

Current Activity

Customer Charge			$22.50
Utility Charge	131 KWH	@ 0.144680	$18.95
Fuel & Purchased Power	131 KWH	@ 0.131640	$17.24
Regulatory Cost Charge	131 KWH	@ 0.001107	$0.15
ERO Surcharge	131 KWH	@ 0.000670	$0.09
Goodcents			$0.07
Current Charges			**$59.00**

Total Amount Due **$59.00**

PAYING WITH CREDIT CARD ON 04/15/25



HELP US FIND YOU DURING AN OUTAGE

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- Street Name Clearly Visible
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Pay your bill using the MyGVEA app.

In Person
758 Illinois Street, Fairbanks, AK
Or
1681 Richardson Highway, Delta Junction, AK

Samara Fernanda da Silva Bueno
3102 Baldwin Loop
Killeen, TX 76549
+19252853243
samarafernandabueno@gmail.com

07/27/2026

Personal Statement regarding my Relationship

To whom it may concern,

I met my husband in October 2023 through a friend, Luiz Bartow Simões, who is also stationed at the army base here in Alaska.

After 2 years of marriage, I feel complete by Maurício's side, and our relationship keeps growing stronger, and I am very happy. I cannot imagine my life without him by my side.

I met Maurício in 2023 through my friend Luiz; we were introduced through mutual friends in San Francisco, and I immediately connected with his wife Olivia's personality. Olivia has always been very attentive and patient in keeping a conversation in English with me, as she is American.

In one of my FaceTime conversations with Luiz, I asked if he knew anyone he could introduce me to, someone I could talk to and practice English with. A few weeks later, Luiz sent me a message saying he might know someone I could connect with, build a friendship with, and practice the language with. Luiz mentioned Maurício's shy personality, but described him as a serious and respectful man, a man of few words but responsible, and he also added that Maurício is descended from Mexican immigrants, and that I might feel more comfortable speaking Portuguese at some point, since his fluency in Spanish could make communication more effective.

Our first contact was on October 20, 2023.

At first, we started by exchanging text messages with basic everyday questions, such as "how is your day going?", "how was work today?", and so on.

As the week went on, we would talk more in the evenings when we were free from our daily obligations, allowing us to get to know each other better. On weekends, our online conversations became longer.

I remember our first FaceTime call as if it were yesterday, Maurício was wearing a black t-shirt, constantly fixing his hair with a shy smile, and being funny. We greeted each other and started laughing at the same time, showing a bit of shyness toward one another, but little by little the conversation began to flow. Maurício had bought Mexican food, and I had learned to make tacos for the first time with the family I had worked for as an au pair, so I explained how I was used to preparing them. It was fun because, since his family is Mexican, we were able to have a great exchange about how I had learned to prepare one of their most traditional dishes.

Maurício also told me about his day at work and that in a few weeks he would be traveling for training. I was still cooking while Maurício already had his dinner ready. As I did not want his food to get cold, I sat down at the table so we could talk, but he said it was no problem at all for me to finish what I was doing, that he would wait for me... That gesture made me admire him as a man, a gentleman, and it was then that I realized my feelings for him began to grow stronger.

When I finished cooking my dinner, I sat down to talk with Maurício and we had our first online dinner together. We talked about cultural topics, food, and favorite hobbies. I was very shy since it was the first time we were seeing each other on a video call, and I could tell he was too, but we kept talking for quite a long time. His smile was charming.

It was 8 months of online meetings. With each call, I grew more and more interested in Maurício's life, and he became more detailed and attentive as well. Before I even realized it, I was already thinking about what to wear for our online calls and feeling anxious to see Maurício and his shy smile.

Although I am more communicative, his shy yet confident nature won me over. He is a man with composure, able to hold a conversation on many subjects, yet I can still see deep in his eyes that shy side of him that never fails to bring a smile to my face.

Somehow my friendship with Maurício was building bonds, I trusted him, even without knowing him as well as I wish I had, partly due to the language barrier and the limits of a virtual connection, although he always complimented my English, saying the improvements in our communication were remarkable. We talked like old friends, and he also seemed to trust me deeply, sharing things about his life with me.

Maurício and I talked about our families, how we were raised, and how working in the army has been a great opportunity to gain many experiences. We found ourselves relating to each other and growing closer in light of the challenges life had brought us, especially the sacrifices our parents made to give us the best. I grew up with my father's family, with my paternal grandparents, aunts, and uncles. Maurício spent part of his childhood in Mexico with his mother, and around the age of 10 he came to the United States, to Denton, Texas, to live with family members. Seven years later he moved to Grapevine, where he finished high school and enlisted in the army. We both had modest means and faced many challenges, but even so, those difficulties gave us the strength to keep going and move forward in pursuit of our dreams.

During one of our dinners, I shared how I felt about having been alone for so long, and that I had ended a 7-year relationship when I decided to come to the United States to study abroad. I went through depression and was in a very difficult place, and since I was solely focused on work, I was not socializing with other people to improve my English, but only with people from the Brazilian community, as I felt more comfortable in my comfort zone due to how vulnerable I was feeling.

Maurício also opened up and told me about his last relationship, he had also dated long distance, but his move to Alaska gradually led to the end of that relationship. Connecting with someone in Alaska also turned out to be a great challenge, so he focused solely on himself, dedicating his time to training and his military career goals.

On weekends here and there, when I would visit my friends, Maurício and I would FaceTime, and through that he got to know more about the people around me. Our long-distance relationship began to feel more meaningful, and my friends always approved of Maurício.

He would always say, "I'm having really good times in our meetings and always excited for the next one." I was trying not to get my hopes up, but I thought about him all day and was always eager for our next call. When he was away for weeks at a time for training, I would feel anxious and apprehensive, knowing that the distance would be a little more complicated. I shared those feelings with my best friend, Cristiano, and little by little the anxiety faded and the distance no longer frightened me, so I decided to bring it up with Maurício.

After 4 months of online conversations, in February 2024, feeling less shy, I decided to open up and tell Maurício how I felt about us. I told him that even though I was afraid the distance might be a problem, I could no longer imagine my life without him in it, and that with every call I felt more in love, happier with every exchange, and could hardly wait to meet him in person. He said he felt the same way, that he was becoming more

and more invested, and that he would very much like to have something more, and that even with the distance, he also wanted to try. It was then that we knew we were on the same page, as we were both deeply involved and considered each other much more than friends. It was during that phone call that I asked him if he would like to come visit me so we could meet in person. We were silent for a few seconds, and then Maurício lovingly said yes. Shortly after, he came to visit me in San Francisco. We spent only a few days together, as he needed to return to work, and during that trip he expressed his feelings with beautiful words, telling me how special I was becoming in his life, and asked me to be his girlfriend.

I accepted, and on February 10th we officially started dating.

Upon his return to Alaska, we grew closer and more intimate with each passing day, sharing with each other aspects of our lives, our daily routines, our desires and fears, with the certainty that there were still barriers, but even so I could watch him get ready for work, he would tell me in more detail how his weekend had gone, and I always knew when he was out with friends having a good time. I only wanted to be closer and closer to my boyfriend, wondering how that would ever be possible.

Maurício has always been very patient with me and always tells me he loves my accent. When I struggle to say something, he does not try to correct me, he says my way of speaking English is something special about me.

The last few months of our calls became more intense, the desire to be together and to truly have more contact was causing me a great deal of anxiety.

My best friend had a wonderful conversation with him over FaceTime, telling him that he should visit us more often and that we were eagerly waiting for him, and since I do not have my family nearby, he wanted to be a good friend to me and get to know Maurício better. From that point on, Maurício began asking me questions about the possibility of me having to live in Alaska, whether I would be willing to try if we truly connected, warning me about the new challenges I would face as a soldier's wife, such as when he travels for weeks at a time for training, or how cold and isolated life in Alaska can be. I knew it would not be easy, as I was not used to living in such a cold place, but I was willing to try, because I could no longer see myself with anyone other than Maurício.

Maurício was more than a boyfriend, he was, and still is, a true partner and friend, and having that kind of friendship, to me, is one of the most important things in a relationship, for it is through friendship that bonds, affection, respect, and companionship are built for a lifetime.

In March 2024, I already had in mind that Maurício would be here during the summer vacation to see each other again. We were already making plans for him to come to San Francisco, I could not have been happier knowing that Maurício would be traveling to spend his vacation with me.

In April 2024, I decided to travel to Texas, as a solar eclipse was taking place in the state and I was also curious to see the state where Maurício had grown up with his family. Unfortunately, along the route, I was stopped and detained at a checkpoint, as I was already out of status, and I received a NTA, initiating my removal proceedings. I returned to San Francisco and told Maurício everything that had happened in Texas, and he kept his word about coming to visit me during the vacation so we could talk about it in person.

In May 2024, Maurício came to visit me again, so we had a long conversation and reached the conclusion that we wanted to build a life together, but that it would not be possible with the distance, so he proposed to me, asking if I would accept living with him in Alaska. I already loved what we had from a distance, and the desire to see him, hold him, kiss him, and be by his side was overwhelming. I said yes.

My father, my stepmother, and my sister, who are the most important people in my life, were very supportive of my relationship with Maurício. They always found Maurício to be a good and very trustworthy man, having been introduced through a friend who also serves in the army.

My father was very happy for me, and since he was also overcoming a battle with cancer, this was one more reason for joy for the family. During the period when my father fell ill and throughout his treatment, Maurício was a tremendous partner and provided me with a great deal of emotional support, he showed his love by always being there to talk with me and bringing me comfort with loving words in every call.

After Maurício's trip was set, the wait and the anticipation made the days feel longer. We made all the preparations, yet our union seemed like it would never come. Until finally, on July 7, 2024, I went to pick up my future husband at the airport. My heart was racing so fast that I could barely speak, when he arrived, I stepped out of the car and we embraced each other tightly, and I cried a great deal. All I could feel was his love, as he calmed me down and telling me he was there I knew with certainty that Maurício is the man of my life, his love, his dedication, his patience, his tenderness, and everything... everything we had been through and are still going through only made our love stronger and gave us the strength to move forward, and right there were all the answers we needed to continue our story.

Our wedding was on July 9, 2024. On that day I experienced the best moments of my life with the man God placed in my path to make me happy and to prove that neither

distance nor anything else can separate what He has brought together. Through so many challenges, our love prevailed, and every day we continue to make the same choice of being together. His visits to San Francisco, in the face of so many challenges that could have led him to give up on our union, were the greatest proof of love he could have given me. Maurício has been my companion, he held my hand and never let go, and we have been married for 2 years.

After my husband returned to Alaska to continue his military service, I sought guidance through friends and legal consultations, informing myself and resolving all matters of my life in California in preparation for my permanent move to Alaska in October 2024.

That period was very meaningful in our lives, as we were both eager to finally live together, he was taking care of the paperwork and getting our home ready during those 3 months after the wedding, while I was also wrapping up my responsibilities before leaving the state.

We took a short trip for our honeymoon, as our main goal was to buy a house right after we moved away from Alaska in 2026.

On our honeymoon he took me to see the northern lights, it was my birthday in September 2024, so it was the most beautiful birthday and wedding gift that God and Maurício could have given me. We knew with certainty that we made the best choice in living together now rather than waiting until the end of his military enlistment, we are one, me for him and him for me.

At first it was a great challenge, Alaska was very cold and far removed from social life, so when my husband traveled for training I would take advantage of outdoor activities, go on long walks, or drive to the nearest city to run errands and make the most of my time. Even as a married couple, we respect each other's space. I love what we have; we are so much more than husband and wife, we are friends, confidants, and deeply in love with each other.

Today I can see how much my eating habits have changed, and even though I do not like cilantro or jalapeño, I cook some dishes separately since my husband is of Mexican descent and loves that cuisine. He also continues to learn about Brazilian food and is always in the kitchen, sometimes he helps me cook, teaches me how to prepare certain dishes, and also cooks for us I especially love his quesadillas.

After living in Alaska for a while, I realized he was right, there was not much to do where we lived, but I was exactly where I wanted to be, by my husband's side, improving my English every day, and very proud to have married a soldier. This time with him has made me develop a much deeper respect for the army, and today I feel flattered to be a

soldier's wife and to learn daily what the life of one is truly like, my favorite soldier, my dear husband Maurício.

I lived with Maurício in Alaska for approximately one year and three months. Despite the intense cold, the distance from family, and a routine completely different from the one I had known, we built very special memories together. We learned to face together the challenges of living in such a remote place, and also to appreciate the peace and simplicity of that chapter of our lives.

However, in June 2025, we faced the greatest difficulty of our marriage up to that point. I began experiencing severe pain and was taken to the hospital. After running tests, the doctors identified that a cyst had ruptured inside my body, causing a serious infection that had spread to other organs. I had to undergo multiple surgical procedures, was hospitalized for approximately one month, was intubated, and remained in critical condition for part of that period. Beyond the physical impact, I faced a great deal of fear, stress, and concern about the possibility of infertility due to the complications.

I felt deeply loved by Maurício throughout my recovery during such a vulnerable time in my life. My husband was present at every step, accompanying me to appointments and throughout the long hospitalization. He took care of me when I needed it most, offering support, strength, and reassurance.

In one of the most difficult moments of my life, I knew with certainty that I had chosen the right man to build a family with. I am deeply grateful to God for preserving my life and for giving me such a dedicated, loving, and present husband.

After my recovery, although I am still continuing medical follow-up, we said goodbye to Alaska in January 2026 and began a new chapter of our lives in Killeen, Texas. It was a big change: we left behind the harsh winter to live in a completely different climate. We also fulfilled an important dream by purchasing our first home, a symbol of the life we are building together.

We look to the future with hope. I plan to continue my studies, and Maurício has received a new assignment in the Army, being deployed to South Korea for approximately ten months. We know that this period will once again demand sacrifice and strength from our marriage, but we also know that we have already overcome far greater challenges. From the very beginning of our relationship we learned to face distance when necessary, maintaining our communication, our respect, and our commitment to one another.

Looking back over the past few years, I can see how much we have grown as a couple. Every challenge has strengthened our union and reinforced the certainty that we want to continue building our life together. Our greatest dream is to start a family and to keep sharing every step of our journey. Although Maurício's upcoming deployment will bring longing, I am confident that it will only strengthen our marriage even further, just as every phase we have lived through together has done.

I declare, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Sincerely,

---//signature//---

Samara Fernanda da Silva Bueno

I, André Vinícius Inacio Penna Mello, 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: July 30, 2026.

Samara Fernanda da Silva Bueno
3102 Baldwin Loop
Killeen, TX 76549
+19252853243
samarafernandabueno@gmail.com

27/07/2026

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Eu conheci meu marido em Outubro de 2023 através de um amigo Luiz Bartow Simões que também está localizado na base do exército aqui no Alasca.

Após 2 anos de casados, me sinto completa ao lado de Maurício e a nossa relação está cada vez mais sólida e estou muito feliz. Não imagino minha vida sem ele ao meu lado.

Eu conheci o Maurício em 2023, por meio do meu amigo Luiz, nos conhecemos através de amigos em comum em San Francisco e eu me identifiquei muito com a personalidade de sua esposa Olivia. Olivia sempre foi muito atenciosa e paciente para mantermos um diálogo em inglês já que é americana.

Em uma de nossas conversas entre eu e Luiz por facetime cheguei a perguntar se ele teria algum amigo para me apresentar, alguém que eu pudesse conversar e praticar inglês. Semanas depois, Luiz me enviou uma mensagem dizendo que poderia ter alguém com quem eu pudesse me identificar, fazer amizade e praticar o idioma. Luiz comentou sobre a personalidade tímida de Mauricio, porém, um homem sério e respeitoso, de poucas palavras mas responsável, também acrescentou dizendo sobre ser descendentes de imigrantes mexicanos, e que eu poderia me sentir mais confortável em falar português em algum momento pois ele sendo fluente em espanhol a comunicação poderia ser mais assertiva.

