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**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Christopher	Middle Name (if any) Jermaine	Family Name (Last Name) DAVIS
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: Christopher Jermaine Davis
Beneficiary: Isabelle Kauany Bueno Ferreira (Spouse) (A246-934-756).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Isabelle Kauany Bueno Ferreira**.

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

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

- **Isabelle Kauany Bueno Ferreira'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. Christopher Jermaine Davis' Identification Documents:
- Christopher Jermaine Davis' Birth Certificate;
- Christopher Jermaine Davis' U.S. Valid Passport;
- Christopher Jermaine Davis' Passport Card;

II. Isabelle Kauany Bueno Ferreira's Identification Documents:
- Isabelle Kauany Bueno Ferreira's Birth Certificate with English Translation;
- Isabelle Kauany Bueno Ferreira's Valid Passport;
- Isabelle Kauany Bueno Ferreira's U.S. Visa;
- Isabelle Kauany Bueno Ferreira's Copy of I-94;
- Isabelle Kauany Bueno Ferreira' Notice to Appear (NTA);

III. Christopher Jermaine Davis and Isabelle Kauany Bueno Ferreira's Marriage Certificate;

IV. Evidence of Bona Fide Marriage:
- Joint Lease Agreement (September, 2026 – September, 2027);
- Joint Lease Agreement (September, 2025 – September, 2026);
- Joint Auto Insurance (Nationwide Auto Insurance ID Card);
- Petitioner's 2025 Federal Tax Return Listing Spouse as Beneficiary;

- Petitioner's 2024 Federal Tax Return Listing Spouse as Beneficiary;
- Joint Nationwide Auto Insurance Revised Policy Reflecting Shared Address;
- Nationwide Proof of Address Letter for Isabelle Kauany Bueno Ferreira;
- Bank of America Proof of Address Letter for Christopher Jermaine Davis;
- Isabelle Kauany Bueno Ferreira's Zurich Life Insurance Policy Designating Christopher Jermaine Davis as Sole Beneficiary;

V. Evidence of Bona Fide Marriage - Letters of Support

- Letter of Support Delivered by Ethel Davis;
- Letter of Support Delivered by Alma Nunez;
- Letter of Support Delivered by Qi Hao Tan for Isabelle's Bond;

VI. Evidence of Bona Fide Marriage - Photographic Evidence of Relationship

VII. Evidence of Isabelle Kauany Bueno Ferreira's Good Moral Character:

- Isabelle Kauany Bueno Ferreira's Criminal Records (Federal Level) with English Translation;
- Isabelle Kauany Bueno Ferreira's Criminal Records (State Level) with English Translation.

VIII. Janessa Rozalyn Davis' Birth Certificate (Petitioners' Daughter).

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: 09/29/2026

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
(USPS ZIP Code Lookup)

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

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): DAVIS

6.b. Given Name (First Name): Christopher Jermaine

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

5106797066

11. Mobile Telephone Number (if any)

5106797066

12. Email Address (if any)

cd72284@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) 09/18/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 09/18/2026

2.a. Signature of Law Student or Law Graduate

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): DAVIS

1.b. Given Name (First Name): Christopher Jermaine

1.c. Middle Name: N/A

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated	**Section of Law/Visa Category**	
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4	
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1	
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1	
Approved	Petition was filed on (Priority Date mm/dd/yyyy): ☐ Field Investigation ☐ Personal Interview ☐ 204(a)(2)(A) Resolved	
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy): ☐ Previously Forwarded ☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously	
	☐ 203(g) Resolved ☐ Ben. A-File Reviewed ☐ 204(g) Resolved	
Remarks		

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0 0 7 4 9 2 6 2 5 4 3 8

▶ **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)
   ▶ 6 1 5 0 7 2 9 5 2

Your Full Name

4.a. Family Name (Last Name): DAVIS
4.b. Given Name (First Name): Christopher
4.c. Middle Name: Jermaine

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: Oakland

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 07/22/1984

9. Sex ☒ Male ☐ Female

Mailing Address

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

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

10.g. Province:

10.h. Postal Code:

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: 1177 Market Street

12.b. ☒ Apt. ☐ Ste. ☐ Flr.: 919

12.c. City or Town: San Francisco

12.d. State: CA **12.e.** ZIP Code: 94103

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 07/2024

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

Physical Address 2

14.a. Street Number and Name: 2386 Whitetail Dr

14.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

14.c. City or Town: Antioch

14.d. State: CA **14.e.** ZIP Code: 94531

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 02/2018

15.b. Date To (mm/dd/yyyy): 07/2024

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): 07/01/2024

Place of Your Current Marriage (if married)

19.a. City or Town: Foster City

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): BUENO FERREIRA

20.b. Given Name (First Name): Isabelle

20.c. Middle Name: Kauany

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): DAVIS

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

24.c. Middle Name: Carter

25. Date of Birth (mm/dd/yyyy): 09/25/1948

26. Sex ☐ Male ☒ Female

27. Country of Birth: USA

28. City/Town/Village of Residence: Oakland

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): DAVIS

30.b. Given Name (First Name): Jerry

30.c. Middle Name: Stephen

31. Date of Birth (mm/dd/yyyy): 09/26/1951

32. Sex ☒ Male ☐ Female

33. Country of Birth: USA

34. City/Town/Village of Residence: Sacramento

35. Country of Residence: USA

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

39.b. Place of Issuance

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

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

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

Place of Admission

40.c. City or Town

40.d State

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 Union Roofers Local 81

43.a. Street Number and Name: 8400 Enterprise Way

43.b. ☐ Apt. ☒ Ste. ☐ Flr.: 122

43.c. City or Town: Oakland

43.d. State: CA **43.e.** ZIP Code: 94621

43.f. Province: N/A

43.g. Postal Code: N/A

43.h. Country: USA

44. Your Occupation: Tech/business Representative

45.a. Date From (mm/dd/yyyy): 01/2026

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

Employer 2

46. Name of Employer/Company: ALCAL Specialty Contracting Roofin

47.a. Street Number and Name: 42950 Osgood Rd

47.b. ☐ Apt. ☐ Ste. ☐ Flr.: Bldg A

47.c. City or Town: Fremont

47.d. State: CA **47.e.** ZIP Code: 94566

47.f. Province: N/A

47.g. Postal Code: N/A

47.h. Country: USA

48. Your Occupation: Apprentice Roofer

49.a. Date From (mm/dd/yyyy): 05/2023

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

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: 6 Inches: 0

4. Weight Pounds: 165

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- 246934756

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

3. U.S. Social Security Number (if any)
▶ N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): BUENO FERREIRA

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

4.c. Middle Name: Kauany

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: Curitiba

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 12/16/1997

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: 1177 Market Street

11.b. ☒ Apt. ☐ Ste. ☐ Flr. 919

11.c. City or Town: San Francisco

11.d. State: CA 11.e. ZIP Code: 94103

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.

12.c. City or Town

12.d. State 12.e. ZIP Code

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.