Nosso primeiro contato foi dia 20 de outubro de 2023.

Primeiramente, iniciamos enviando mensagens de texto com perguntas básicas do dia a dia como por exemplo “como está sendo o seu dia?”, “como foi o trabalho hoje?”, etc...

Ao decorrer da semana, falávamos mais no período da noite quando estávamos livres das obrigações diárias, podendo nos conhecer melhor. Já aos finais de semana, nossos encontros online se tornaram mais longos.

Lembro como se fosse hoje nosso primeiro facetime, Mauricio usava uma camiseta preta e ele estava sempre arrumando o cabelo com um sorriso tímido e sendo engraçado. Nos cumprimentamos e começamos a dar risada ao mesmo tempo, demonstramos um para o outro timidez, mas aos poucos a conversa foi fluindo. Maurício havia comprado comida mexicana e eu aprendi a fazer tacos pela primeira vez com a família que eu havia trabalhado como uma au pair, então expliquei como eu era acostumada a preparar. Foi divertido pois como sua família e mexicana nós podemos ter uma boa troca de como eu havia aprendido a fazer um dos pratos mais típicos.

Maurício também me contava como havia sido o trabalho e que em algumas semanas viajaria a treinamento. Eu estava cozinhando e Maurício já estava com o seu jantar pronto. Como eu não queria que a comida dele esfriasse, eu sentei na mesa para conversarmos, mas ele disse que não haveria problema algum em eu finalizar o que estava fazendo, que ele esperaria por mim... Aquele gesto fez com que eu o admirasse como homem, um cavalheiro, e foi então que percebi que os meus sentimentos por ele começaram a se fortalecer.

Quando terminei de cozinhar meu jantar, sentei para conversar com Maurício e tivemos o nosso primeiro jantar online. Conversamos sobre assuntos culturais, comidas, hobbies favoritos. Eu estava muito tímida por ser a primeira vez que nos víamos por chamada de vídeo, e pude perceber que ele também estava, mas ficamos ali conversando por bastante tempo. O sorriso dele era encantador.

Foram 8 meses de encontros online. A cada conversa fui me interessando mais pela vida de Maurício e ele também foi ficando mais detalhista e atencioso... quando me dei conta, já estava pensando em meu outfit para ficar online e me deixando ansiosa para ver Maurício e seu sorriso tímido.

Embora eu seja mais comunicativa, o jeito tímido e confiante dele me ganharam. Ele é um homem que tem postura, sabe conversar sobre vários assuntos, mas ainda posso ver lá no fundo dos seus olhos seu jeito tímido que me roubam sorrisos.

De alguma forma a minha amizade com Maurício foi criando laços, eu confiava nele, mesmo não o conhecendo tanto quanto eu gostaria, tanto pelo inglês e os limites da virtualidade, embora ele sempre elogiasse meu inglês, dizendo que era notável as melhorias na nossa comunicação. Conversávamos como amigos de longa data, ele também parecia confiar bastante em mim, me contando coisas sobre sua vida.

Mauricio e eu conversávamos sobre nossas famílias, como fomos educados, como está sendo uma grande oportunidade trabalhar no exército e adquirir muitas experiências. Fomos nos identificando e nos tornando cada vez mais ligados diante dos desafios que a vida nos trouxe, principalmente os desafios de nossos pais para nos oferecermos o melhor. Eu cresci com a família do meu pai, com meus avós e tias e tios paternos. Maurício passou parte de sua vida no México quando criança com a mãe, por volta dos 10 anos de idade veio para os estados unidos em Denton Texas para viver com os familiares e após 7 anos se mudou para Grapevine, onde finalizou o high school e se alistou para o exército. Nós tivemos recursos básicos e com muitos desafios, mas ainda assim as dificuldades fizeram com que tivéssemos forças para continuar e seguir adiante para realizarmos nossos sonhos.

Durante um dos nossos jantares, compartilhei como me sentia em relação a estar a tanto tempo sozinha, que havia finalizado um relacionamento de 7 anos quando resolvi vir para os Estados Unidos para fazer intercâmbio. Eu tive depressão e fiquei muito mal e como estava apenas focando no trabalho não me socializava com outras pessoas para aprimorar o inglês, somente com pessoas da comunidade brasileira por me sentir na minha zona de conforto por estar muito fragilizada.

Maurício também se abriu e me contou sobre seu último relacionamento, que também namorou a distância, mas sua mudança para o Alasca fez com que pouco a pouco o relacionamento chegasse ao final. Se conectar no Alasca com alguém também acabou sendo um grande desafio e apenas focou em si mesmo dedicando-se nos treinamentos e objetivos de sua carreira militar.

Entre um e outro final de semana, quando eu ia visitar meus amigos, eu e Maurício fazíamos facetime e assim ele foi conhecendo mais sobre as pessoas ao meu redor e o nosso relacionamento a distância foi começando a fazer mais sentido e meus amigos sempre aprovaram o Maurício.

Ele sempre dizia “I’m having really good times in our meetings and always excited for the next one”. Eu estava tentando não criar expectativas, mas pensava nele o dia todo e estava sempre ansiosa para a nossa próxima ligação. Quando ele ficava por semanas em treinamento, eu ficava ansiosa e com receio, pois sabia que a distância seria um pouco mais complicada. Compartilhei esses sentimentos com meu melhor amigo, Cristiano, e aos poucos a ansiedade foi ficando de lado e a questão da distância já não me assustava mais então resolvi conversar a respeito com Maurício.

Após 4 meses de conversas online, em Fevereiro de 2024, sendo menos tímida, resolvi me abrir e dizer pro Maurício como eu me sentia em relação a nós. Eu disse a ele que mesmo com receio de que a distância seria um problema, eu não conseguia mais ficar sem ele na minha vida e que a cada encontro eu me sentia mais apaixonada, feliz com a cada troca e mal poderia esperar para conhecê-lo pessoalmente. Ele disse que se

sentia da mesma forma, que estava cada vez mais envolvido e que gostaria muito de ter algo a mais e mesmo estando distante ele também gostaria de tentar. Foi então que tivemos a certeza de que estávamos na mesma página, já que estávamos muito envolvidos e que nos considerávamos muito mais do que amigos. Foi durante essa conversa por telefone que perguntei se ele gostaria de vir me visitar e nos conhecermos pessoalmente. Ficamos em silêncio por alguns segundos e amorosamente Maurício respondeu que sim. Então logo em seguida ele veio me visitar em San Francisco. Passamos apenas alguns dias juntos, pois ele precisava voltar ao trabalho, e, nessa viagem ele se declarou com palavras lindas dizendo o quanto eu estava me tornando especial em sua vida e me pediu em namoro.

Eu aceitei seu pedido e dia 10 de fevereiro começamos a namorar.

Em seu retorno ao Alasca nos tornamos mais próximos e íntimos a cada dia, compartilhando um com o outro coisas da nossa vida, do nosso dia a dia, dos nossos desejos e medos com certeza ainda haviam barreiras mas ainda sim eu podia ver ele se arrumar para o trabalho, ele me detalhava mais como havia sido o final de semana e sabia quando ele estava com os amigos se divertindo. Eu só queria estar cada vez mais próxima do meu namorado e imaginando como isso seria possível.

Maurício sempre foi muito paciente comigo e sempre me diz que ama o meu sotaque. Quando não consigo dizer algo, ele não tenta me corrigir, ele diz que a minha forma de pronunciar inglês é algo especial em mim.

Os últimos meses das nossas ligações foram mais intensos, a vontade de estar juntos e realmente termos mais contato estava me causando muita ansiedade.

Meu melhor amigo teve uma linda conversa com ele por facetime dizendo que ele deveria nos visitar com mais frequência e que estávamos aguardando-o ansiosamente, já que não tenho minha família por perto, ele queria ser um bom amigo e conhecê-lo melhor. A partir de então, Maurício começou a me questionar, fazendo perguntas sobre a possibilidade de eu ter que morar no Alasca, se eu estaria disposta a tentar caso nós realmente nos conectássemos, me alertando sobre os novos desafios que eu teria que enfrentar sendo uma mulher de soldado quando como ele viaja por semanas em treinamento ou quão frio e isolado pode ser viver no Alasca. Eu sabia que não seria fácil, porque não estava acostumada a morar em um lugar tão frio, estava disposta a tentar, porque eu não conseguia mais me ver com mais ninguém senão o Maurício.

O Maurício era mais do que um namorado, ele era, e ainda é, um grande parceiro e amigo, e ter uma amizade assim, para mim, é uma das coisas mais importantes entre um casal, pois a partir da amizade que se constrói laços, carinho, respeito e companheirismo para toda a vida.

Em março de 2024, já tinha em mente que Maurício estaria aqui nas férias de verão para nos vermos novamente. Já estávamos fazendo planos para ele vir para San Francisco, eu não poderia estar mais feliz que Maurício viajaria para passar suas férias comigo.

Em abril de 2024, resolvi viajar para o Texas, pois estaria acontecendo um eclipse solar no estado e também tinha curiosidade de conhecer o estado em que Maurício cresceu com sua família. Infelizmente, ao decorrer da rota, fui parada e detida em um checkpoint, pois já estava fora de status, e recebi uma NTA, iniciando meu processo de remoção. Voltei para San Francisco e contei tudo o que havia ocorrido no Texas para Maurício e ele manteve a sua palavra em vir me visitar nas férias e conversaríamos a respeito pessoalmente.

Em Maio de 2024, Maurício veio novamente me visitar, tivemos uma conversa longa e chegamos ao consenso de que queríamos ter uma vida juntos, mas não seria possível assim a distância, então ele me propôs casamento, perguntando se eu aceitaria viver com ele no Alasca. Eu já amava o que tínhamos a distância e a vontade de vê-lo, abraçá-lo, beijá-lo, e estar junto dele era incontrolável. Eu aceitei.

Meu pai, minha madrasta e minha irmã, que são as pessoas mais importantes da minha vida, apoiaram muito o meu namoro com Maurício. Eles sempre acharam o Maurício um homem bom e muito confiável, por ter sido apresentado através de um amigo que também serve o exército.

Meu pai ficou muito feliz por mim e, como ele também estava vencendo a batalha contra um câncer, esse foi mais um motivo de alegria para a família. Durante o período em que meu pai adoeceu e durante o tratamento dele, Maurício foi um grande parceiro e me deu muito suporte emocional, demonstrava seu amor conversando muito comigo e me passava tranquilidade com palavras amorosa em cada ligação.

Após a viagem marcada de Maurício, a espera e a ansiedade tornaram os dias mais longos. Fizemos os preparativos, mas nossa união parecia não chegar nunca. Até que no dia 07 de julho de 2024 eu fui buscar meu futuro marido no aeroporto. Meu coração estava muito acelerado que eu mal conseguia falar com ele, quando ele chegou eu desci do carro e nos abraçamos intensamente e eu chorei muito. Eu só conseguia sentir seu amor, ele me acalmando e dizendo que estava aqui eu tive certeza de que o Maurício e o homem da minha vida, o seu amor a sua dedicação a sua paciência, o seu carinho e tudo... tudo o que passamos e ainda estamos passando fez com que o nosso amor fortalecesse e tivéssemos mais força para seguir adiante e ali estavam todas as respostas que precisávamos para darmos continuidade a nossa história.

Nosso casamento foi dia 09 de julho de 2024. Nesse dia tive os melhores momentos da minha vida com o homem que Deus colocou no meu destino pra me fazer feliz e pra

provar que nem a distância e nem nada separa o que ele uniu. Entre tantos desafios o nosso amor venceu e continuamos fazendo todos os dias a mesma escolha de estarmos juntos. Suas visitas a San Francisco diante de tantos desafios que poderiam fazer com que ele desistisse da nossa união foram as maiores prova de amor que ele poderia me dar. Maurício foi meu companheiro, segurou minha mão e não soltou mais, e estamos casados há 2 anos.

Após a volta do meu marido para o Alasca para continuar o serviço militar, fui buscando direcionamentos e me orientei através de amigos e consultas jurídicas, me informando e resolvendo todas as questões da minha vida na Califórnia para a minha definitiva mudança para o Alasca, em outubro de 2024.

Esse período foi muito marcante para as nossas vidas, pois estávamos ansiosos para morarmos juntos, ele estava cuidando da documentação e deixando a nossa casa pronta no período desses 3 meses depois do casamento, eu também finalizando as minhas responsabilidades antes de deixar o estado.

Fizemos uma curta viagem para nossa lua de mel, já que nosso objetivo principal já era de comprar uma casa depois que nos mudássemos do Alasca em 2026.

Em nossa lua de mel ele me levou para ver a aurora boreal, foi meu aniversário em setembro de 2024 então foi o presente de aniversário e casamento mais lindo que Deus e Maurício poderiam me proporcionar. Tivemos certeza de que fizemos a melhor escolha em vivermos juntos agora e não esperar para o final do alistamento militar, somos um só eu para ele e ele para mim.

No início foi um grande desafio, o Alasca era muito frio e afastado do convívio social, então quando meu marido viajava para os treinamentos eu aproveitava as atividades ao ar livre, fazia várias caminhadas ou dirigia para a cidade mais próxima para fazer minhas compras e aproveitar meu tempo. Mesmo casados, respeitamos nossos espaços. Eu amo o que temos, somos muito mais que marido e esposa, somos amigos, confidentes e apaixonados um pelo outro.

Atualmente vejo como mudei meus hábitos alimentares e mesmo não gostando de coentro e jalapeno cozinho alguns pratos separados pois meu marido é descendente de mexicanos e ama a culinária. Ele também continua aprendendo sobre comida brasileira e sempre está na cozinha, as vezes me ajuda a cozinhar e aprender como preparar me ensina e também cozinha para nós, inclusive eu amo suas quesadillas.

Depois de um tempo morando no Alasca percebi que ele tinha razão, não havia muito o que fazer onde morávamos lá, mas eu estava onde eu gostaria de estar, ao lado do meu marido, melhorando a cada dia o meu inglês e eu muito orgulhosa em ter casado com um soldado. Esse tempo com ele me fez passar a respeitar muito mais o exército,

eu hoje me sinto lisonjeada em ser mulher de soldado e aprender diariamente como é a vida de um deles, o meu favorito, meu querido marido Maurício.

Morei com o Mauricio no Alasca por aproximadamente um ano e três meses. Apesar do frio intenso, da distância da família e da rotina completamente diferente daquela que eu conhecia, construímos lembranças muito especiais. Aprendemos a enfrentar juntos os desafios de morar em um lugar tão remoto e também a valorizar a tranquilidade e a simplicidade daquela fase das nossas vidas.

No entanto, em junho de 2025, enfrentamos a maior dificuldade do nosso casamento até aquele momento. Comecei a sentir dores muito fortes e fui levada ao hospital. Após exames, os médicos identificaram que um cisto havia se rompido dentro do meu corpo, causando uma infecção grave que se espalhou para outros órgãos. Precisei passar por diversos procedimentos cirúrgicos, fiquei internada por aproximadamente um mês, fui entubada e permaneci em estado crítico durante parte desse período. Além do impacto físico, enfrentei muito medo, estresse e preocupações sobre a possibilidade de infertilidade em razão das complicações.

Me senti muito amada pelo Maurício no processo de recuperação nesse momento tão frágil da minha vida, meu marido esteve presente em cada etapa, acompanhando consultas e o longo período de internação. Ele cuidou de mim quando eu mais precisava, oferecendo apoio, força e segurança.

Em um dos momentos mais difíceis da minha vida, tive a certeza de que havia escolhido o homem certo para construir uma família. Sou profundamente grata a Deus por ter preservado a minha vida e por ter me dado um marido tão dedicado, amoroso e presente.