13.c. City or Town

13.d. Province

13.e. Postal Code

13.f. Country

14. Daytime Telephone Number (if any): 6504359118

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
6504359118

16. Email Address (if any)
isabellekauany.ik@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) 07/01/2024

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Foster City

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): Davis

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

21.c. Middle Name: Jermaine

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): DAVIS

25.b. Given Name (First Name): Christopher

25.c. Middle Name: Jermaine

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 07/22/1984

28. Country of Birth: USA

Person 2

29.a. Family Name (Last Name): DAVIS

29.b. Given Name (First Name): Janessa

29.c. Middle Name: Rozalyn

30. Relationship: Stepchild

31. Date of Birth (mm/dd/yyyy): 03/01/2015

32. Country of Birth: USA

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): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ▶ 6 0 1 1 0 5 0 1 0 5 6

46.c. Date of Arrival (mm/dd/yyyy): 11/28/2018

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: 05/27/2019

47. Passport Number: FS950893

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/11/2027

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): A Fresh Start Cleaning Solutions LLC (Owner)

51.b. Street Number and Name: 1177 Market Street

51.c. ☒ Apt. ☐ Ste. ☐ Flr. 919

51.d. City or Town: San Francisco

51.e. State: CA **51.f.** ZIP Code: 94103

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 07/2024

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 Diego

55.b. State: CA

56. Date (mm/dd/yyyy): 8/31/2026

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: 1177 Market Street

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 919

59.c. City or Town: San Francisco

59.d. State: CA **59.e.** ZIP Code: 94103

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 07/2024

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:

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):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

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

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 _____, 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.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 5106797066

4. Petitioner's Mobile Telephone Number (if any): 5106797066

5. Petitioner's Email Address (if any): cd72284@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) ➡ _____

6.b. Date of Signature (mm/dd/yyyy): 09/23/2026

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)

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.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

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.

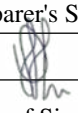
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

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) 09/23/2026

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): DAVIS

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

1.c. Middle Name: Jermaine

2. A-Number (if any) ► A-: N / A

3.a. Page Number: 4 **3.b.** Part Number: 2 **3.c.** Item Number: 42

3.d.

Peridot Corporation
1072 Serpentine Ln
Pleasanton, CA 94566
Technical Specialist/Supervisor
09/2021 to 05/2023

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

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

6.d. N/A

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

7.d. 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
(USPS ZIP Code Lookup)

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130A

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): BUENO FERREIRA

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

6.c. Middle Name: Kauany

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- 246934756

Client's Contact Information

10. Daytime Telephone Number

6504359118

11. Mobile Telephone Number (if any)

6504359118

12. Email Address (if any)

isabellekauany.ik@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) 09/18/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 09/18/2026

2.a. Signature of Law Student or Law Graduate

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): BUENO FERREIRA

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

1.c. Middle Name: Kauany

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

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

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-** 246934756

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

Your Full Name

3.a. Family Name (Last Name): BUENO FERREIRA

3.b. Given Name (First Name): Isabelle

3.c. Middle Name: Kauany

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: 1177 Market Street

4.b. ☒ Apt. ☐ Ste. ☐ Flr. 919

4.c. City or Town: San Francisco

4.d. State: CA **4.e.** ZIP Code: 94103

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 09/01/2023

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

Physical Address 2

6.a. Street Number and Name: 401 Middle Rd

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Belmont

6.d. State: CA **6.e.** ZIP Code: 94002

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 09/01/2021

7.b. Date To (mm/dd/yyyy): 08/31/2023

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Olimpio Cardoso, 21

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: N/A

8.d. Province: N/A

8.e. Postal Code: 83411110

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 01/2014

9.b. Date To (mm/dd/yyyy) 11/2028

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) RICARDO FERREIRA

10.b. Given Name (First Name) Alexandre

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 07/02/1975

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Londrina

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Apucarama

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

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

17.b. Given Name (First Name) Silvana

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 08/02/1974

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Curitiba

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Colombo

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
A Fresh Start Cleaning Solutions LLC

2.a. Street Number and Name 1177 Market Street

2.b. ☒ Apt. ☐ Ste. ☐ Flr. 919

2.c. City or Town San Francisco

2.d. State CA **2.e.** ZIP Code 94103

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
USA

3. Your Occupation
Owner

4.a. Date From (mm/dd/yyyy) 07/2024

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

Employer 2

5. Name of Employer/Company
Self-employed

6.a. Street Number and Name Various addresses

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town San Francisco

6.d. State CA **6.e.** ZIP Code N/A

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: Cleaner

8.a. Date From (mm/dd/yyyy): 01/2019

8.b. Date To (mm/dd/yyyy): 07/2024

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: Kalice Joias

2.a. Street Number and Name: R. Voluntarios da Patria

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: 233

2.c. City or Town: Curitiba

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

2.f. Province: N/A

2.g. Postal Code: 800020000

2.h. Country: Brazil

3. Your Occupation: Sales Associate

4.a. Date From (mm/dd/yyyy): 12/2014

4.b. Date To (mm/dd/yyyy): 07/2018

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 6504359118

4. Spouse Beneficiary's Mobile Telephone Number (if any): 6504359118

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

Spouse Beneficiary's Certification

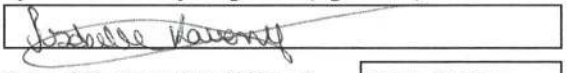
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine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



6.b. Date of Signature (mm/dd/yyyy): 09/18/2026

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

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

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

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 09/18/2026

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

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

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

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.

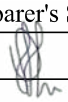
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

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) 09/18/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): BUENO FERREIRA

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

1.c. Middle Name: Kauany

2. A-Number (if any) ► **A-** 246934756

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d. N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d. N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

6.d. N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

7.d. N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Exhibit list

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Exhibit 1 - Christopher Jermaine Davis' Identification Documents

We the People

Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA



UNITED STATES OF AMERICA

Type / Type / Tipo | Code / Code / Código | Passport No. / No. du Passeport / No. de Pasaporte

P | USA | 587935292

Surname / Nom / Apellidos
DAVIS

Given Names / Prénoms / Nombres
CHRISTOPHER JERMAINE

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
22 Jul 1984

Place of birth / Lieu de naissance / Lugar de nacimiento
CALIFORNIA, U.S.A.

Sex / Sexe / Sexo
M

Date of issue / Date de délivrance / Fecha de expedición
25 Sep 2018

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
24 Sep 2028

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USADAVIS<<CHRISTOPHER<JERMAINE<<<<<<<<<<<<<

5879352926USA8407225M2809241292397821<749964

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

104 - 6097 09366

STATE BIRTH CERTIFICATE NUMBER — CERTIFICATE OF LIVE BIRTH, STATE OF CALIFORNIA — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST: CHRISTOPHER	1B. MIDDLE: JERMAINE	1C. LAST: DAVIS			
	2. SEX: MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR: JUNE 22, 1984	4B. HOUR—(24 HOUR CLOCK TIME): 2045	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: SAMUEL MERRITT HOSPITAL		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 350 HAWTHORNE AVENUE			
	5C. CITY OR TOWN: OAKLAND		5D. COUNTY: ALAMEDA			
FATHER OF CHILD	6A. NAME OF FATHER—FIRST: JERRY	6B. MIDDLE: STEPHEN	6C. LAST: DAVIS	7. STATE OF BIRTH: CA	8. AGE OF FATHER: 32	
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST: ETHEL	9B. MIDDLE: DELORES	9C. LAST (BIRTH NAME): CARTER	10. STATE OF BIRTH: CA	11. AGE OF MOTHER: 35	
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THIS STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE: Ethel Davis		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 24 Jul 84	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE: [illegible] MD		13B. LICENSE NUMBER: C 21120	13C. DATE SIGNED: 8/6/84	
	14.	13D. TYPED NAME AND ADDRESS: LOUIS KLEIN, M.D. 914 DEWING AVENUE, LAFAYETTE, CALIFORNIA				
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: [signature]		17. DATE ACCEPTED FOR REGISTRATION: AUG 14 1984		