Após a minha recuperação, embora eu ainda continue realizando acompanhamento médico, nos despedimos do Alasca em janeiro de 2026 e iniciamos uma nova fase da nossa vida em Killeen, no Texas. Foi uma grande mudança: deixamos para trás o inverno rigoroso para viver em um clima completamente diferente. Também realizamos um sonho importante para nós ao comprar a nossa primeira casa, um símbolo da vida que estamos construindo juntos.

Olhamos para o futuro com esperança. Pretendo dar continuidade aos meus estudos, e Maurício recebeu uma nova missão no Exército, sendo designado para servir na Coreia do Sul por aproximadamente dez meses. Sabemos que esse período exigirá novamente sacrifício e força do nosso casamento, mas também sabemos que já superamos desafios muito maiores. Desde o início do nosso relacionamento aprendemos a enfrentar a distância quando necessário, mantendo nossa comunicação, nosso respeito e nosso compromisso um com o outro.

Ao olhar para os últimos anos, vejo o quanto crescemos como casal. Cada desafio fortaleceu a nossa união e reforçou a certeza de que queremos continuar construindo nossa vida juntos. Nosso maior sonho é formar uma família e seguir compartilhando todas as etapas da nossa caminhada. Embora a próxima missão de Maurício traga saudade, tenho confiança de que ela também fortalecerá ainda mais o nosso casamento, assim como aconteceu em todas as fases que vivemos até aqui.

Declaro, sob pena de perjúrio de acordo com as leis dos Estados Unidos da América, que o conteúdo acima é verdadeiro e correto.

Atenciosamente,

Samara F. S. Bueno

Samara Fernanda da Silva Bueno

Dear Immigration Officer,

I, Mauricio Lopez, solemnly state and affirm hereunder:

- I reside at 3102 Baldwin Loop Unit B Killeen, Texas, 76549.
- I just to reside at 1175 Vicki Ln Apt#D North Pole, Alaska, 99705.
- My phone number is (940) 465-5150
- My email address is mauricio128capulines@gmail.com
- I was born on 08/11/2003, in San Antonio, Texas.
- Samara Fernanda da Silva Bueno is my wife.

I first met my wife Samara Bueno in October, 2023 through a friend from work Luiz Bartow, he mentioned that Samara was looking for a friend who she could practice English with. I instantly offered after seeing pictures of her through social media.

Our first interaction was through messages. I still remember when she used to ask me how to pronounce different words. I instantly felt attracted to her accent. Our relationship grew, we started to see each other through video calls. I was very nervous and shy most of the time. It is impossible to forget that first video call. We talked for uncountable minutes, quickly discovering that we shared many things in common, such as having our parents far apart from us, hard to make new friends when trying to learn English and the most important thing in common is looking after our families. We began communicating regularly such as greetings every morning and long conversations at night. As our relationship developed, we spent more time talking together and grew closer emotionally. Keeping our conversation in friendship for 4 months, one day in February 2024, Samara opened up her feelings. I was really shy and nervous, making it a new experience especially for my culture, instantly falling in love with her confidence.

As our relationship grew, we began spending more time together and meeting each other's families and friends. We realized that our bond was deep and meaningful, and we decided to take the next step in our relationship. I traveled to San Francisco and met her friend who treated me fabulous, making the trip unforgettable. We visited beautiful places making our relationship stronger. I couldn't wait to share my life with her and began our journey together deciding to get married in California July 09, 2024. It was a joyful celebration of our commitment to each other, making it impossible to forget.

Since our marriage, we have continued to build a life together. Sharing responsibilities, supporting each other emotionally, and planning for the future. We lived together at 1175 Vicki Ln North Pole, Alaska. Due to me being part of the ARMY active duty, we are in the process of a plan for what should be next as my duty station and how our life should be together. Her support for my dreams are unequaled, leaving her past life and adjusting her plans for the sake of my career. I am in immense gratitude with my wife for such support and always being there for life's ups and downs.

Living in Alaska was a challenge for the both of us, we both come from warm states. Experiencing extreme cold temperatures and extended darkness, nights are 13 to 17 hours

in the middle of winter. We both liked to spend time indoors going out sometimes just for groceries or once a week to get a nice warm dinner. The best moment that I will never forget is when we went and experienced the northern lights in a beautiful place called Chena Hot Spring, a 2 and a half hour drive. We planned it at the end of September 2024 due to military training. We made it possible to go on October 10, 2024. Alaska gave us such wonderful adventures. I enjoyed having to experience those beautiful adventures with my wife, which made it even more special and beautiful.

Since my wife doesn't have family in the USA she grew a close relationship with her friends. She traveled to San Francisco once every three months. In one of her travels she suffered a severe health injury. I still remember the day she called me and said that she was feeling a little sick, feeling pain in her stomach. It didn't sound like a big issue at first until she stopped texting me or calling for one day. The second day June 02, 2025 I received a call from a place called Davies Campus. I answered and they said that my wife was currently in Intensive Medical Care care and she needed a surgery needing my approval to proceed. I immediately said yes, in my mind it was the right choice since it was something that needed to happen in order for my wife to get a second chance. The next day June 03 they called and explained that the surgery went well. After that call I felt an immense relief knowing that everything went well.

During my wife's admission to the ICU, I experienced significant emotional stress due to being geographically separated from her. As a Soldier, I understand and accept the responsibilities that come with military service; however, being unable to be present during a serious medical emergency involving my spouse was one of the most difficult situations I have faced. Especially since I was in the middle of the most important and meaningful event of my career which was the opportunity to obtain my EIB (Expert Infantry Badge) I had only two options leave in the middle of the event and loose that opportunity and be there with my wife or stay and get the opportunity to obtain it. Hearing that my wife was hospitalized and in serious conditions while I was far away created feelings of anxiety, helplessness, and concern. The uncertainty surrounding her condition made it difficult to find peace of mind, knowing I was unable to provide the support and reassurance that a husband would normally offer during such a critical time. The emotional burden of being separated from my family during this emergency was significant. So I made one which in my heart felt the best decision ever which was to leave and be there for the love of my life. Immediately informing my platoon Sargent informed him of my situation and thankfully he understood the situation and the importance of being there for my family he immediately sent me home and walked me through every single regulation I had to follow in order for me to get to my wife. I am forever grateful for having such a leader SFC. Stone David. The process only took days and I got the opportunity to get 20 days to be there with my wife. The moment I saw her in that bed with countless tubes coming out of her body and the amount of weight she lost had me in tears making it an unbelievable experience, something very traumatic that is still going through my mind to this day. This is definitely something that I will never recommend to anyone. It's a terrible experience, especially with my job requiring numerous mental and physical stress.

This experience reinforced the importance of family readiness and highlighted the challenges military families face when emergencies occur while Soldiers are stationed away

from their loved ones. It also strengthened my appreciation for the Army's emphasis on taking care of Soldiers and their Families.

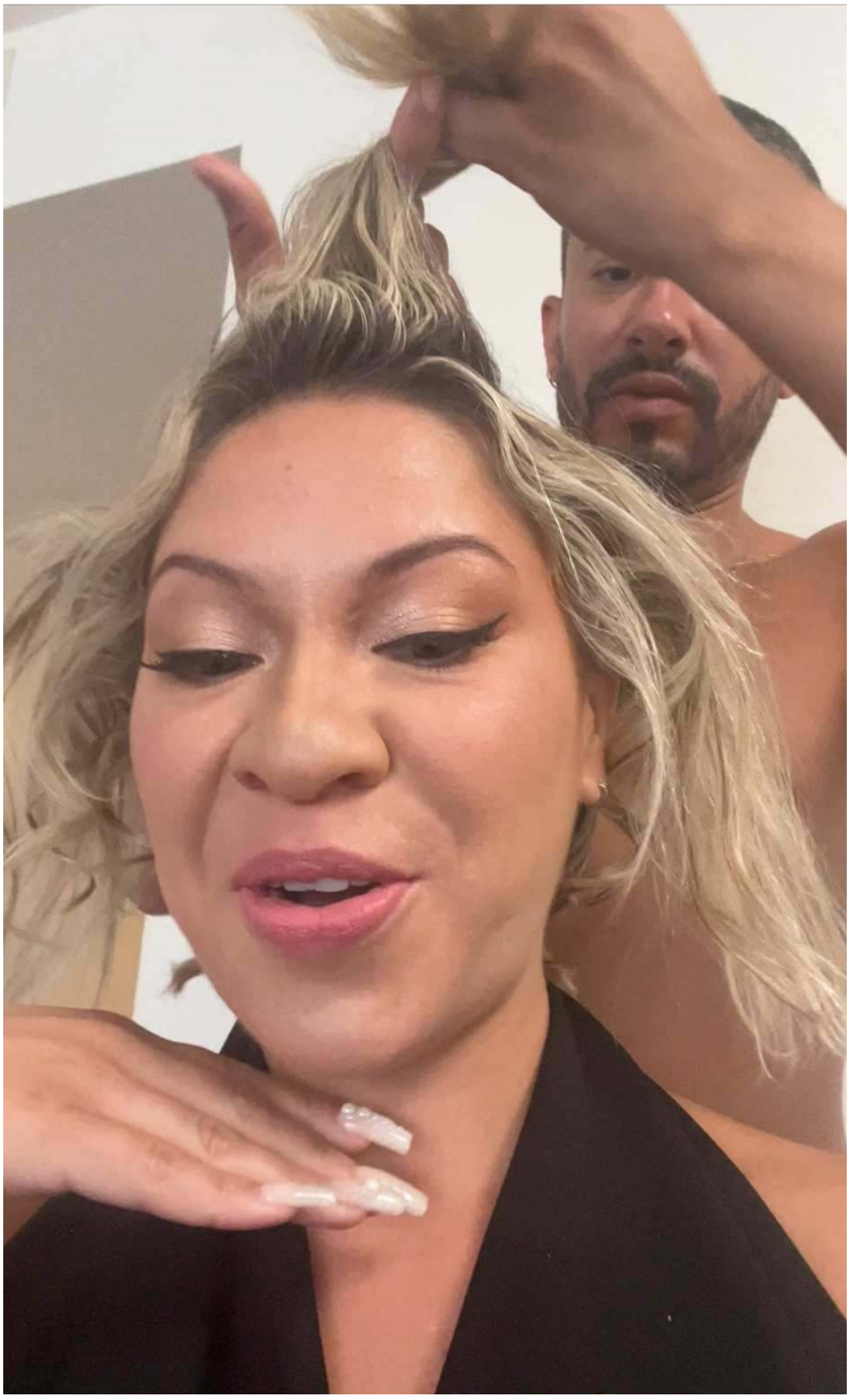
Due to her accident I decided to go to a place warmer and with more medical care than Alaska. On September 26 2025, I signed my second contract for two more years. I moved out from Alaska on January 2, 2026. Leaving Alaska, friends, and the environment was difficult and emotionally challenging but my wife was supporting me emotionally and always checked on me. Being in Texas is great for the both of us, with more work opportunities for my wife when she is ready to find a job. As of right now we have a house and we are working together on the home, we are slowly painting the house making small adjustments. We are amazed with the decision we made and we are looking forward to settling here in Texas.

We are sincerely committed to our marriage, always open for new things to make our bond stronger. One of the many things that we have in common is that we both know the struggle of being in a beautiful country without our family, always finding ways to make our future brighter. The gratitude for having Samara as a wife is beyond comparison, making it impossible to believe how I got married to such wonderful women.

Gratitude can not be said enough. We are blessed for such a wonderful opportunity to share our life and love together. To whoever read this letter I give my most sincere gratitude and deepest thanks for taking the time to read this. Please feel free to contact me at any given time for further or precise details.