002005986 CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

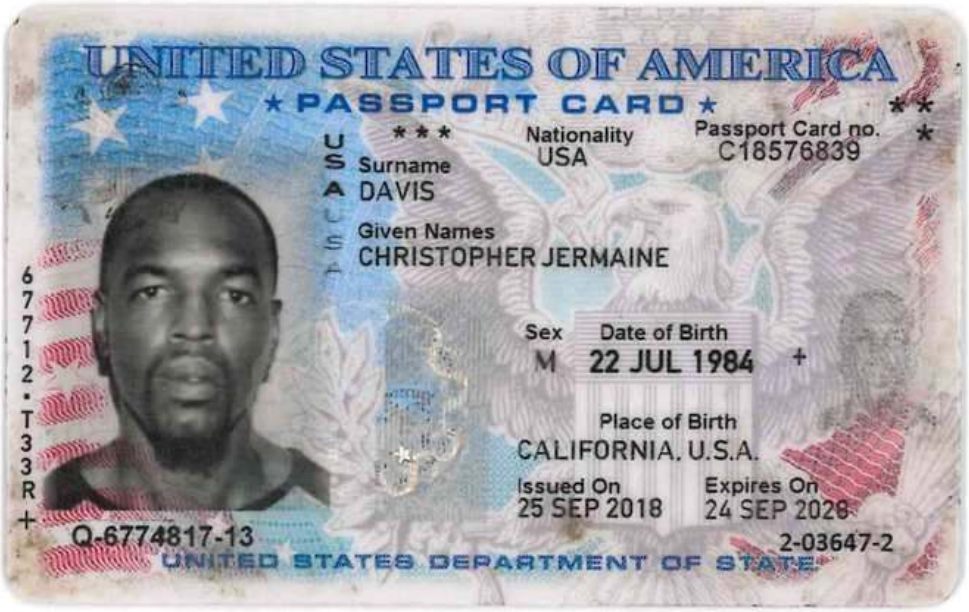
DATE ISSUED NOV 04 2009

PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER

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

002005986

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE


UNITED STATES OF AMERICA
★ PASSPORT CARD ★
Nationality
USA
Passport Card no.
C18576839
Surname
DAVIS
Given Names
CHRISTOPHER JERMAINE
Sex
M
Date of Birth
22 JUL 1984
Place of Birth
CALIFORNIA, U.S.A.
Issued On
25 SEP 2018
Expires On
24 SEP 2028
Q-6774817-13
2-03647-2
UNITED STATES DEPARTMENT OF STATE


3 M
C 4
UNITED STATES DEPARTMENT OF STATE
57283
Valid only for international land and sea travel between United States, Canada, Mexico, the Caribbean and Bermuda.
Your Passport Card should be kept in its protective sleeve when not in use.
C18576839
PASS SYSTEM
IPUSAC185768391<<07<21<B02<514
8407225M2809241USA<<2923978216
DAVIS<<CHRISTOPHER<JERMAINE<<<

Exhibit 2 - Isabelle Kauany Bueno Ferreira's Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
State of Paraná – Judicial District of Curitiba

UMBARA DISTRICT REGISTRY OFFICE
Rua Nicola Pelanda, 1250 – Phone: (041) 349-4343

Raul Fernandez Schuchovsky
Registrar

Luciane Machado Luckow	**Margaret Strona**	**Vando Tomazelli**
Clerk	Clerk	Clerk

CLERK	PROTOCOL	PAGE	**ENTRY NO. 009060**	BOOK	SHEET	INITIALS
				A-031	**NO. 152**	**//signature//**

BIRTH CERTIFICATE NO. 9060

I HEREBY CERTIFY that, in the book, sheet, and entry indicated above, in the BIRTH REGISTRY of this Office, it is recorded that the birth entry of .*

- ISABELLE KAUANY BUENO FERREIRA -

was recorded on March 16, 1998, female, born on the sixteenth day of December, nineteen ninety-seven (12/16/1997), at nine thirty-five a.m. (09:35 a.m.), at Bairro Novo Community Medical Center, in Curitiba-PR.
Daughter of **ALEXANDRE RICARDO FERREIRA** .*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*
and **SILVANA BUENO JARDIM** .*
he, a painter, she, a homemaker, residing and domiciled at Rua Isaac Ferreira da Cruz, unnumbered – Sitio Cercado..*.*.*.*.*.*.*.*.*.*.*.*.*.*
The paternal grandparents are: LUIZ FERREIRA .*.*.*.*.*.*.*.*.*.*.*.*.*.*
and MARIA APARECIDA FERREIRA .*.*.*.*.*.*.*.

and the maternal grandparents are: JOSE FERNANDES JARDIN .*.*.*.*.*.*.*
and PEDRINHA DOMINGOS BUENO JARDIM .*.*.
The declarants were: THE FATHER and THE MOTHER .*.*.*.*.*.*.*.*.*.*.*.*.*
With the witnesses indicated in the entry .*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.
Remarks: Record entered in the Book of Proceedings under No. 637/98. Record drawn up in accordance with Law No. 9,534 of 12/10/1997.

The foregoing is true, and I certify.

Curitiba, March 16, 1998.

-----//signature//-----

Margaret Strona
Clerk

UMBARA DISTRICT REGISTRY OFFICE
CIVIL REGISTRY AND NOTARY OFFICE
RAUL FERNANDEZ SCHUCHOVSKY
REGISTRAR
CURITIBA – PARANÁ

Margaret Strona
Clerk (Ordinance 66/96)

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: September 18, 2026

REPÚBLICA FEDERATIVA DO BRASIL
Estado do Paraná - Comarca de Curitiba
CARTÓRIO DISTRITAL DE UMBARÁ
Rua Nicola Pelanda, 1250 - Fone: (041) 349-4343

Raul Fernandez Schuchovsky
Titular

Luciane Machado Luckow Escrevente — **Margaret Strona** Escrevente — **Vando Tomazelli** Escrevente

ESCREVENTE	PROTOCOLO	PÁGINA		LIVRO	FOLHA	RUBRICA
			TERMO Nº 009060	A-031	Nº 152	

CERTIDÃO DE NASCIMENTO Nº 9060

CERTIFICO que, do livro, folha e termo citados, de ASSENTO DE NASCIMENTOS deste Ofício, consta que, foi lavrado no dia 16 de março de 1998, o assento de Nascimento de.*

*** ISABELLE KAUANY BUENO FERREIRA ***

do sexo feminino, nascida no dia dezesseis de dezembro de um mil, novecentos e noventa e sete (16/12/1997), às nove horas e trinta e cinco minutos (09:35h), em Centro Médico Comunitário Bairro Novo, em Curitiba-PR.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

Filha de **ALEXANDRE RICARDO FERREIRA**.*

e de **SILVANA BUENO JARDIM**.*

ele pintor, ela do lar, residentes e domiciliados à Rua Isaac Ferreira da Cruz, s/nr. - Sítio Cercado.*

São avós paternos: LUIZ FERREIRA.*

e MARIA APARECIDA FERREIRA.*

e avós maternos: JOSE FERNANDES JARDIM.*.

e PEDRINHA DOMINGOS BUENO JARDIM.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

Foram declarantes: O PAI e a MAE.*.

Com as testemunhas constantes no termo.*.

Observação: Registro lançado no Livro de Feitos sob nº 637/98. Registro lavrado de acordo com a Lei nº 9.534 de 10/12/1997.*

O referido é verdade e dou fé.

Curitiba, 16 de março de 1998.

Margaret Strona
Escrevente

Margaret Strona
Escrevente (Portaria 66/96)

CARTÓRIO DISTRITAL DE UMBARÁ
REGISTRO CIVIL E TABELIONATO
RAUL FERNANDEZ SCHUCHOVSKY
TITULAR
CURITIBA - PARANÁ

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

FS950893

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.: FS950893

SOBRENOME / SURNAME
BUENO FERREIRA



NOME / GIVEN NAMES
ISABELLE KAUANY

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
16 DEZ/DEC 1997

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
CURITIBA/PR

FILIAÇÃO / FILIATION
SILVANA BUENO JARDIM

ALEXANDRE RICARDO FERREIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
12 ABR/APR 2017

AUTORIDADE / AUTHORITY
SR/DPF/PR

VÁLIDO ATÉ / DATE OF EXPIRY
11 ABR/APR 2027

P<BRABUENO<FERREIRA<<ISABELLE<KAUANY<<<<<<<<
FS950893<3BRA9712168F2704117<<<<<<<<<<<<<<00

DEPARTMENT OF HOMELAND SECURITY
ADMITTED
HOU
NOV 28 2018
B2
MAY 27 2019

VISTOS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20183102410001

Surname
BUENO FERREIRA

Given Name
ISABELLE KAUANY

Visa Type /Class
R B1/B2

Passport Number
FS950893

Sex
F

Birth Date
16DEC1997

Nationality
BRZL

Entries
M

Issue Date
09NOV2018

Expiration Date
05NOV2028

1000

Annotation

N6360481

* *

VNUSABUENO<FERREIRA<<ISABELLE<KAUANY<<<<<<<<<

FS950893<3BRA9712168F2811051B3SPL2YOXM751321

For: **ISABELLE KAUANY BUENO FERREIRA**

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

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 60110501056

Arrival/Issued Date: 2018 November 28

Class of Admission: B2

Admit Until Date: 2019 May 27

Details provided on the I-94 Information form:

Last/Surname: BUENO FERREIRA

First (Given) Name: ISABELLE KAUANY

Birth Date: 1997 December 16

Document Number: FS950893

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 09/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FS950893**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2018-11-28	Arrival	HOU

OMB No. 1651-0111 Expiration Date: 09/30/2026

View Travel History

I-94 travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FS950893**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2018-11-28	Arrival	HOU

OMB No. 1651-0111 Expiration Date: 04/30/2025

Uploaded on: 08/29/2026 at 04:26:28 AM (Pacific Daylight Time) Base City: ADL

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

DOB: 12/16/1997

Event No: SFR2608001991

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

Subject ID: 403500782 FINS: 1257481944 File No: 246 934 756

In the Matter of:

Respondent: ISABELLE KAUANY BUENO FERREIRA currently residing at:

22844 Virginia Blvd California City, CALIFORNIA 93505 (760) 491-8100

(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 were admitted to the United States at HOUSTON, TEXAS on or about November 28, 2018, as a B2 VISA nonimmigrant Visitor for Pleasure with authorization to remain in the United States for a temporary period not to exceed MAY 27, 2019;

4. You remained in the United States beyond MAY 27, 2019, without authorization from the Immigration and Naturalization Service or its successor the Department of Homeland Security.

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:

Section 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.

☐ 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:

22844 VIRGINIA BOULEVARD, CALIFORNIA, CALIFORNIA 93505. CALIFORNIA CITY CORRECTIONAL C

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

on September 10, 2026 (Date) at 9:30 am (Time) to show why you should not be removed from the United States based on the charge(s) set forth above.

C 3182 MONROY - (A) SDDO

(Signature and Title of Issuing Officer)

Date: August 29, 2026

SAN FRANCISCO, CA 94111

(City and State)

EOIR – 1 of 3

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Notice to Respondent

Alien Registration: This Notice to Appear serves as evidence of your alien registration pursuant to INA § 262. If you are 18 years or older, failure to carry this Notice to Appear, or other evidence of alien registration as provided in 8 C.F.R. § 264.1(b), on your person at all times is a criminal offense pursuant to INA § 264(e), for which you may be subject to a criminal penalty of $5,000 and imprisonment of up to 30 days.

Notification to the Department of Homeland Security (DHS) of Change of Address: All aliens aged 14 years or older, and all parents and legal guardians of aliens under the age of 14, must report a change of address to U.S. Citizenship and Immigration Services, a component of DHS, within 10 days of moving, pursuant to INA § 265(a). Failure to notify DHS of your change of address is a criminal offense pursuant to INA § 266(b), for which you may be subject to a criminal penalty of $5,000 and imprisonment of up to 30 days. More information is available online at **https://www.uscis.gov/addresschange. This obligation is in addition to your obligation to notify the Immigration Court of your change of address**.

Representation: If you 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 for Immigration Review, pursuant to INA §§ 240(b)(4)(A) and 292. Unless you request otherwise in writing, no hearing will be scheduled earlier than 10 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 is provided with this notice.

Conduct of the hearing: At your hearing you will be given the opportunity to admit or deny any or all of the allegations in this Notice to Appear, including that you are inadmissible or deportable. You will be advised by the immigration judge of any relief from removal for which you may appear eligible, including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge. At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. You will have an opportunity to present evidence on your 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. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at **www.uscis.gov/i-589**. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to INA § 208(a)(2)(B).

Notification to the Immigration Court of Change of Address: You are required to notify the Immigration Court, in writing, of your full mailing address and telephone number (if any). You must also immediately notify the Immigration Court whenever you change your address or telephone number during the course of this proceeding by using Form EOIR-33/IC, Change of Address/Contact Information Form. Notices of hearing will be mailed to this address. If you file a Form EOIR-33/IC with the Immigration Court, you must serve a copy on the ICE Office of the Principal Legal Advisor. If you change your address or telephone number during the course of this proceeding and do not submit Form EOIR-33/IC, the Immigration Court shall not be required to provide you with written notice of your hearing. **This obligation is in addition to your obligation to notify DHS of your change of address.**

Failure to Appear: If you fail to attend the hearing at the date, time, and place designated on this notice, or any date, time, or place later directed by the Immigration Court, the immigration judge shall order you removed in your absence upon determining that you were provided written notice and are removable. If you are arrested by ICE after being ordered removed in your absence by the immigration judge pursuant to INA § 240(b)(5), you will be required to pay a minimum fee of $5,000, adjusted for inflation, or a greater amount as established by the Secretary of Homeland Security.

Mandatory Duty to Depart the United States: If you become subject to a final order of removal as defined in 8 C.F.R. § 1241.1, you must depart the United States within 90 days of the order. If you do not depart, you may be subject to a civil penalty under INA § 274D(a) of $500 per day, adjusted for inflation, and imprisonment of up to 4 years (or 10 years if you belong to certain specified classes described in INA § 237(a)(1)(E), (2), (3), or (4)). If you are granted voluntary departure, you must comply with the terms of the voluntary departure order. If you fail to voluntarily depart within the time provided, you will be subject to a final order of removal, may be ineligible for certain immigration benefits for a period of 10 years from the date you overstayed the order, and may be subject to a civil penalty from $1,000 to $5,000, adjusted for inflation. For additional information, refer to the order granting voluntary departure, as well as INA § 240B(d).