Signature:  . Date: July 30 2026

Getting ready to get married - 07/09/2024











Getting Married - 07/09/2024

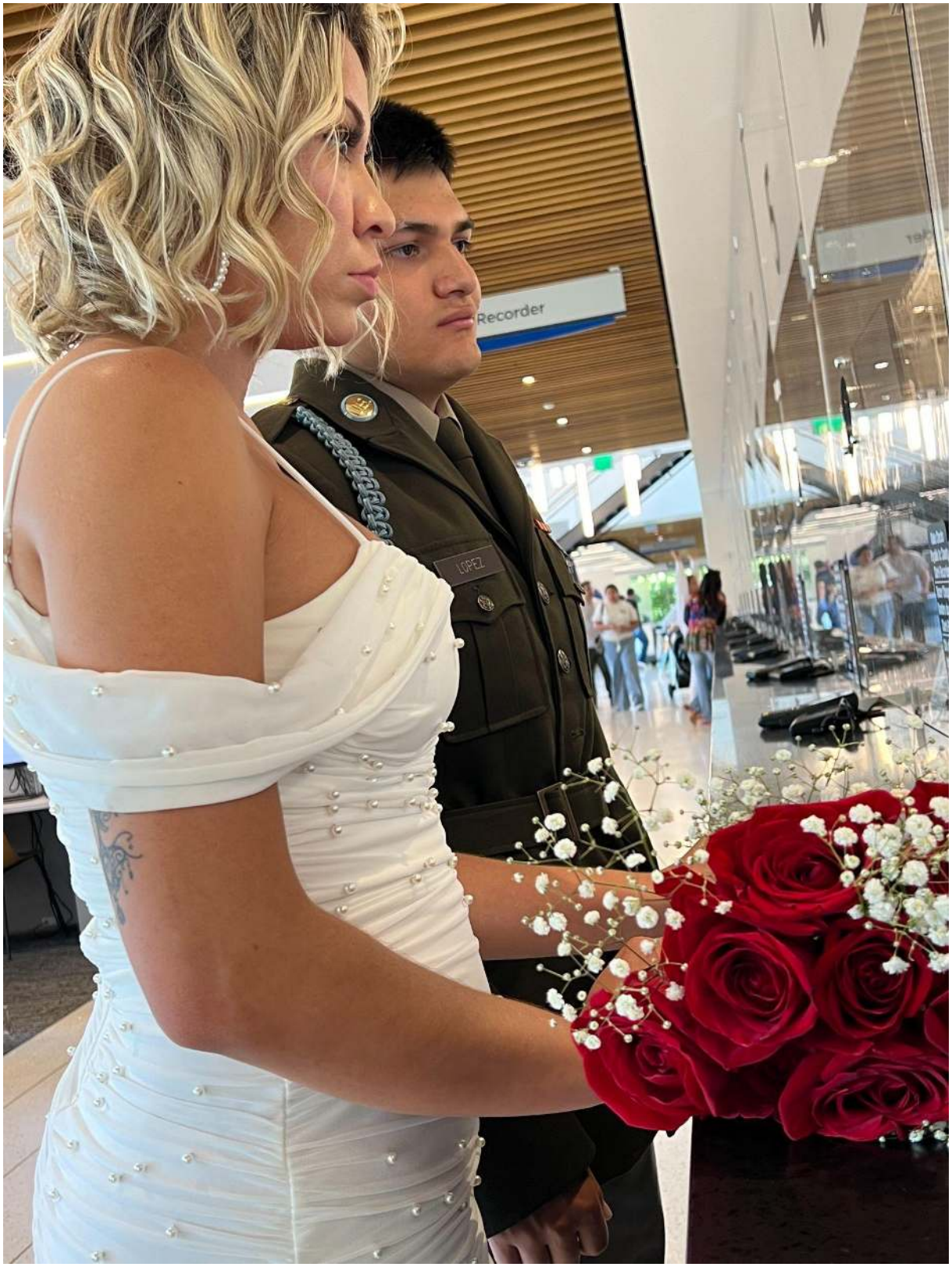


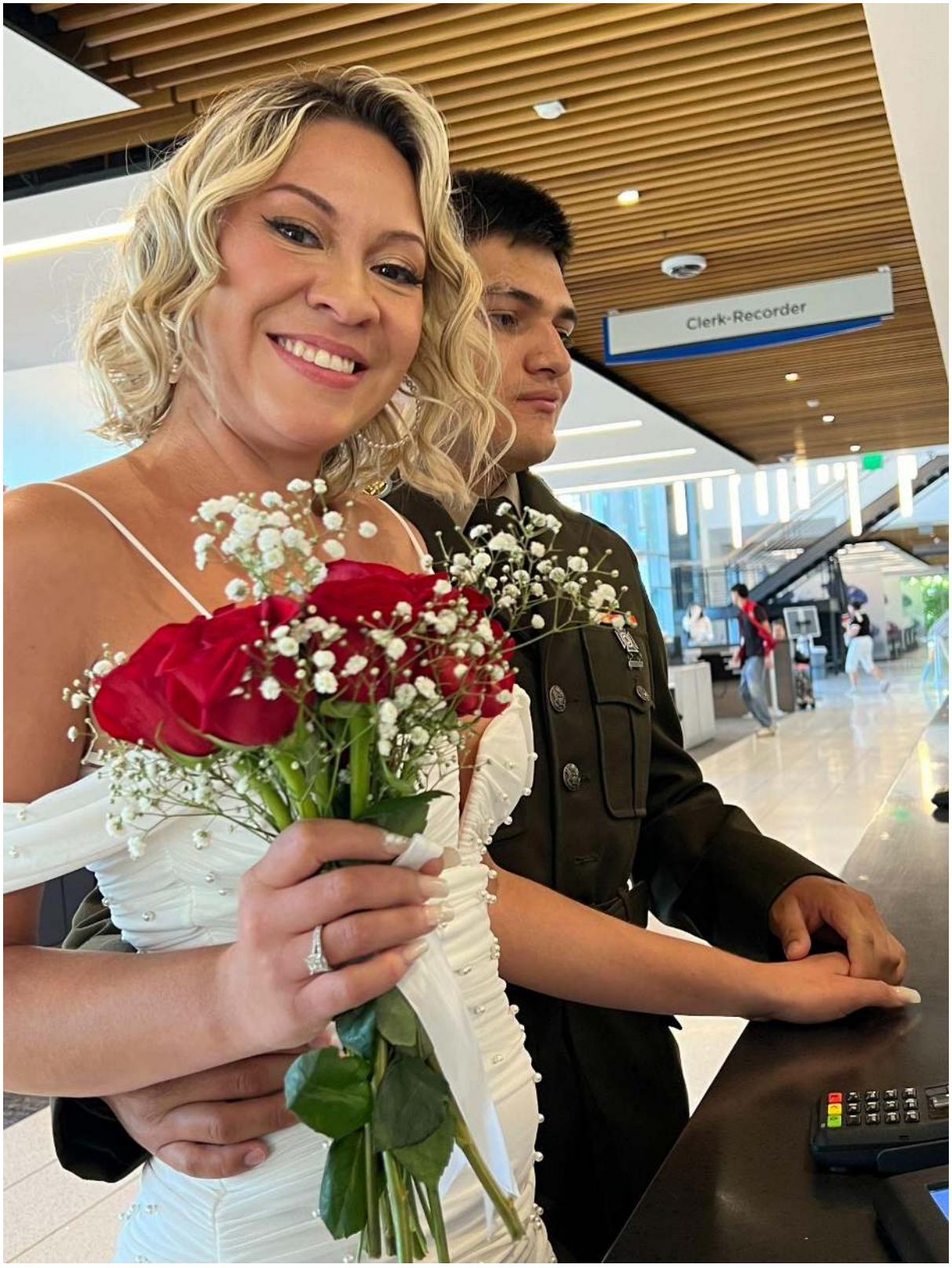

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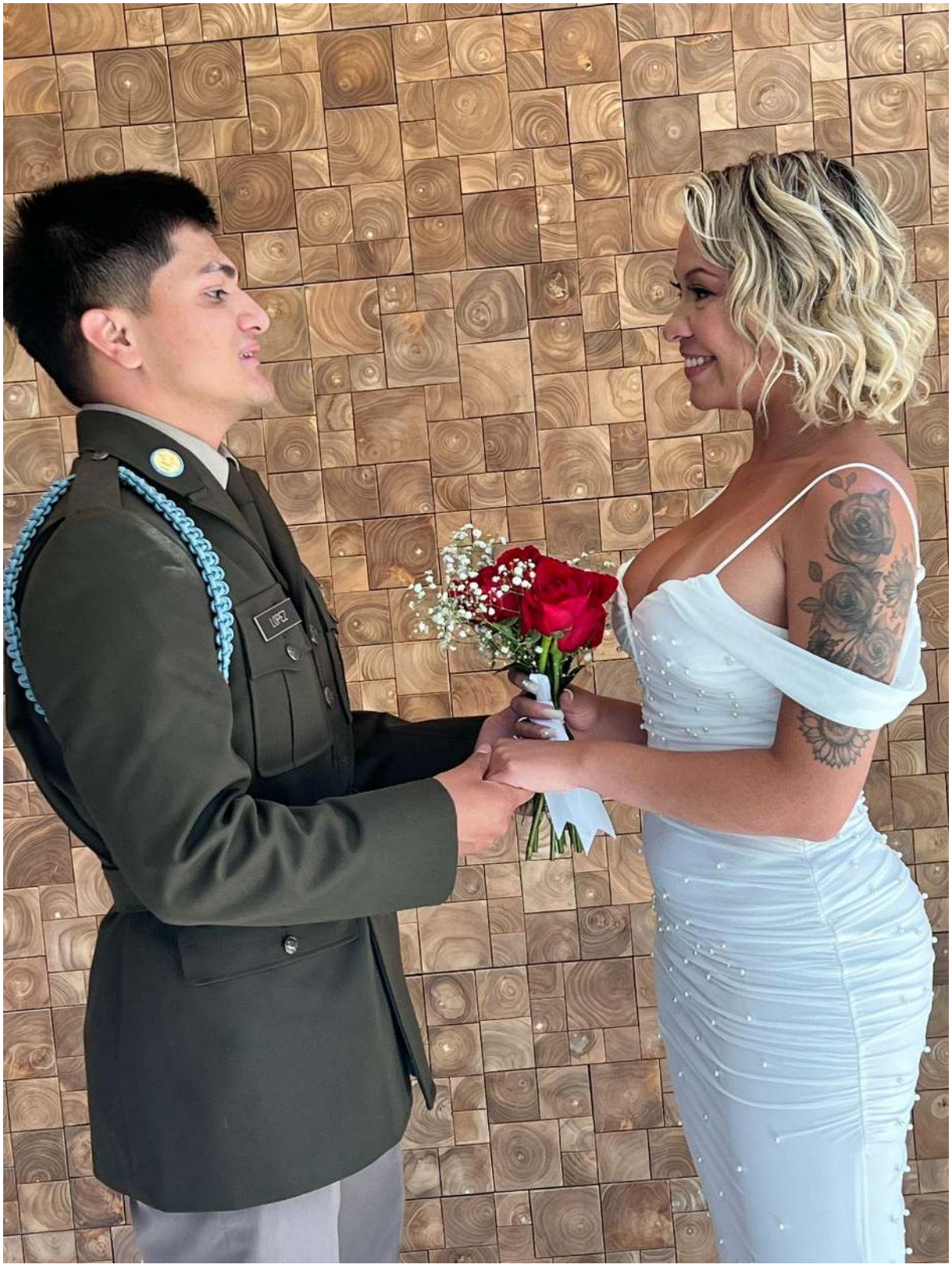

HDR
LOPEZ


HDR


THE COUNTY OF
SANTA CLARA
1850
Floor 1
15
AUTOMATIC
CAUTION
DOOR


Recorder
LOPEZ


Clerk-Recorder




NO RUNNING
LOPEZ


NO RUNNING
LOPEZ



Marriage Celebration - 07/09/2024
















LOPEZ





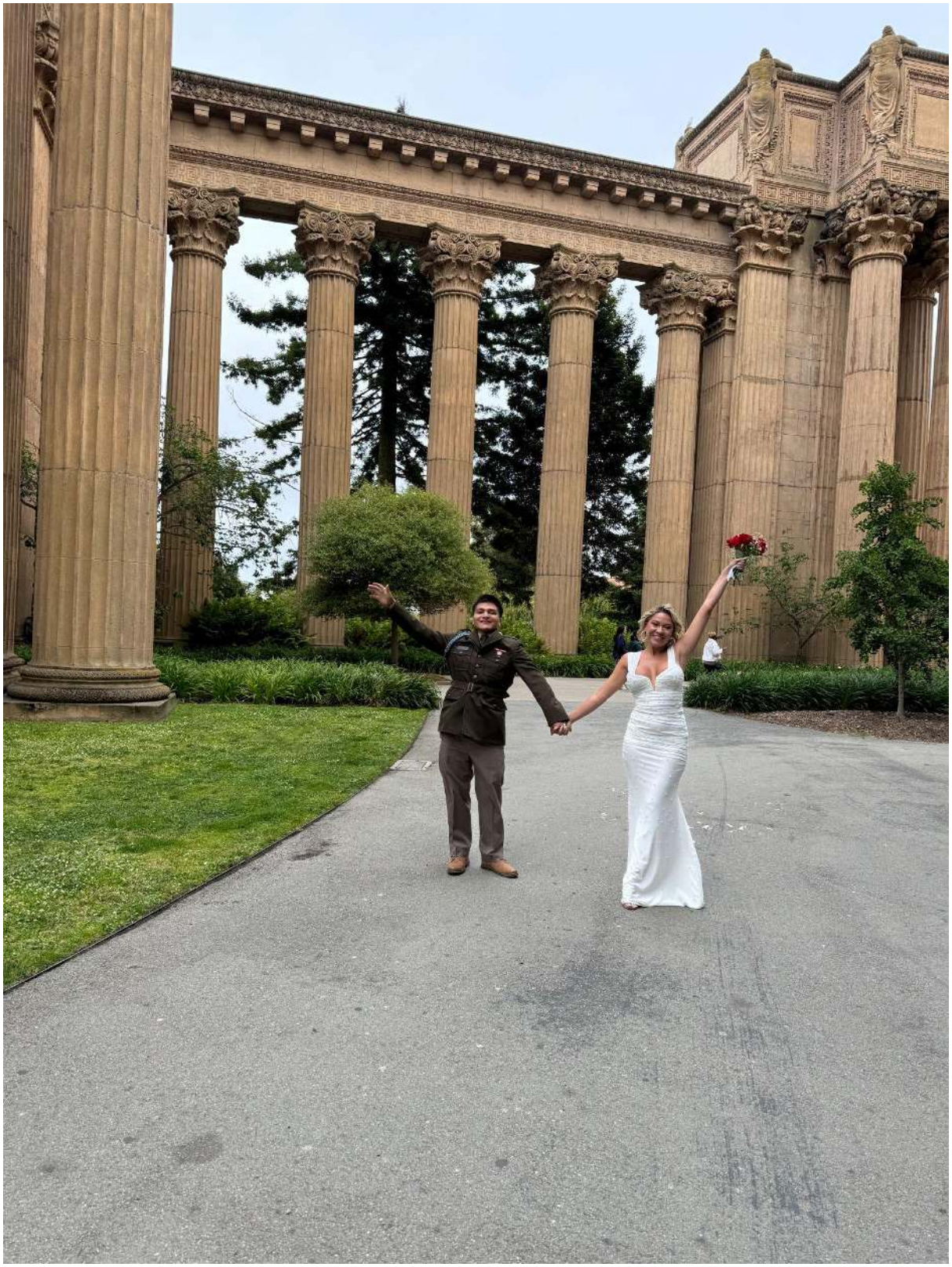


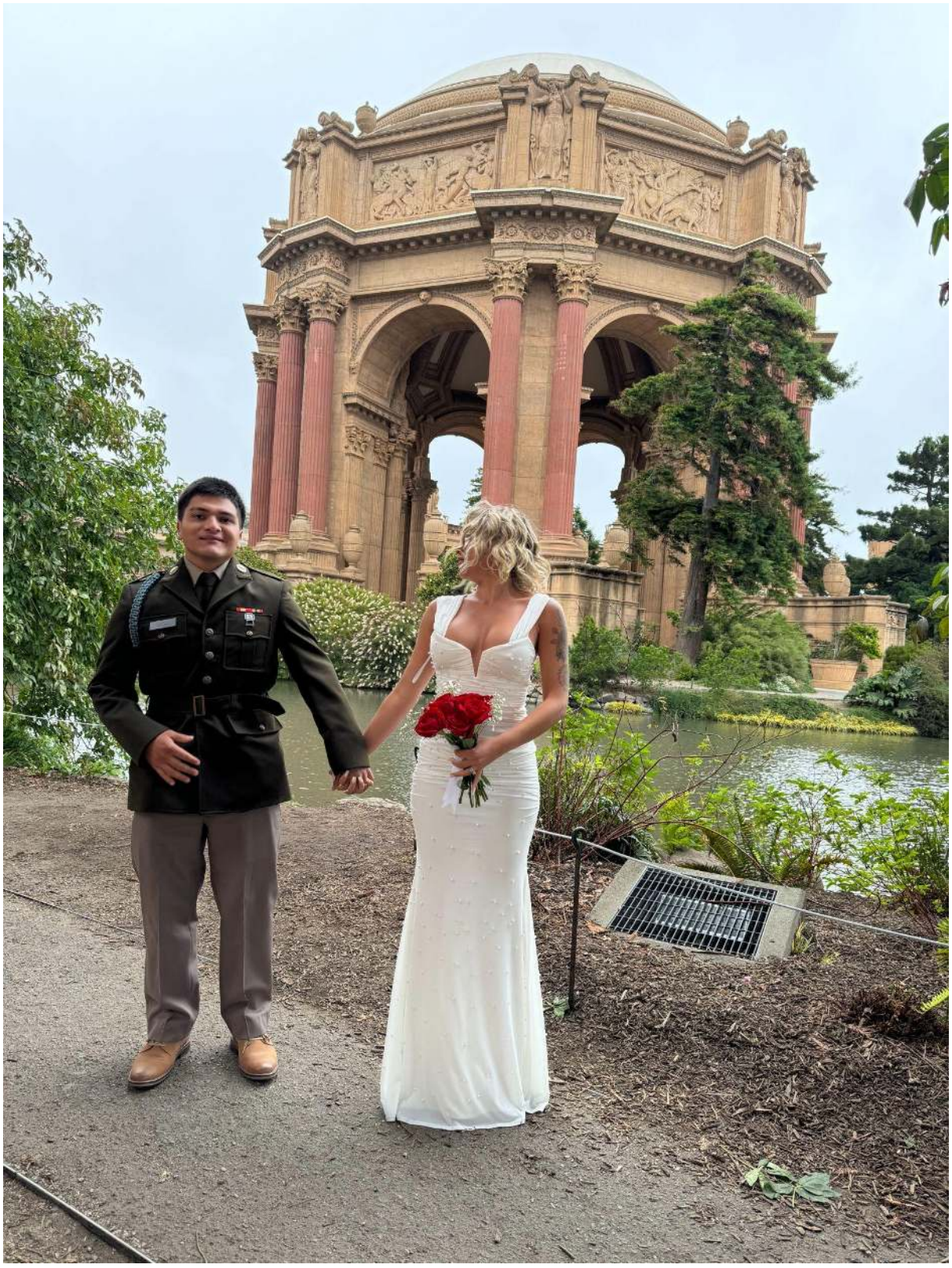



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Palace of Fine Arts in San Francisco - 07/09/2024