Sensitive Locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in INA § 239(e)(1), such action complied with 8 U.S.C. § 1367.

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Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office for Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before: _____ Deportation Officer
(Signature and Title of Immigration Officer)

_____
(Signature of Respondent)

Date: 8/29/26

Certificate of Service

This Notice To Appear was served on the respondent by me on August 29, 2026, in the following manner and in compliance with section 239(a)(1) of the Act.

☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail
☐ Attached is a credible fear worksheet.
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the ENGLISH 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 Respondent if Personally Served)

M14265 GAMBOA - Deportation Officer
(Signature and Title of officer)

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.

EOIR – 3 of 3

Exhibit 3 - Christopher Jermaine Davis and Isabelle Kauany Bueno Ferreira's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER: | LOCAL REGISTRATION NUMBER: 4-2024-41-001202

FIRST PERSON DATA (☐ Groom ☒ Bride)

1A. FIRST NAME: ISABELLE			1B. MIDDLE: KAUANY			
1C. CURRENT LAST: BUENO FERREIRA			1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): --			
2. DATE OF BIRTH (MM/DD/CCYY): 12/16/1997	3. STATE/COUNTRY OF BIRTH: BRAZIL	4. #PREV. MARRIAGES/SRDP: 0	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A		5B. DATE ENDED (MM/DD/CCYY): --/--/----	
6. ADDRESS: 1177 MARKET ST, APT 919		7. CITY: SAN FRANCISCO		8. STATE/COUNTRY: CA	9. ZIP CODE: 94103	
10A. FULL BIRTH NAME OF FATHER/PARENT: ALEXANDRE RICARDO FERREIRA			10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL			
11A. FULL BIRTH NAME OF MOTHER/PARENT: SILVANA BUENO JARDIM			11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL			

SECOND PERSON DATA (☒ Groom ☐ Bride)

12A. FIRST NAME: CHRISTOPHER			12B. MIDDLE: JERMAINE			
12C. CURRENT LAST: DAVIS			12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): --			
13. DATE OF BIRTH (MM/DD/CCYY): 07/22/1984	14. STATE/COUNTRY OF BIRTH: CA	15. # PREV. MARRIAGES/SRDP: 0	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A		16B. DATE ENDED (MM/DD/CCYY): --/--/----	
17. ADDRESS: 2386 WHITETALE DR		18. CITY: ANTIOCH		19. STATE/COUNTRY: CA	20. ZIP CODE: 94531	
21A. FULL BIRTH NAME OF FATHER/PARENT: JERRY STEPHEN DAVIS			21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): CA			
22A. FULL BIRTH NAME OF MOTHER/PARENT: ETHEL DOLORES CARTER			22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): CA			

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 ▶ [signature]

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 429. 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): 06/18/2024	25B. EXPIRES AFTER (MM/DD/CCYY): 09/15/2024	25C. NAME OF COUNTY CLERK: MARK CHURCH	25D. SIGNATURE OF CLERK OR DEPUTY CLERK BY ▶ [signature]
25E. MARRIAGE LICENSE NUMBER: SM023990	25F. COUNTY OF ISSUE: SAN MATEO	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 555 COUNTY CENTER,REDWOOD CITY, CA 94063	

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS [signature]	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): Qi Hao Tan
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 988 7th St San Francisco, CA 94107	
27A. SIGNATURE OF WITNESS [signature]	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): 07/01/2024	28B. CITY/TOWN OF MARRIAGE: Foster City, CA	28C. COUNTY OF MARRIAGE: San mateo county
29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE ▶ [signature]	29B. RELIGIOUS DENOMINATION (IF CLERGY): First national marriage ministry	
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): Laurel Elizabeth Flores	29D. OFFICIAL TITLE: officiant	
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 592 Verducci Pr. Daly City CA 94015		

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: MARK CHURCH	32B. SIGNATURE OF CLERK OR DEPUTY CLERK BY ▶ [signature]	32C. DATE ACCEPTED FOR REGISTRATION: JUL 05 2024

VS-117 (01/01/2010)

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

000846123

CERTIFIED COPY OF VITAL RECORDS
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

Page 1 of 1

[signature]
MARK CHURCH
Assessor-County Clerk-Recorder

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder.

DATE ISSUED: 07/05/2024

By DIANA SIRON, Deputy

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

CASANRAYOS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage

LEASE

1. GRANT: **1177 Market Street LLC**, (the "Owner"), hereby leases to **Isabelle Ferreira, Qi Hao Tan, Christopher Davis** (the "Resident") and Resident hereby agrees to lease from Owner **1177 Market St. #919, , San Francisco, CA 94103** (the "Apartment"). No other portion of the building (the "Building"), where the Apartment is located, is included for lease unless expressly provided for in this **1177 Market Street LLC** Lease (the "Lease").

   No conversion of, nor any attempt to convert any other room to a bedroom is permitted, nor will any such conversion change the definition of the unit for purposes of establishing the type of unit under the provisions of the San Francisco Residential Rent Stabilization and Arbitration Ordinance, despite or regardless of the Owner's inaction or consent to such conversion.

2. TERM: The term of this Lease commences on **September 11, 2026** and ends on **September 10, 2027.**

3. PHYSICAL POSSESSION: If Owner is unable to deliver possession of the Apartment on the above commencement date for any reason whatsoever (other than because Resident has failed to deliver proof of insurance to Owner, as required by Paragraph 33 below, in which case rent shall commence), Owner shall not be subject to any liability, nor shall the validity of this Lease be affected nor the term thereof extended, but under such circumstances the rent hereunder shall not commence until the possession of the Apartment is delivered to Resident; provided, however, that in the event that possession of the Apartment is not delivered by Owner to Resident within 30 days following the above commencement date, then at any time after the 30-day period and prior to delivery by the Owner of possession, Resident may terminate this Lease by written notice to Owner, and thereupon all rights and obligations hereunder of both parties shall cease.

4. RENT: Resident shall pay as rent for the Apartment the sum of: **US Two Thousand Nine Hundred Thirty-Seven dollars ($2937.000000)** for each calendar month, **payable in advance on the first day of each and every calendar month** (the "Due Date") without deductions, offsets or credits of any kind.

   All rent shall be payable to Owner. Resident agrees always to pay rent only by personal check, cashier's check, or Electronic Funds Transfers and not use cash unless specifically requested by Owner. Rent shall be paid to Owner during normal business hours at the following address: **1177 Market, 1177 Market St, San Francisco, CA 94103** (the "Management Office") or wherever designated in writing by Owner. Nothing in this Paragraph shall be construed as a direction by Owner to make payment in a particular manner; instead, it is a promise by Resident to pay in the manner set forth herein. Resident bears the risk of loss or delay of any payment made by mail, delivery service or Electronic Funds Transfer. Owner must receive rent payments on or before the Due Date.

   In the event of multiple Residents, roommates, or any other forms of multiple occupancy, Residents understand and agree that rent shall be paid with a single payment and that it is up to the Residents to collect individual rent dues independently in order to submit a combined single payment.