After Marriage 07/10/2024



Exploring San Francisco - 07/10/2024













Exploring San Francisco - 07/11/2025

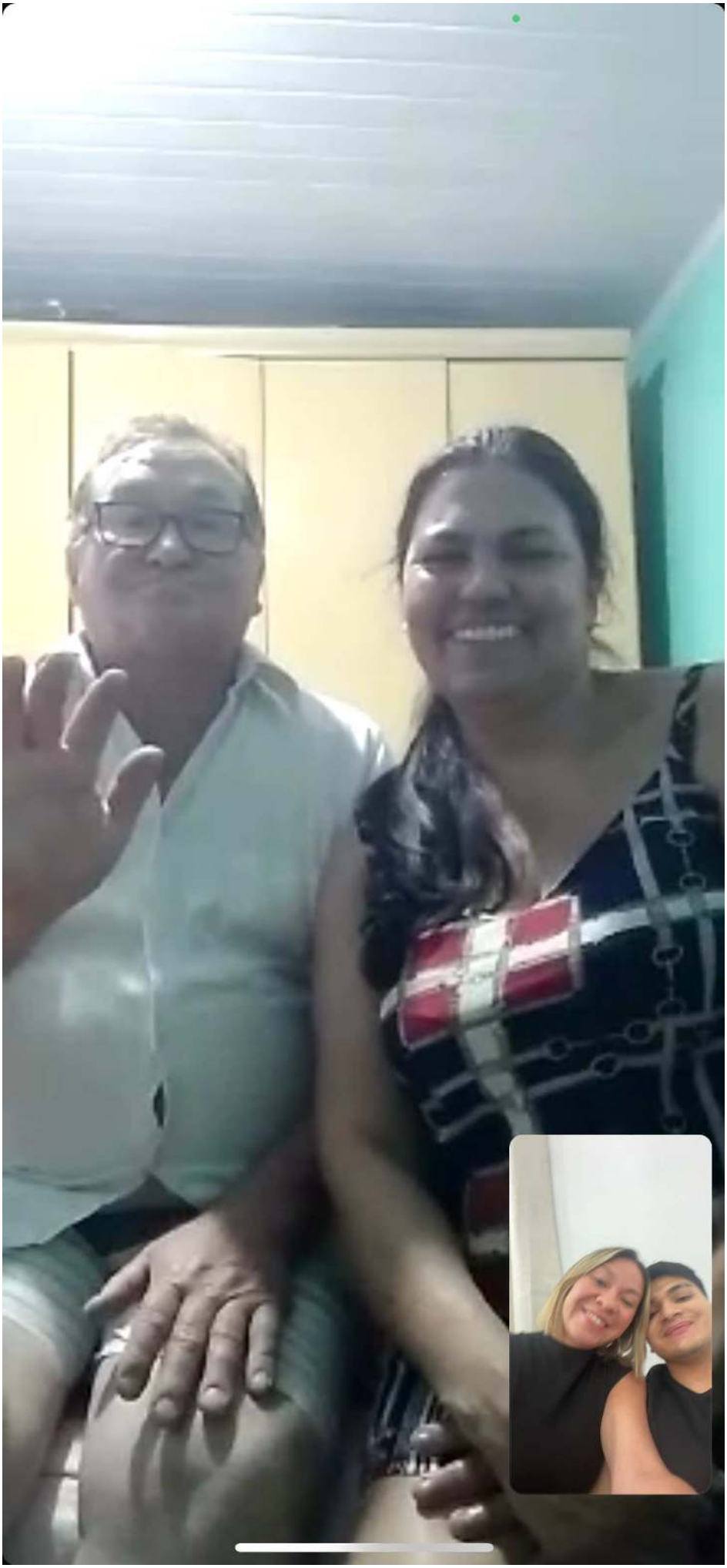



5
LOVE
5

First week in Alaska - 10/14/2024



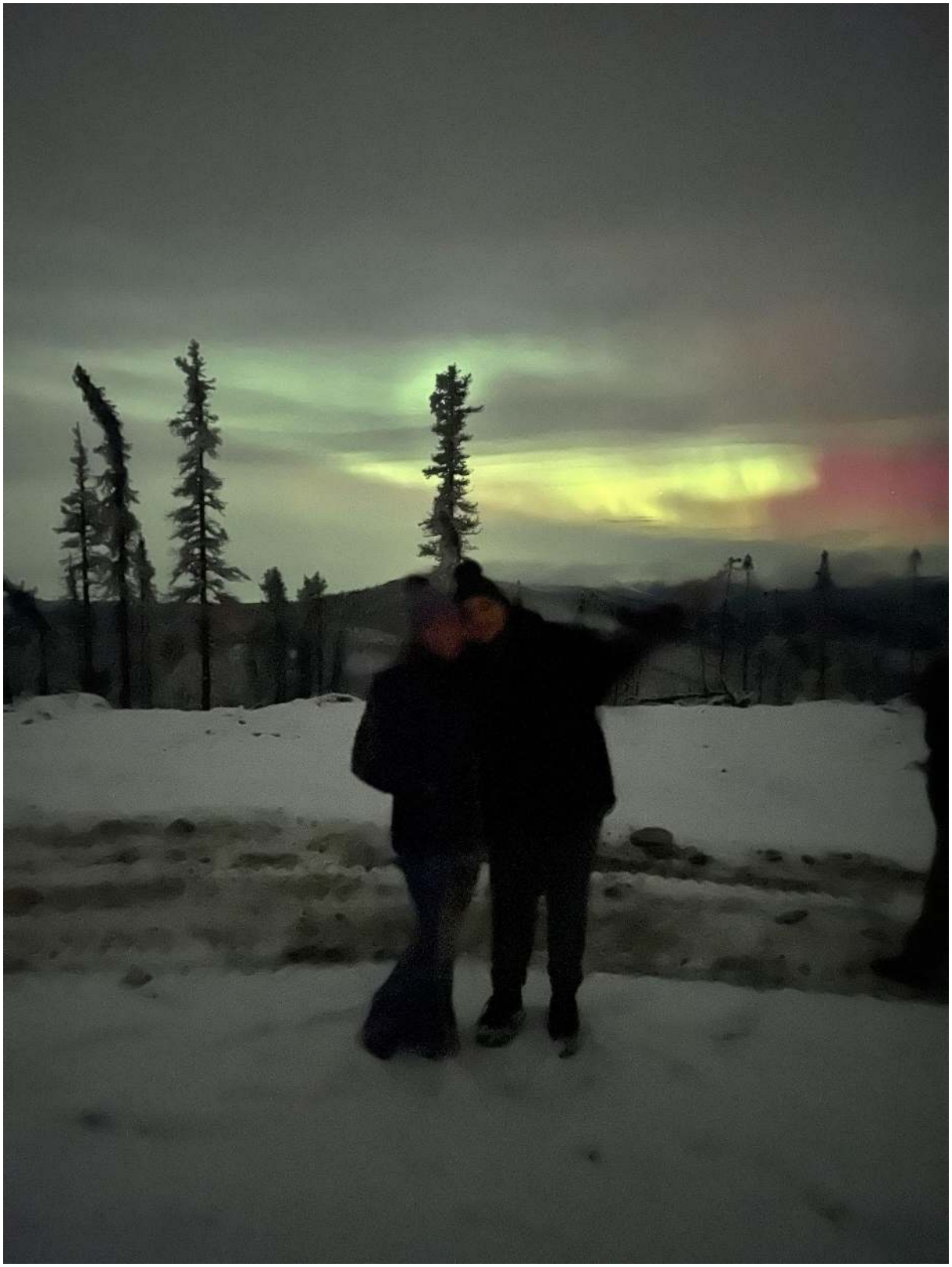


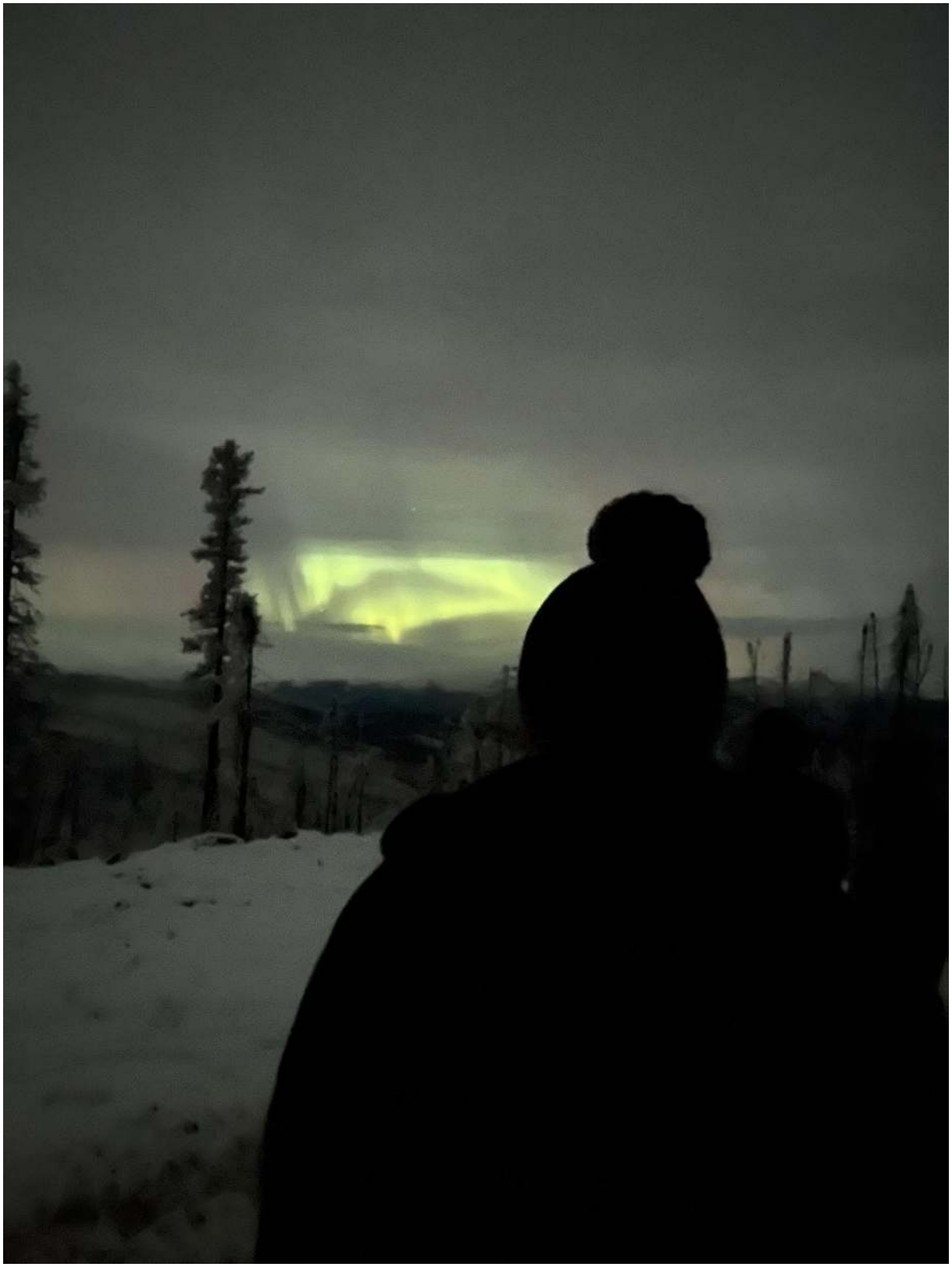


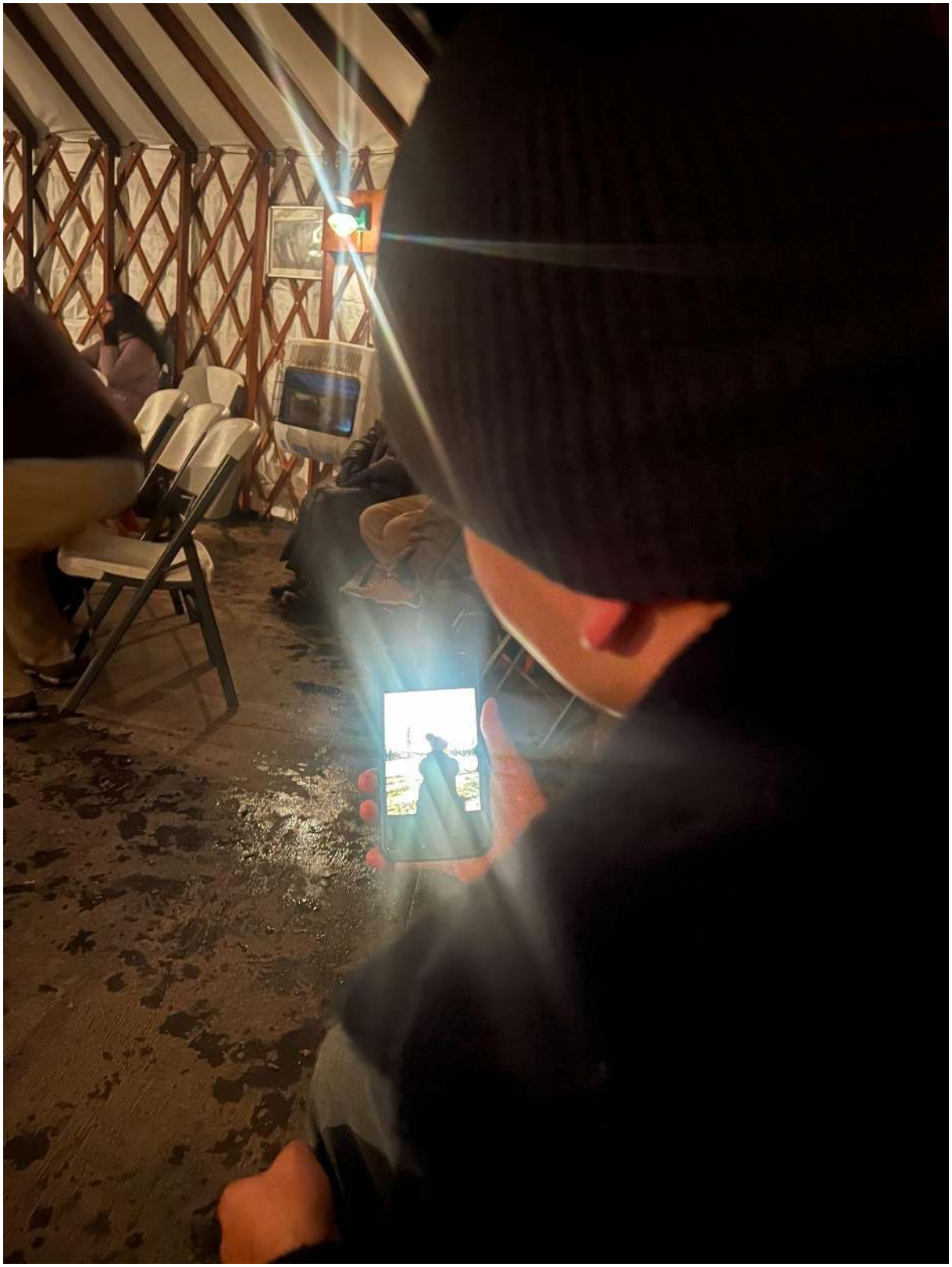
Walking with out Neighbor’s Dog















Halloween - October 2024




WARNING




WARNING

Mauricio’s Birthday - 11/08/2024




HAPPY
Birthday




HAPPY
Birthday

Christmas Week - 2024



Cooking Breakfast - February, 2025



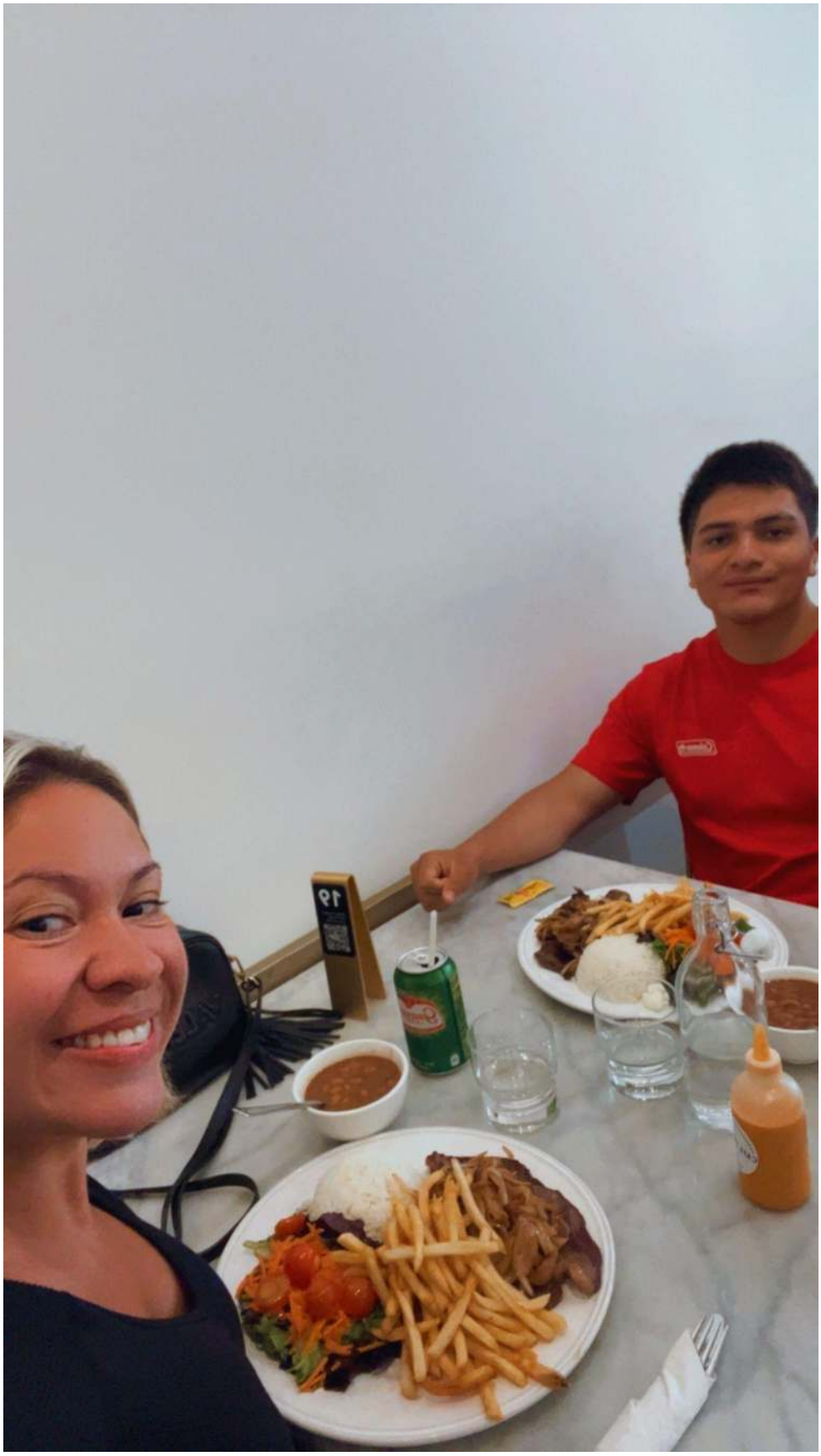
March, 2025





Moments together





April, 2025



Mauricio’s Cousin visiting Samara after Surgeries - 07/03/2025



Best man's house on 4th of July - 07/04/2025



12:11

76

B

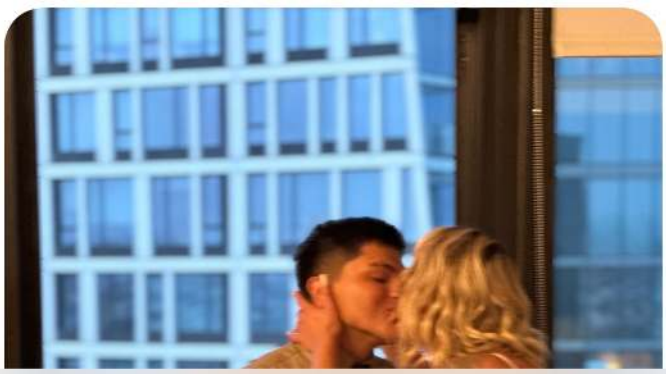
Babe ❤️

Today 12:00 PM

Babe, Good morning! Hope you know that today is a very special day for us and many more to come. HAPPY FIRST ANNIVERSARY been a wonderful journey with you by my side. All I can ask for is for you to recover and get better. I'm calling you this afternoon I don't want to wake you up especially now that you are recovering. Love you❤️❤️❤️

Hi meu amor how is your day going? How can I forget about? A year ago we decided to share our life together and I'm so glad to have you by my side and I hope that this day repeat for many and many year for us celebrate our happiness together. I can't wait to see you. I'm doing well just a little pain in the morning but I already take my medications. Call me when you are free I can't wait to hear your voice. LINDO ! Te amo para sempre 🥲❤️

Delivered



iMessage

Exhibit 6 - Evidence of Bona Fide Marriage: Affidavits of Support

Declaration in support of Mauricio Lopez

Dear Immigration Officer. I, Beatriz Velazquez Bailon, declare and solemnly state the following:

- I currently reside at 128 Lechuza, Celaya, GTO, 38034
- My phone number is + 52 (461) 354-0372
- My e-mail is betivelazquez35@gmail.com
- I was born on 07/14/1985 in Celaya Guanajuato, Mexico
- I've known Samara Fernanda da Silva Bueno since February 2024, and Mauricio Lopez is my son.

I'm Beatriz Velázquez Bailón, Mauricio's mother. I'd like to share my deep gratitude to Samana Fernanda, and for the love, kindness, and strength that she gives to my son's life and our family. From the very moment I met her, I could appreciate the warmth in her heart. She is not only a wonderful wife for my son, but also an extraordinary person who brightens the lives of everybody around her. Her patience, understanding, and unconditional support for Mauricio are qualities I deeply admire. She gets along gracefully and kindly, always prioritizing family, and doing that, everybody feels loved and valued. I've seen how she is by my son's side in the ups and downs of life, offering him laughter and infinite love.

I have an excellent relationship with my son, as I raised him and his two siblings as a single mother. He calls me at least twice, or even four times when he is not working. We share stories and talk about our problems. One day, I think by the end of December 2023, he mentioned a special girl he had met; he commented that he had met Samara in October through a friend who works with him in Alaska. He also commented that Samara was a very mature and sweet woman. I had never heard my son talk the way he talks about Samara. As a mother, I told him that he was mature enough to know who the right woman for him was. We kept talking as usual, he even told me stories from work. I had the honor to see and talk to Samara, as my son wanted to introduce her to us, this happened in February 2024 in a group call. Just by talking to Samara I could tell that she is a very kind, loving, and understanding woman.

As a mother-in-law, I couldn’t ask for a better wife for my son. She has a generous spirit, a loving heart, and a strength that inspires everyone around her. I could notice these strengths every time I talk to my son during video calls. I’m very grateful for my son having met a partner who really supports and loves him. She is a blessing for all of us, and I will be forever thankful for the joy she brings into my son’s life.

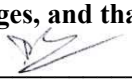
I declare under the penalty of perjury that the above is true and correct.

Date: *05/04/2025*

Signature: *Beatriz V. B.*

…./Seal of the United Mexican States/….	MEXICO	NATIONAL ELECTORAL INSTITUTE		
		**VOTER ID**		
		NAME		DATE OF BIRTH
		VELAZQUEZ BAILON BEATRIZ		07/14/1985
		ADDRESS		SEX: F
		C LECHUZA 128 COL CUAUHTEMOC 38080 CELAYA, GTO.		
		VOTER KEY VLBLBT85071411M500		
		CURP (UNIQUE POPULATION REGISTRY CODE) VEBB850714MGTLLT08		REGISTRATION YEAR 2004 02
		STATE 11	MUNICIPALITY 007	SECTION 0356
		CITY 0001	ISSUE DATE 2017	EXPIRATION DATE 2027

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: December 18, 2025.

Declaración jurada en apoyo de Mauricio Lopez

Estimado Oficial de Inmigración yo, Beatriz Velazquez Bailon, declaro y afirmo solemnemente a continuación:

- Actualmente resido en 128 Lechuza, Celaya, GTO, 38034
- Mi número telefónico es +52 (461) 354-0372
- Mi correo electrónico es betivelazquez35@gmail.com
- Nací el 07/14/1985, en Celaya Guanajuato, México
- Conozco a Samara Fernanda da Silva Bueno desde Febrero de 2024 y Mauricio Lopez es mi hijo.

Soy Beatriz Velázquez Bailón, madre de Mauricio. Quería compartir mi profunda gratitud por Samara Fernanda y el amor, la bondad y la fortaleza que aporta a la vida de mi hijo y a nuestra familia. Desde el momento en que la conocí pude apreciar la calidez de su corazón. No solo es una esposa maravillosa para mi hijo, sino una persona extraordinaria que ilumina la vida de quienes la rodean. Su paciencia, comprensión y apoyo incondicional a Mauricio son cualidades que admiro profundamente. Se desenvuelve con gran gracia y bondad, siempre priorizando a la familia y haciendo que todos se sientan amados y valorados. He visto como ella acompaña a mi hijo en altibajos de la vida ofreciendo risas y un amor infinito.

Tengo una excelente relación con mi hijo ya que lo crié a él y sus dos hermanos como madre soltera. Me llama al menos dos veces, o incluso cuatro veces cuando no trabaja. Compartimos historias y hablamos de nuestros problemas. Un día creo que a finales de diciembre 2023, mencionó a una chica especial que había conocido; comentó que conoció a Samara en octubre a través de un amigo que trabaja con él en Alaska. También comentó que Samara era una mujer muy madura y dulce. Nunca había escuchado a mi hijo expresarse de la manera que se expresa de Samara. Como madre, le comenté que él era lo suficientemente maduro para darse cuenta quien era la mujer adecuada para él. Seguimos hablando como siempre, incluso me contó historias de su trabajo. Tuve el honor de ver y conversar con Samara, ya que mi hijo quería introducirnos, esto sucedió en Febrero de 2024 a través de una llamada en grupo. Con sólo conversar con Samara pude definir que ella es una mujer muy amable, amorosa y comprensiva.

Como suegra, no podría pedir una mejor esposa para mi hijo. Tiene un espíritu generoso, un corazón amoroso y una fuerza que inspira a quienes la rodean. Pude darme cuenta de estas fortalezas de todas las veces que hablo con mi hijo por videollamada. Estoy muy agradecida de que mi hijo haya encontrado a una pareja que realmente lo apoya y lo aprecia. Ella es una bendición para todos nosotros y estaré eternamente agradecida por la alegría que aporta a la vida de mi hijo.

Declaró bajo pena de perjurio que lo anterior es verdadero y correcto.

Fecha: 05/04/2025

Firma: Beatriz V.B.

MÉXICO

INSTITUTO NACIONAL ELECTORAL

CREDENCIAL PARA VOTAR



NOMBRE
VELAZQUEZ
BAILON
BEATRIZ

FECHA DE NACIMIENTO
14/07/1985

SEXO M

DOMICILIO
C LECHUZA 128
COL CUAUHTEMOC 38080
CELAYA, GTO.

CLAVE DE ELECTOR VLBLBT85071411M500

CURP VEBB850714MGTLLT08

AÑO DE REGISTRO 2004 02

ESTADO 11 MUNICIPIO 007 SECCIÓN 0356

LOCALIDAD 0001 EMISIÓN 2017 VIGENCIA 2027

Declaration in Support of Samara Fernanda da Silva Bueno

Dear Immigration Officer,

I, Cristiano Cardoso Gomes, hereby declare and solemnly affirm:

- I currently reside at Park Regency Apartments, 3146 Oak Road, apartment 306, B5 Walnut Creek, CA, 94597
- My phone number is (650)333-1453
- My email address is ccgeua@gmail.com
- I was born on 05/24/1990, in Cachoeiro de Itapemirim, state of Espírito Santo, Brazil.
- I have known Samara Fernanda da Silva Bueno since September 2023, and Mauricio Lopez since October 2023.

I met Samara in September 2023. At that time, I was working as an assistant at a hair salon in San Francisco.

Samara had scheduled an appointment to have her hair done and seemed very happy and excited about getting ready to celebrate her birthday with a new look. From then on, right there at my workplace, we were able to get to know each other a little better and grew closer with each visit.

After a few meetings at the hair saloon, we made plans to hang out and since then we have become best friends. We have a large Brazilian community around here and since we do not have family in the country, the connections among friends become like family ties.

Samara often mentioned that she felt uncomfortable in certain situations because she did not fully master English. As she had connected with other Brazilians, a long-time friend mentioned a man who was in the military and felt lonely. In this way, she could improve her English, and he could have some company and form a new friendship.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 05/05/2025

Signature: -----// signature //-----

As time went on, I noticed that she was becoming increasingly enthusiastic and talking more about the exchanges they were having, how she was learning more English, and how much fun she was having during their online meetings. Samara told me that she had some reservations because of the distance, as a previous long-distance relationship had not worked out when she decided to do an exchange program and move to the United States. However, I noticed that Samara and Maurício were growing closer and closer. She told me that they would have online dinners together and share experiences throughout the week.

After a few months having a virtual relationship with Mauricio, Samara told us that she had decided to move to Alaska. We cried a lot, and even though she was no longer as present in my life here, I was happy that my friend was having a new beginning and happy to know she was with the person she loves.

I spoke with Maurício by video call and told him that, although my English was not good enough to say everything I wanted, he would need to come visit us before Samara moved to Alaska.

And then Maurício and Samara began talking about wedding plans, and when he would come to San Francisco on vacation. I had the opportunity to be by their side that day. I did her hair just as I had on the day we first met, and that strengthened our friendship even more. I was also their best man at the wedding, so I was able to witness the union of these two hearts that love each other deeply. I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 05/05/2025

Signature: -----// signature //-----


California USA DRIVER LICENSE
DL Y9936485
EXP 05/24/2028
LN CARDOSO GOMES
FN CRISTIANO
3146 OAK RD 306
WALNUT CREEK, CA 94597
DOB 05/24/1990
RSTR NONE
CLASS C
LIMITED-TERM
END NONE
05241990
SEX M
HGT 5'-09"
HAIR AUB
WGT 160 lb
EYES BLK
DD 03/25/202452310/BBFD/28
ISS 03/25/2024

I, Raphael Michels Fantinato de Moura, 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.

Raphael Michels Fantinato de Moura. **Date: December 18, 2025.**

Declaração em apoio a Samara Fernanda da Silva Bueno

Caro oficial de imigração,

Eu, Cristiano Cardoso Gomes, declaro e afirmo solenemente:

- Atualmente resido no Park Regency Apartments, 3146 Oak Road, apartment 306, B5 Walnut Creek, CA, 94597
- Meu número de telefone e (650)333-1453
- Meu endereço de e-mail e ccgeua@gmail.com
- Nasci em 05/24/1990, em Cachoeiro de Itapemirim, Espírito Santo.
- Eu conheci ambos Samara Fernanda da Silva Bueno desde setembro de 2023 e Mauricio Lopez desde outubro de 2023.

Eu conheci Samara em setembro de 2023. Eu estava trabalhando como ajudante em um salão de cabelereiro em São Francisco.

Samara havia agendado para arrumar seu cabelo e mostrava se muito feliz e animada por estar se preparando para celebrar seu aniversário de cabelos novos e então ali mesmo no meu trabalho podemos nos conhecer um pouco mais e ficarmos mais próximos a cada visita.

Após alguns encontros no salão de cabelereiro fizemos planos de sairmos juntos e a partir de então nos tornamos melhores amigos. Temos uma grande comunidade brasileira por aqui e como não temos familiares no país as coneccoes entre os amigos tornassem como se fossemos membros familiares.

Samara sempre comentava que se sentia desconfortável em algumas situações por não dominar o inglês. Como havia se conectado com outros brasileiros, um amigo de longa data comentou sobre um homem que estava no exército e se sentia solitário. Assim, ela poderia melhorar seu inglês, e ele poderia se distrair e fazer uma nova amizade.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto.