   Owner may apply any payment made by Resident to any obligation of Resident to Owner notwithstanding any dates or other direction from Resident that accompanies such payment. Any attempt by Resident to allocate a payment in any other way shall be null and void, including the use of application of a restrictive endorsement on the front or back of any check. Owner will accept rent payments only from the actual Resident(s). No third party checks will be accepted, nor shall Owner be liable to Resident in any way as a result of refusing any third party check. Should Owner elect to accept a third party check such acceptance shall not be construed as a waiver of this provision, nor shall acceptance of the third party payment be deemed as acceptance or acknowledgment of any third party or roommate as Resident of Owner. Acceptance of rent by Owner or Owner's Authorized Agent ("Agent") from anyone other than the Resident shall not create or establish a relationship between Owner and that third party Rent tendered by a third party shall be deemed rent tendered on behalf of Resident only and not on behalf of the third party, regardless of whether it contains a restrictive endorsement. If Resident pays rent by Electronic Funds Transfer or by direct deposit, such rent payment shall be deemed to come from the Resident regardless of the source of the payment. In addition, Electronic Funds Transfer or direct deposit rent payments may be rejected or returned by Owner during

the pendency of any legal action, or in anticipation of a legal action. Failure or refusal by Resident to cash Owner's rent refund check shall not defeat Owner's rejection of the rent being refunded.

5. SECURITY DEPOSIT: Prior to the commencement of the term and before occupancy of the apartment, Resident shall pay a security deposit of: **US One Thousand One Hundred Dollars (1100.00)** (the "Security Deposit") for the purposes set forth in Civil Code Section 1950.5. No trust relationship between Owner and Resident is created because of the Security Deposit and Owner may commingle the Security Deposit with other funds of Owner. Owner may retain such amounts of the Security Deposit as allowed by law including, but not limited to, amounts required to remedy future defaults by Resident in any obligation under this Lease to restore, replace, repair or return personal property or appurtenances, exclusive of ordinary wear and tear**.** Owner shall, within the time period allotted by law, refund any balance after such deductions, to Resident, after Resident has vacated the Apartment. Resident shall not be deemed to have vacated the Apartment for purposed of this Paragraph until a) Resident returns to Owner all keys to the Apartment, and b) Resident has surrendered the Apartment to Owner free and empty of all persons claiming any right to possess the Apartment. Any balance of the Security Deposit and an accounting of any deductions therefrom will be mailed to original Residents regardless of the party who in fact made the deposit and regardless of the identity of the persons then occupying the Apartment. Resident may not apply the Security Deposit, or any portion thereof, to the last month's rent.

   If required by law, Owner shall pay to Resident simple interest as directed by such law, less deductions, on the amount held as a Security Deposit, provided this tenancy does not terminate before the Security Deposit has been held for one (1) year. Said payment of interest shall be made once a year commencing with the date the Security Deposit has been held for a year. Upon Resident's surrender of the Apartment, if the Security Deposit is insufficient to remedy Resident's default in rent, to repair damages caused by the Resident, or to clean the Apartment, Owner may use from the accrued unpaid interest such amounts as are necessary for those purposes. Accrued unpaid interest or balance thereof, if any, shall be mailed to Resident at Resident's last known address in the same manner as any refund of the Security Deposit.

   Owner may increase the Security Deposit up to the maximum allowed by law at any time with notice. The parties agree that the Security Deposit is not rent and therefore not subject to any local rent control law.

   If Owner applies any portion of the Security Deposit to any obligations of the Resident at any time during the tenancy, Resident must replenish the Security Deposit to its full original amount upon thirty (30) days written notice. Owner may apply the Security Deposit during the term of the tenancy for any purpose allowed by law, and in such case, upon thirty (30) days written notice to Resident, Resident shall restore the Security Deposit to the full amount provided herein.

   In the event of a change in Resident(s) or roommates, if such change is allowed by law or by the written consent of Owner, the remaining Resident(s) assumes sole responsibility for the condition of the Apartment. The eventual return of the Security Deposit upon termination, and interest payments, if any are required, will be directed solely to the Resident(s) named herein.

   In the event of a sale, lease or other transfer of the Building, Owner may transfer or assign said security, to Owner's transferee, with such notice to Resident as may be required by law, and in such event Resident agrees to look to such transferee solely for the return of said security.

6. FAILURE TO PAY: Pursuant to California Civil Code Section 1785.26, Resident is hereby notified that a negative credit report reflecting on Resident's record may be submitted to a credit reporting agency if Resident fails to fulfill the terms of their credit obligations, such as the financial obligations of this Lease.

7. LATE PAYMENTS: Resident and Owner agree that Owner will sustain costs and damage as a result of any late payment of rent but that it will be impracticable or extremely difficult to fix the actual damage. Therefore, the following sum represents a reasonable and fair estimate by Owner and Resident of the actual damage that would be

sustained. Resident agrees to pay a late charge equal to **US Fifty Dollars ($50.00)** for any payment of rent not received by Owner within **four (4)** calendar days of the Due Date. The provision for payment of a late charge does not constitute a grace period, and Owner may serve a Three-Day Notice to Pay Rent or Quit on the day after the Due Date. Owner and Resident agree that Resident paying rent late on three (3) separate occasions within any twelve (12) month period shall constitute habitual late payment of rent. Payment of the late charge does not cure the late payment for purposes of establishing habitual late payment of rent. The late charge shall be imposed for failure to pay any portion of the rent, including those portions allocated to parking, storage or any other service of tenancy. Such charges shall be immediately due and payable upon notice to Resident. Failure to immediately pay the charges shall constitute a default under the terms of this Lease. Payment or collection of a late fee, even if coupled with a rent remittance, shall not constitute a defense in an unlawful detainer action.

RETURNED CHECKS: Resident and Owner agree that Owner will sustain costs and damage as a result of a check which is not honored by the bank on which it is drawn, for any reason, but that it will be impracticable or extremely difficult to fix the actual damage. Therefore, the following sum represents a reasonable and fair estimate by Owner and Resident of the actual damage that would be sustained. Resident agrees to pay to Owner the additional sum of **US Twenty-Five dollars ($25.00)** as a reimbursement of the expenses incurred by Owner. A dishonored check shall constitute late payment of rent and shall be subject to the provisions of Paragraph 7 above regarding late payment, including but not limited to habitual late payment of rent. Such charges shall be immediately due and payable upon notice to the Resident. Failure to immediately pay the charges shall constitute a default under the terms of this Lease.

Owner reserves the right to demand payment of rent by certified funds or cashier's check for all future payments in the event of any such returned check or any other monetary default by Resident, and rent tendered in any other form may be refused by Owner. Nothing in this Paragraph shall limit other remedies available to Owner as payee of a dishonored check. Owner and Resident agree that three (3) returned checks in any twelve (12) month period shall constitute a frequent return of checks due to insufficient funds and may be considered just cause for an eviction. Payment or collection of a charge for a dishonored check, even if coupled with a rent remittance, shall not constitute a defense in an unlawful detainer action.

8. PARTIES TO LEASE: This Lease is between Owner and each named Resident who is signatory to this Lease, individually and severally. Named signatory Residents are jointly and severally responsible for the performance of their obligations under this Lease, including the payment of rent until such time as the tenancy in its entirety is terminated and the Apartment relinquished to Owner, regardless of whether any named Resident occupies the Apartment.

9. INDIVIDUAL LIABILITY: Each person who signs this Lease, whether or not said person is or remains in possession of the Apartment, shall be jointly and severally responsible and liable for the full performance of each and every obligation of this Lease, including, but not limited to, the payment of all rent due and the payment of costs to remedy damages to the Apartment, regardless of whether such damages were caused by the Resident or Resident's family, friends, agents, employees, visitors or admittees (collectively, "Resident's Parties"). Any act or notice of or to, or refund to, or the signature of, any one or more of them, in relation to the renewal or termination of this Lease, or under or with respect to any of the terms hereof shall be fully binding upon each and all of the persons executing this Lease as Resident. This joint and several liability applies for as long as any one of the Residents remains in possession.

10. OCCUPANCY: Resident(s) named in Paragraph 1 of this Lease and no others is the only "original occupant" who took possession of the Apartment pursuant to this Lease. "Original occupant" can only be the person or persons who took possession of the Apartment at the inception of the tenancy. All other persons who are not "original occupants" shall be considered "subtenants." Residents may have guests in the Apartment for no more than fifteen (15) consecutive days or thirty (30) days in a calendar year, and no more than two (2) guests per bedroom at any one time. Persons staying more than fifteen (15) consecutive days or more than thirty (30) days in any calendar year shall not be considered original occupants of the Apartment. Resident must obtain the prior written approval of Owner if an invitee or guest of Resident will be present at the Apartment for more than fifteen (15) consecutive days or thirty (30) days in a calendar year. Violation of the provisions of this Paragraph shall be deemed a substantial and material

breach of this Lease and is agreed to be a just cause for eviction. A person is not a guest when he or she provides any consideration to Resident for the privilege of occupying the Apartment or any portion thereof.

11. CONDITION AND INSPECTION OF APARTMENT: The taking of possession of the Apartment by Resident shall be conclusive evidence that the Apartment, including equipment and fixtures, and the Building were then clean and sanitary and in good order and condition. Resident shall, throughout the term hereof, keep the Apartment in good, clean and sanitary order and condition.

    Resident has been provided a **Move-In Inventory Checklist**. Equipment, fixtures, plumbing, heating and electrical system including smoke and carbon dioxide detectors, where applicable, are operative and are deemed satisfactory by Resident unless Owner is notified in writing by Resident to the contrary. The failure by Resident to return to Owner an acknowledged copy of the Move-In Inventory Checklist to the Owner's Management Office (or wherever designated in writing by the Owner) within 48 hours of occupancy shall be acknowledgement by Resident that the Apartment are habitable and in good condition.

12. USE OF THE APARTMENT:
    a) The Apartment shall be used solely and exclusively as a permanent, full-time dwelling for residential purposes only and for no other reason.

    b) No hotel use, such as daily rentals, shall be made. In addition, regardless of what local laws that may be or have been enacted, Resident may never rent the Apartment for hotel, daily, or short-term (such as Airbnb, VRBO, or other such sites or programs) usage. Specifically, any advertising or on-line postings as well as actual rental of the Apartment to vacation or short-term guests shall constitute a material breach of this Lease and shall be a just cause for eviction. Any person who is not a Resident, as defined herein, who occupies any portion of the Apartment, for any period whatsoever, for any compensation or consideration whatsoever (including, without limitation, the payment of money and/or trade and/or barter of other goods, services, or property occupancy rights) is NOT a guest, and such occupancy constitutes unauthorized subletting or assignment which is a substantial and material breach of this Lease and shall be a just cause for eviction.

    c) **No retail, commercial, or professional use of the Apartment shall be made, unless such use conforms with applicable zoning laws and the prior written consent of Owner is obtained in advance of such proposed use. As a condition for granting such permission, Owner will require that Resident obtain liability insurance for the benefit of Owner. Resident and Resident's Parties shall not use the Apartment, nor the Building or the property where the Apartment is located, in violation of any law, statute, or ordinance. Use of the Apartment for an illegal purpose shall constitute a substantial and material breach of this Lease and shall be a just cause for eviction.**

    d) **Resident may not store or place any personal property outside of the Apartment unless otherwise allowed by the terms herein and Owner has the right to remove or dispose of any such improperly placed items without notice and at the Resident's expense.**

13. NUISANCE: Resident and Resident's Parties shall not disturb, annoy, harass, endanger any other Residents or Resident's Parties of the Building or the Building's neighbors. Resident and Resident's Parties shall not commit waste or nuisance upon the Apartment, or in the Building or on the property in which the Apartment is located. Violations of the provisions of this Paragraph shall constitute a substantial and material breach of this Lease and shall be a just cause for eviction.

14. FINES AND PENALTIES: Resident shall comply with all laws, ordinances and governmental regulations, and with any direction of any public officer, pursuant to law, which shall impose any duty upon or provide for or refer to any obligation of Resident with respect to the Apartment or the occupation thereof.

    Resident is responsible for any fines or other costs occasioned by violations of the law by Resident or Resident's Parties on the Apartment, Building or property while Resident is in possession. If any such fines or costs are levied

against Owner and/or Agent, Resident agrees to pay such fines or costs attributed to Resident's tenancy or the conduct of Resident or Resident's Parties at the Apartment, upon receipt of an invoice from Agent. The obligation to pay fines and costs assessed against the Agent may be in addition to any assessed directly against the Resident.

15. SUBLETTING AND ASSIGNMENT:

Except as Owner is required to permit by law, Resident may not assign this Lease or sublet the Apartment or any portion of the Apartment. This obligation of Resident is intended as a strict and absolute prohibition against subletting and assignment. Should the Apartment ever be sublet or assigned for any reason, Owner reserves all rights under the Costa-Hawkins Rental Housing Act to adjust rent. Moreover, Owner shall not acknowledge, screen, approve, or otherwise communicate with any subsequent subtenant or assignee, and rent shall only be accepted from Resident. Any subtenants/assignees, while not a co-tenant, must nevertheless honor and abide by every term of this Lease. Should all original occupants who took possession of the Apartment pursuant to this Lease no longer permanently reside at the Apartment, any subtenants or assignees remaining in possession will be bound by all terms of this Lease and shall be responsible to pay the adjusted monthly rent.

Resident will notify Owner in writing if and when the Apartment is no longer the permanent place of residency of Resident. Owner and Resident hereby agree that should Resident fail to notify Owner, Owner shall be damaged monetarily as follows: The monthly rent differential between what Resident was paying when Resident no longer permanently resided at the Apartment or used it as a principal place of residency and the fair market monthly rent for the Apartment. Therefore, in such instances where the Resident withholds this information from Owner, Resident shall be liable to Owner for this difference in rental value for each month from the time Resident ceases using the Apartment as a permanent or principal place of residence through the time that Owner adjusts the monthly rent to the fair market monthly rent.

Resident Initial Here: IBF AT CD

16. BUILDING STANDARDS AND COMMUNITY RULES: Resident agrees to abide by any and all **Building Standards and Community Rules** ("Standards") set out at the end of this Lease (which are hereby incorporated as part of this Lease), whether made known before or after the date of this Lease. Owner may make amendments to the Standards and adopt further Standards as in Owner's opinion are reasonable or desirable for the proper and orderly care, use and operation of the Apartment and the Building and its grounds, such further Standards to be effective with the same effect as though set out at the end hereof upon notice thereof to Resident. Owner shall not be liable to Resident for violation of any of said Standards, or the breach of any covenant or condition in any Lease, by any other tenant in the Building.

17. UTILITIES: Owner shall make available to Resident at Owner's expense heat as required by law and electricity in reasonable quantities. Resident understands that the rent paid by all Residents is partially determined by the cost of utilities. Nothing contained herein prevents Owner from passing through to Resident increases or decreases in the cost of electric and gas service as provided by law.