Data: 05/05/2025

Assinatura: Cristiano Cardoso Gomes

Com o passar do tempo, percebi que ela estava cada vez mais animada e falando mais sobre as trocas que eles tinham, como estava aprendendo mais inglês e se divertindo nos encontros online. Samara me contou que tinha receio por conta da distancia pois teve um relacionamento anterior, nao havia dado certo à distância, quando decidiu fazer um intercâmbio e se mudar para os Estados Unidos. Mas notei que Samara e Maurício estavam cada vez mais próximos. Ela me contou que eles faziam jantares online e compartilhavam experiências ao longo da semana.

Depois de meses me relacionando virtualmente com Maurício, Samara nos contou que havia decidido se mudar para o Alaska. Choramos muito e, mesmo que ela não estivesse tão presente na minha vida aqui, eu ficava feliz por minha amiga estar tendo um novo começo e feliz por estar com a pessoa que ama.

Conversei com o Mauricio por videochamada e disse que, embora meu inglês não fosse bom o suficiente para dizer tudo, ele teria que vir nos visitar antes que a Samara se mudasse para o Alaska.

E então o Mauricio e a Samara começaram a conversar sobre os planos do casamento quando viria para São Francisco nas férias. Tive a oportunidade de estar ao lado deles naquele dia. Arrumei o cabelo dela como no nosso primeiro encontro, e isso fortaleceu ainda mais a nossa amizade. Também fui padrinho de casamento deles, então pude testemunhar a união desses dois corações que se amam muito.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto.

Data: 05/05/2025

Assinatura: Cristiano Cardoso Gomes


California USA DRIVER LICENSE
DL Y9936485
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FN CRISTIANO
3146 OAK RD 306
WALNUT CREEK, CA 94597
DOB 05/24/1990
RSTR NONE
CLASS C
LIMITED-TERM
END NONE
05241990
SEX M
HGT 5'-09"
HAIR AUB
WGT 160 lb
EYES BLK
DD 03/25/202452310/BBFD/28
ISS 03/25/2024

Declaration in Support of Samara Fernanda da Silva Bueno

Dear Immigration Officer,

I, Luiz Bartow Simões, hereby declare and solemnly affirm:

- I currently reside at 4385 9th Street, Unit R, Fort-Wainwright AK 99703
- My phone number is (530) 410-2988
- My email address is lbartowsimoes68@bethelu.edu
- I was born on 04/27/1996, in Rio de Janeiro, Brazil.
- I have known Samara Fernanda da Silva Bueno since June 2021, and Mauricio Lopez since May 2023.

I have known Samara since June 2021, when I was still living in Redding, 5 hours away from San Francisco, and would visit the city sporadically for some Brazilian events with my wife, Olivia.

We met through mutual friends, and because there was a strong bond between Samara and my wife, we became closer.

Since we did not go to San Francisco very often, we stayed in touch by phone, and almost every month we would talk. When I enlisted and moved to Alaska to serve in the military, calls with friends and family became very important, and among my friends, I also kept in touch with Samara, and we were able to talk about life.

Samara has always been very hardworking and a person of strong character and integrity, a great friend.

In mid-May 2023, I met Mauricio at the base while we were in training. We were part of a four-soldier team. Mauricio was a grenadier, and I became part of his team as the machine gun leader. We worked together for several months and became good friends outside the base as well, spending time together on weekends.

My friend Samara remained in contact with my wife and me, and in some of our conversations, she mentioned her interest in meeting someone with whom she could practice her English. I then thought of my friend Mauricio, who had been at the base a few months longer than I had, and that it might be a good idea for him to have a female friendship to add some variety to his life in Alaska. I therefore connected the two of them in October 2023.

I am very happy to have made the connection between the couple. From the very beginning, I felt that, knowing my friends, they would make a wonderful match, and time has proven that to be true. I am able to witness

their happiness living together, and through my daily contact with Mauricio, I see how much the marriage has been good for him.

I have always been present in the couple's story, and Mauricio always speaks very highly of Samara, just as she is always enthusiastic and grateful that I made the connection between them.

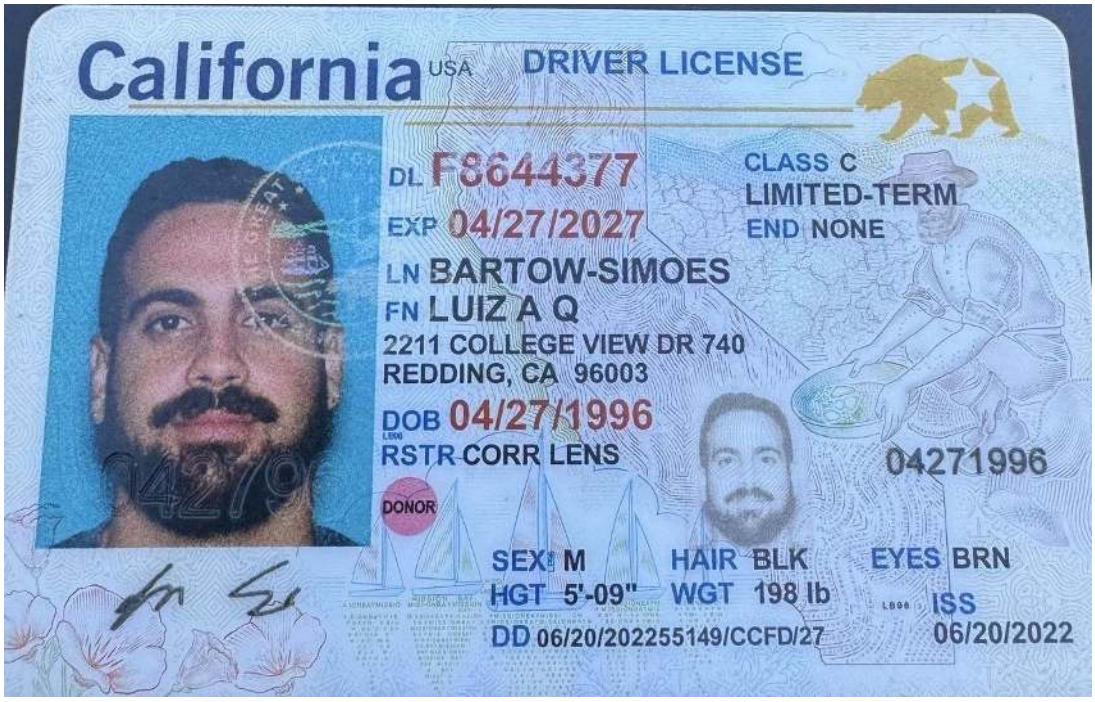
I was not able to be present at their wedding, as I was traveling during my vacation to visit my family in Brazil. However, as soon as my friend Samara moved to Alaska, we had a dinner together, and I was able to witness her happiness being by Mauricio's side. Every time we see or speak to each other, she is smiling and speaking positively about her husband.

They truly make a beautiful couple, and I am very happy about their union.

I declare, under penalty of perjury, that the foregoing is true and correct.

Date: 04/01/2025

Signature: -----// signature //-----


California USA DRIVER LICENSE
DL F8644377
EXP 04/27/2027
LN BARTOW-SIMOES
FN LUIZ A Q
2211 COLLEGE VIEW DR 740
REDDING, CA 96003
DOB 04/27/1996
RSTR CORR LENS
CLASS C
LIMITED-TERM
END NONE
04271996
DONOR
SEX M
HGT 5'-09"
HAIR BLK
WGT 198 lb
EYES BRN
DD 06/20/202255149/CCFD/27
ISS
06/20/2022

I, Raphael Michels Fantinato de Moura, 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.

Raphael Michels Fantinato de Moura. **Date: December 18, 2025.**

Declaração em apoio a Samara Fernanda da Silva Bueno

Caro oficial de imigração,

Eu, Luiz Bartow Simões, declaro e afirmo solenemente:

- Atualmente resido no 4385 9th Street, Unit R, Fort-Wainwright AK 99703
- Meu número de telefone e (530) 410-2988
- Meu endereço de e-mail e lbartowsimoes68@bethelu.edu
- Nasci em 27/04/1996 no Rio de Janeiro no Brasil.
- Eu conheci ambos, Samara Fernanda da Silva Bueno Junho de 2021 e Mauricio Lopez desde Maio de 2023.

Eu conheço a Samara desde junho de 2021 quando eu ainda morava em Redding a 5 horas de San Francisco e visitava a cidade esporadicamente para alguns eventos brasileiros com minha esposa Olivia.

Nos conhecemos através de amigos em comum e como havia uma grande afinidade entre Samara e minha esposa ficamos mais próximos.

Como não frequentávamos muito San Francisco mantínhamos contato por telefone e quase todos os meses estávamos em ligação. Quando me alistei e fui morar no Alaska para servir o exército as ligações de amigos e familiares se tornam muito importantes e entre meus amigos Samara também mantinha contato e podíamos conversar sobre a vida.

Samara sempre foi muito batalhadora e uma pessoa de caráter e respeito, uma grande amiga.

Em meados de maio de 2023 eu conheci o Maurício na base quando estávamos em treinamento, nós tínhamos uma equipe de 4 soldados. Maurício era um lançador de granadas e eu passei a fazer parte de seu time sendo o líder de metralhadora. Passamos a trabalhar por alguns meses juntos nos tornando bons amigos também fora da base, fazendo outras atividades aos finais de semana.

Minha amiga Samara mantinha contato com minha esposa e comigo, e em algumas de nossas conversas, mencionou seu interesse em conhecer alguém com quem ela pudesse praticar mais inglês e então pensei no meu amigo Maurício que já estava a alguns meses a mais do que eu na base e poderia ser uma boa ideia ter uma amizade feminina para diversificar um pouco sua vida no Alaska. Então fiz a conexão entre os dois em outubro de 2023.

Fico muito feliz em ter feito a conexão entre o casal, desde o princípio eu senti que conhecendo meus amigos eles poderiam formar um belo par e o tempo mostrou isso, eu posso presenciar a

alegria dos mesmos vivendo juntos e diariamente em contato com Mauricio, vejo o quanto o casamento lhe fez bem.

Eu sempre estive presente na história do casal e o Maurício sempre fala muito bem da Samara e ela também sempre está entusiasmada e agradecida por eu ter feito a conexão entre eles.

Não pude estar presente quando se casaram, estava viajando nas minhas férias para visitar minha família no Brasil, mas assim que minha amiga Samara se mudou para o Alaska fizemos um jantar e pude presenciar sua felicidade ao estar ao lado de Maurício e sempre que nos vemos ou nos falamos ela está sorridente e falando positivamente do marido.

Eles realmente formam um lindo casal e estou contente diante dessa união.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto.

Data: 0|04|2025

Assinatura: _____


California USA DRIVER LICENSE
DL F8644377
EXP 04/27/2027
LN BARTOW-SIMOES
FN LUIZ A Q
2211 COLLEGE VIEW DR 740
REDDING, CA 96003
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Exhibit 7 - Evidence of Bona Fide Marriage: Documentation of Husband’s Support During Samara’s Medical Emergency

RED CROSS MESSAGE WORKSHEET

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice M01070-6 Marine Corps Official Military Personnel Files (March 17, 2008, 73 FR 14234). **AUTHORITY:** 10 U.S.C. 5041, Headquarters, Marine Corps; 42 U.S.C. 10606 as implemented by DoD Instruction 1030.1, Victim and Witness Assistance Procedures; and E.O. 9397 (SSN). **PRINCIPLE:** Active duty and Corps Inactive Ready Reserve (IRR) members who are enlisted, appointed, or commissioned status; members of the U.S. Marine Corps who were enlisted, appointed, or commissioned status and were separated by discharge, death, or other termination of military status. **PURPOSE:** To assist officials and employees of the U.S. Marine Corps in the management, supervision, and administration of Marine Corps personnel (officer and enlisted), and the operations of related personnel affairs and functions. **ROUTINE USE:** To officials and employees of the American Red Cross and Navy Relief Society in the performance of their duties. Access will be limited to those portions of the member's record required to effectively assist the member. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE:** MANDATORY

Date Received: 05 Jun 2025 Time Received: 22:55 Case Number: 2556391

Callback Number: 877-272-7337 Case Worker: Brandi VanDyke

Service Member's Name: Mauricio Lopez

Rank: E-4

SSN (LAST 4): 4693

Service Member's Unit and Location (if deployed): 1-24 4th airborne charley company

Message Received By: SGT Riley, Dylan

Message (use as much detail as possible): service member mauricio Lopez, 940-465-5150, requesting verification for emergency leave due to illness of members spouse Samara fernanda dasilva. verified by nurse practioner Olga Spivak on behalf of Dr. Frank Delen with the ICU at California Pacific medical center located in San fransisco california, 415-600-5375. Confirmed diagnoses as Septic shock prognoses is guarded. Patient is on life support but they are trying to be optimistic. Current condition is critical. Life expectancy is a concern, no time frame given. SM presence is recommended. SM is requested for family support and to assist with medical decisions. There is no family or friends in the area that can assist or be present with members spouse. SM respectfully request direct contact from command with leave decision.

Date: Time Message Delivered to Service Member:

Action Taken/Response Given:

Date: Time Call Returned to Red Cross:

Whom Delivered to:

Print Form Reset Form

MCBCL/S-1/JRC/5000.5/13 (5/11) PREVIOUS EDITIONS ARE OBSOLETE ADOBE 9.0

Figure 1-1.- - Sample Red Cross Message Worksheet

ABSENCE REQUEST - AUTHORIZATION AND APPROVAL DATA

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974

INSTRUCTIONS TO SERVICE MEMBER

AUTHORITY FOR ABSENCE: This form contains the pertinent information that authorizes you to be away from your station or post. You must carry this form while on absence.

CHANGES: A Member who desires changes in authorized absence or does not begin absence on schedule will notify commander.

REPORTING: A Member will report to duty station not later than 2400 on the last day of absence (even if PCS orders contain a later reporting date)

CHARGEABLE DATES: The "Absence Start Date" and "Absence End Date" are to be used to compute chargeable time that will affect a Member's accrued balance for chargeable absences.

IMPORTANT: This form must remain in the Member's possession at all times while absent from duty station. To reprint the form, log into the IPPS-A system go to My Absences > View/Update Requests and find the appropriate request to print.

MEMBER ABSENCE INFORMATION - TRANSACTION NUMBER: 10299468

1. NAME	2. DoD ID
SPC MAURICIO LOPEZ	1613252424

3. ABSENCE TYPE	4. ABSENCE REASON
CHG - 01-CHARGEABLE	EMERGENCY ABS

5. ABSENCE START DATE	6. ABSENCE END DATE	7. DATE OF DEPARTURE	8. DATE OF RETURN
2025-06-09	2025-06-25	2025-06-09	2025-06-25

9. ABSENCE ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER	10. DEPARTMENT/UIC & LOCATION INFORMATION
Contact Name: maurcio lopez Contact Phone: 9404655150 GEOLOC Code: 063290075 Address Details: 30 otis st apt 2605 SAN FRANCISCO CA 94103 (USA)	00317165/WH9SC0 - 0024 IN BN 01 CO C RIFLE COMP 00152802 - FT WAINWRIGHT

11a. REQUESTOR COMMENTS:

Sm is requesting emergency leave due to his wife being in icu. Please see the red cross message attached below.

11b. FINAL APPROVER COMMENTS:

Approved. Please process rapidly.

11c. ADMINISTRATIVE COMMENTS:

12. SUPERVISOR NAME	13. APPROVER NAME	14. APPROVAL STATUS
CPT DANIEL KOMSOUKANIANTS	CPT DANIEL KOMSOUKANIANTS	APPROVED

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

PRINCIPAL PURPOSE(S): To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. Notice: Army Personnel System (APS) (July 18, 2019, 84 FR 34373).

For additional information, see the System of Records Notice A0600-8-104 AHRC.

ROUTINE USES: The primary administrative tool used for several Human Resources supporting tasks including Changing duty status, Requesting personnel actions (reassignment, training, etc.), Announcing Personnel Actions (local assignment, promotion, etc.). Forms will not be disclosed outside Department of Defense (DoD) and DOD sponsored agencies.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

Exhibit 8 - Evidence Related to Removal Proceedings

U.S. Department of Homeland Security

Order of Release on Recognizance

File No: A245 961 671
Date: April 10, 2024
Event No:LAS2404000041

Name: SAMARA FERNANDA DA SILVA-BUENO

You have been arrested and placed in removal proceedings. In accordance with section 236 of the Immigration and Nationality Act and the applicable provisions of Title 8 of the Code of Federal Regulations, you are being released on your own recognizance provided you comply with the following conditions:

☒ You must report for any hearing or interview as directed by the Department of Homeland Security or the Executive Office for Immigration Review.

☒ You must surrender for removal from the United States if so ordered.

☒ You must report in (~~writing~~) (person) to AS INDICATED ON THE ATTACHED OREC G-56
(Name and Title of Case Officer)

at _____ on 4-24-2025 at 8:00AM
(Location of DHS Office) (Day of each week or month) (Time)

If you are allowed to report in writing, the report must contain your name, alien registration number, current address, place of employment, and other pertinent information as required by the officer listed above.

☒ You must not change your place of residence without first securing written permission from the immigration officer listed above.
☒ You must not violate any local, State, or Federal laws or ordinances.
☒ You must assist the Department of Homeland Security in obtaining any necessary travel documents.
☒ Other: Employment not authorized

☐ See attached sheet containing other specified conditions (Continue on separate sheet if required)

NOTICE: Failure to comply with the conditions of this order may result in revocation of your release and your arrest and detention by the Department of Homeland Security.

ERIC E SALAZAR
Date: 2024.04.10 02:12:46 -06:00
0154689950.CBP.3
(Signature of DHS Official)

Acting/Patrol Agent in Charge
(Printed Name and Title of Official)

Alien's Acknowledgment of Conditions of Release on Recognizance

I hereby acknowledge that I have (read) (had interpreted and explained to me in the SPANISH language) and understand the conditions of my release as set forth in this order. I further understand that if I do not comply with these conditions, the Department of Homeland Security may revoke my release without further notice.

DAVID ORRANTIA
Date: 2024.04.10 03:38:26 -06:00
0038118563.CBP
(Signature of Immigration Officer Serving Order)

Samara F S Buena
(Signature of Alien)

04/10/2024
(Date)

Cancellation of Order

I hereby cancel this order of release because: ☐ The alien failed to comply with the conditions of release.

☐ The alien was taken into custody for removal.

(Signature of Immigration Officer Canceling Order)

(Date)

DEPARTMENT OF HOMELAND SECURITY

NOTICE OF CUSTODY DETERMINATION

Alien's Name: SAMARA FERNANDA DA SILVA-BUENO

A-File Number: A245 961 671

Date: 04/10/2024

Event ID: LAS2404000041

Subject ID: 393073264

FIN: 1281441146

Pursuant to the authority contained in section 236 of the Immigration and Nationality Act and part 236 of title 8, Code of Federal Regulations, I have determined that, pending a final administrative determination in your case, you will be:

☐ Detained by the Department of Homeland Security.

☒ Released (check all that apply):

- ☐ Under bond in the amount of $ _____
- ☒ On your own recognizance.
- ☐ Under other conditions. [Additional document(s) will be provided.]

ERIC E SALAZAR
Date: 2024.04.10 02:12:51 -06'00'
0154689950.CBP.3

Name and Signature of Authorized Officer

04/10/2024 0141

Date and Time of Custody Determination

Acting/Patrol Agent in Charge

Title

El Paso, Texas

Office Location/Address

You may request a review of this custody determination by an immigration judge.

☒ I acknowledge receipt of this notification, and

- ☐ I **do** request an immigration judge review of this custody determination.
- ☒ I **do not** request an immigration judge review of this custody determination.

Samara F. S. Bueno

Signature of Alien

04/10/2024

Date

The contents of this notice were read to SAMARA FERNANDA DA SILVA-BUENO (Name of Alien) in the SPANISH (Name of Language) language.

DAVID ORRANTIA
Date: 2024.04.10 03:38:19 -06'00'
0038118563.CBP

Name and Signature of Officer

NONE USED

Name or Number of Interpreter (if applicable)

Border Patrol Agent

Title

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID:393073264 **FINS #:1281441146** **DOB: 09/27/1992**

File No: A245 961 671

Event No:LAS2404000041

In the Matter of:

Respondent: SAMARA FERNANDA DA SILVA-BUENO currently residing at:

FAILED TO PROVIDE ADDRESS EOIR-33 DOCKET

(Number, street, city, state and ZIP code) (Area code and phone number)

☐ You are an arriving alien.

☒ You are an alien present in the United States who has not been admitted or paroled.

☐ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL ;
3. You arrived in the United States at or near EL PASO, TX , on or about April 9, 2024 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30 ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

630 SANSOME ST, 4TH FL, RM 475 SAN FRANCISCO CA 94111

(Complete Address of Immigration Court, including Room Number, if any)

on May 27, 2027 *(Date)* at 10:30 AM *(Time)* to show why you should not be removed from the United States based on the charge(s) set forth above.

ERIC E SALAZAR
Date: 2024.04.10 02:12:42 -06:00
0154689950.CBP.3

Acting/Patrol Agent in Charge

(Signature and Title of Issuing Officer)

Date: April 10, 2024 El Paso, Texas

(City and State)

Privacy Act Statement

Authority:
The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

Purpose:
You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

Routine Uses:
For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at https://www.dhs.gov/system-records-notices-sorns. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at https://www.justice.gov/opcl/doj-systems-records. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

Disclosure:
Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.



Name: DA SILVA-BUENO, SAMARA FERNANDA
Alias(s):
Event #: LAS2404000041
A#: 245 961 671
DOB: 09/27/1992
COB: BRAZIL
Disposition: Notice to Appear Released (I-862)



Name: DA SILVA-BUENO, SAMARA FERNANDA
Alias(s):
Event #: LAS2404000041
A#: 245 961 671
DOB: 09/27/1992
COB: BRAZIL
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A#: 245 961 671
DOB: 09/27/1992
COB: BRAZIL
Disposition: Notice to Appear Released (I-862)

U.S. Department of Justice

Executive Office for Immigration Review

Change of Address/Contact Information Form
Immigration Court

Instructions: To complete this form, fill out all blanks below, including proof of service, which certifies that you will provide a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form electronically, in person, or by mail. If submitting electronically, file in Respondent Portal at https://respondentaccess.eoir.justice.gov. Attorneys and fully accredited representatives submitting this form electronically must file in Case Portal at https://portal.eoir.justice.gov. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual who has a case pending in immigration court and whom the change of information affects.

You must file this form with the immigration court within five working days of the change to your contact information, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., notices, decisions) to the address you provide. The immigration court will only make any change(s) to your contact information in EOIR's records upon receipt of this form; the immigration court will not change your contact information based on different information on pleadings, motions, or other communications with the court.

If you fail to appear at any hearing before an immigration judge when notice of that hearing or other official correspondence was served on you or sent to the address you provided, DHS may take you into custody. In addition, the immigration court may conduct your hearing in your absence and enter an order of removal, deportation, or exclusion against you. If the court enters such an order, you may be ineligible for certain forms of relief from removal under the Immigration and Nationality Act as follows:

- If you are in *removal* proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order. You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.
- If you are in *deportation* proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order. You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.
- If you are in *exclusion* proceedings: Your application for admission to the United States may be considered withdrawn.

Name – Last, First, Middle, Suffix (if applicable):	A-Number:

My FORMER address and phone number were:
"in care of" other person (if any)
Number; Street; Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)
Email Address

My CURRENT address and phone number are:
"in care of" other person (if any)
Number; Street; Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)
Email Address

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the A-Number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

SIGN HERE ➡ x _____ _____

Signature Date

PROOF OF SERVICE

I, _____ (Name), provided a copy of this Change of Address Form on, _____ (date) to the to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at:

_____

_____

(Indicate if electronic/email service, or in-person or mail service (provide Number and Street, City, State, ZIP Code))

By signing, I agree to provide a copy of this Change of Address Form to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at the location I selected above. I understand that I can provide DHS with a copy either electronically through the DHS eService portal (register at https://eserviceregistration.ice.gov), or by mail or personal delivery.

☐ No service needed. I am an ECAS-registered user who filed through the ECAS Case Portal.

SIGN HERE ➡ x _____

Signature

SERVICE INSTRUCTIONS

1. Provide a copy of the completed form to the DHS ICE Office of the Principal Legal Advisor (OPLA) per the method you specified in the PROOF OF SERVICE above. Copies provided electronically can be done through DHS ICE eService Portal, located at https://eserviceregistration.ice.gov. Addresses for DHS ICE OPLA Field Locations where copies can be mailed or delivered in-person are available online at https://www.ice.gov/contact/legal. Failure to comply with these requirements may result in EOIR rejecting the filing.
2. To mail the form to the immigration court, fold the page at the dotted lines marked "Fold Here" so that the address is visible. (**Important**: Ensure the address section is visible after you fold the page.)
3. Staple, or otherwise secure, the folded form along the open end marked "Fasten Here."
4. Place appropriate postage stamp in the area marked "Place Stamp Here."
5. Write your return address in the area marked "PUT YOUR ADDRESS HERE."
6. Mail the original form to the immigration court.

Fold Here

PUT YOUR ADDRESS HERE

_____

_____

_____

_____

Place Stamp Here

U.S. Department of Justice
Executive Office for Immigration Review
Immigration Court

100 Montgomery Street
Suite 800
San Francisco, CA 94104

Fold Here

Privacy Act Notice

The information on this form is required by 8 U.S.C. § 1229(a)(1)(F)(ii) and 8 C.F.R § l003.15(d)(2) in order to notify EOIR's immigration court of any change(s) of address or phone number. The information you provide is mandatory. Failure to provide the requested information limits the notification you will receive and may result in adverse consequences noted above. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice EOIR–001, Records and Management Information System, and EOIR-003, Practitioner Complaint-Disciplinary Files.

Fasten Here

Homeland Security

MAYO 2022

Instrucciones Para el Aviso de Comparecencia

Este documento explica lo que debe esperar mientras continúa con los procedimientos de su caso de inmigración en los Estados Unidos. No proporciona asesoramiento legal ni sustituye la información incluida en los formularios a los que se hace referencia a continuación. Es necesario que revise TODA su documentación y comprenda las condiciones de su liberación.

USTED DEBE:

1) Preséntese al ICE como se requiere en su documentación.

- Usted **debe** presentarse al ICE.
- Programe una cita para presentarse en www.ice.gov/check-in
- Para encontrar la oficina más cercana, llame al 1-888-351-4024 o vaya a www.ice.gov/contact/field-offices?office=16.
- Si se presenta a una oficina de ICE en persona, lleve sus documentos de identificación (pasaporte, acta de nacimiento, licencia de conducir, etc.) y **TODOS** los documentos de inmigración.

2) Notifique al ICE y al tribunal de inmigración en un plazo de 5 días si cambia de dirección o número de teléfono.

- Si se muda a una nueva dirección o consigue un número de teléfono, usted **DEBE** proporcionar al ICE y al tribunal de inmigración el nuevo domicilio o número de teléfono en un plazo de 5 días.
- Haga estas 3 cosas:
  1) Póngase en contacto con su oficina local del ICE directamente para proporcionar su nuevo domicilio o número de teléfono.
  2) Para cambiar su domicilio en el tribunal de inmigración, usted debe presentar el Formulario EOR33, disponible en: www.justice.gov/eoir/form-eoir-33-eoir-immigration-court-listing.
  3) Pregunte al tribunal de inmigración o a un abogado si necesita cambiar el lugar de su audiencia judicial.

3) Asista a sus audiencias en el tribunal de inmigración.

- Revise su Aviso de Comparecencia (Formulario I-862). Incluye la dirección del tribunal, el numero de la sala, la fecha y la hora de su audiencia con un Juez de Inmigración.
- Usted **DEBE** asistir a sus audiencias en la corte de inmigración.
- **ADVERTENCIA:** La fecha y la hora de su audiencia pueden cambiar. Llame al tribunal de inmigración al 1-800-898-7180 para confirmar su próxima fecha de audiencia o escanee el código QR.

IMPORTANTE:

Las citas del ICE y las audiencias del tribunal de inmigración son dos obligaciones diferentes. Usted debe cumplir con ambas obligaciones.

Escanear Aqui Para Ver el Estado de Su Caso

SANCIONES POR INCUMPLIMIENTO

- El incumplimiento de todas las condiciones de su liberación **puede dar lugar a su arresto y detención.**
- Si tiene un monitor de tobillo de seguimiento por GPS o cualquier otro dispositivo proporcionado por el gobierno, **NO** manipule, retire, deseche o destruya el dispositivo. Es un delito dañar o intentar dañar la propiedad de los Estados Unidos.
- Usted debe asistir a **TODAS** las audiencias del tribunal de inmigración. Si no asiste a las audiencias judiciales, se podría ordenar su expulsión de los Estados Unidos.

List of Pro Bono Legal Service Providers

https://www.justice.gov/eoir/list-pro-bono-legal-service-providers



Uploaded on: 07/06/2026 at 01:02:58 PM (Central Daylight Time) Base City: SNA

U.S. Department of Homeland Security
Immigration and Customs Enforcement

Additional Charges of Inadmissibility/Deportability

In: ☒ **Removal proceedings under section 240 of the Immigration and Nationality Act**

☐ **Deportation proceedings commenced prior to April 1, 1997 under former section 242 of the Immigration and Nationality Act**

In the matter of:

Alien/Respondent: Samara Da Silva-Bueno

File No: 245961671 Address: 3102 Baldwin Loop, Unit B Killeen, TX 76549 USA

DESIGNATION BOX TO BE UNCHECKED: Box 2. You are an alien present in the United States who has not been admitted or paroled.

DESIGNATION BOX TO BE CHECKED: Box 3. You have been admitted to the United States, but ar removable for the reasons stated below.

ALLEGATION(S) TO BE WITHDRAWN:
WITHDRAWN: #3.

WITHDRAWN: #4.

NEW ALLEGATION(S) TO BE ADDED IN SUPPORT OF THE NEW CHARGE:

ADDED: #3. You were admitted to the United States in April 4, 2019 as a non-immigrant J-1 visa holder with authorization to remain in the United States for a temporary length of time.

ADDED: #4. You remained in the United States beyond the authorized temporary period of your J-1 Visa without authorization from the Immigration and Naturalization Services.

NEW CHARGE(S) TO BE ADDED: 237(a)(1)(B) of the Immigration and Nationality Act ("Act"), as amended in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted, in violation of this Act or any other law of the United States.

Dated: **July 6, 2026**

(Signature of Service Counsel)

Form I-261

Exh. [redacted]

Uploaded on: 07/06/2026 at 01:02:58 PM (Central Daylight Time) Base City: SNA

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office of the Immigration Review. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this Notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with you case. If any document is a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all the allegations in the charging document and that you are inadmissible or deportable on the charges contained in the charging document. You will have an opportunity to present evidence on you own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the INS, in writing, with you full mailing address and telephone number. You must notify the Immigration Court immediately by using form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

Certificate of Service

This charging document was served on the respondent by me on July 6, 2026 (Date) in the following manner:

__ in person via custodial officer

__ by mail to respondent's address/respondent's attorney address

X by ECAS to respondent's counsel of record

to: Samara Da Silva-Bueno
(Alien's Address)

☐ The alien was provided oral notice in the _____ language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

_____
(Signature of alien)

_____
(Signature and title of officer) ACC

Form I-261