Owner shall make available to Resident, at Resident's expense, hot and cold water (including sewer charges) and collection and disposal of a normal amount of garbage when garbage is placed in a location provided by Owner. Resident shall pay for removal of unusual or bulky garbage.

Resident shall be billed monthly for water (including sewer charges) and garbage collection services by an outside billing company. Resident's bill for monthly water and garbage collection services may be increased as provided by law.

Resident agrees to comply with any energy and water conservation, or utility-sharing programs implemented by Owner. If Owner installs meters which measure Resident's separate usage of gas and electricity, Resident shall thereafter, upon 30 days written notice from Owner, pay the cost of electricity directly to Pacific Gas and Electric Company or any successor company. Resident shall be entitled to a reasonable reduction in rent to compensate Resident for transfer to Resident of the obligation to pay for gas and electricity. The amount of the reduction shall be

determined by the San Francisco Residential Rent Stabilization and Arbitration Board (the "Rent Board") or by agreement of Owner and Resident as accepted by the Rent Board.

Resident shall be provided access to the Building and the Apartment for the installation of utility and communication lines and services as required by law and upon written consent by Owner.

18. INTERRUPTION OF SERVICES: Owner does not warrant the quality or adequacy of supply of heat, water or electricity, and does not warrant that any of the services above mentioned will be free from interruption caused by repairs, improvements or alterations of the Building or the Apartment or any of the equipment and facilities thereof, fire or other casualty, acts of God, any labor controversy, inability to obtain adequate supplies of fuel, water, electricity, or other supplies, or any other causes of any kind whatsoever, whether or not similar to the foregoing, beyond the reasonable control of Owner. Any such interruption of service, and any other inability on the part of the Owner to fulfill its obligations hereunder resulting from any such cause, shall never be deemed to constitute a substantial decrease in housing services, an eviction or disturbance of Resident's use and possession of the Apartment, or render Owner in default under this Lease, liable to Resident for damages, or relieve Resident from performance of Resident's obligations under this Lease.

19. MAINTENANCE AND REPAIR: Resident shall, at Resident's expense, at all times maintain the Apartment, furnishings and appliances, if any, in a clean and good condition and shall surrender the same upon termination of tenancy in the same condition as received (excepting normal wear and tear). Resident understands that Resident is responsible for the cost of repair of all damages in or about the Apartment whether caused by Resident or Resident's Parties.

Resident may not install or make any alterations to cable, telephone, or other wiring (such as may occur when changing telecommunications or satellite television providers) without prior written consent of Owner or Owner's/Agent. Resident shall hold Owner harmless and indemnify Owner as to any mechanic's lien recordation or proceeding, if any, caused by Resident. Resident agrees to pay all costs resulting from the installation and/or alteration and agrees to pay Owner any costs incurred as a result of restoring the installation and/or alteration work to the condition at the time of move-in, except for reasonable wear and tear.

Except in an emergency, maintenance and repair requests must be made Resident to Owner or Agent. Such notice shall also be deemed permission to enter the Apartment to perform such maintenance or repairs in accordance with California Civil Code Section 1954. Resident may not place any unreasonable restrictions upon such access or entry. The Apartment shall be presumed to be in a safe and habitable condition unless and until Resident provides written notice to the contrary and said written notice is received by Owner.

It is hereby understood that Resident shall not change or replace any window coverings visible from outside the Apartment or the Building without the prior written consent of Owner.

In the event that the Apartment is provided with hardwood floors or other non-carpeted floor surfaces, Resident hereby agrees to keep at least 80% of such areas covered with floor rugs or carpet. These covered areas shall include all hallways and other areas normally subject to foot traffic.

The cost of repairs or clearance of stoppages in sinks, showers, toilets, bath tubs, dish washers, washers, waste pipes, drains or other plumbing fixtures caused by Resident's negligence or improper use are the responsibility of the Resident. Resident shall reimburse Owner for the costs upon demand.

The cost of water mitigation and/or damage repairs from leaks or floods caused by Resident's negligence or improper use of plumbing fixtures are the responsibility of the Resident. Resident shall reimburse Owner for the costs upon demand.

Resident acknowledges that the Apartment and the Building from time to time may require renovations or repairs to keep them in good condition and repair and that such work may result in temporary loss of use of portions of the

Building or the Apartment and may inconvenience Resident. Resident agrees that any such loss shall not constitute a reduction in housing services, severance of housing services, or otherwise warrant a reduction in rent.

Resident must communicate repair requests directly with Owner or Agent. Non-emergency repair requests from Resident's Parties or subtenants shall not be processed; however, should Owner elect to process such repair or maintenance requests from persons other than Resident, that election shall not create a direct relationship between Owner and the third party.

20. ALTERATIONS: Resident shall not install or operate any washing machines, clothes dryers, portable dishwashers, deep-freeze units or other appliances or alter the common areas, or any other parts of the Building. Resident shall not remodel, renovate, drill into, paint, refinish floors, apply adhesive paper to any cabinets, walls, ceilings or doors; nor shall Resident hang any plants, planters or lighting fixtures from ceilings or walls; nor shall Resident tack, nail or glue any coverings to floors or walls or otherwise alter the Apartment without prior written consent of Owner, which Owner may condition in any manner, or may refuse, in accordance with its determination, which shall be conclusive. All such alterations or additions, which may be approved by Owner, shall be at the sole cost of Resident, and Resident agrees to hold Owner harmless from all liabilities in any way connected therewith. No plants, planters or plant boxes may be placed directly on floors, carpets or window ledges. Upon the expiration or other termination of this Lease, Resident shall be responsible to restore the Apartment to its condition at the commencement of the term excepting normal wear and tear as prescribed in Paragraph 38.

21. SATELLITE DISHES: Satellite dishes may be installed with the Owner's prior written approval and in accordance with applicable FCC guidelines pertaining to Off The Air Reception Devices ("OTARD"). Resident shall immediately notify the Owner and arrange for a safety inspection of any OTARD device that is mounted in such a manner that it protrudes beyond the confines of the balcony. Owner reserves the right to have removed any installation that, in its sole judgment, presents a safety hazard. Resident remains strictly liable for any injury or damage to persons or property caused by the Satellite Dish, and Resident agrees to maintain sufficient liability coverage against any such injury or damage. Proof of such insurance must be provided to Owner, with Owner listed as an "Additional Insured," prior to approval of installation and upon each renewal of coverage.

22. ENTRY AND INSPECTION: Owner shall have the right to enter the Apartment pursuant to California Civil Code Section 1954. Owner shall give Resident reasonable notice of the intention of Owner/Agent to enter the Apartment and shall enter only during normal business hours, unless otherwise agreed by Resident. "Normal business hours" shall be defined as 7:00 AM to 7:00 PM, every day of the week. Resident may not place any unreasonable restrictions upon such entry. If Resident has, after written notice to cease, continued to deny Owner access to the Apartment, as required by State law, such failure is a substantial breach of this Lease and is a just cause for eviction.

    If Owner reasonably believes that an emergency exists (such as a fire or flood) which requires immediate entry, such entry may be made without prior notice to Resident.

    If the Apartment or the Building is required by any government agency, lender or insurer to undergo inspections, repairs or alterations, Resident agrees to cooperate fully with Owner so that all such inspections, repairs or alterations are made in as expeditious and efficient a manner as possible.

23. DAMAGES TO APARTMENT: If the Apartment is damaged by fire, flood, earthquake, or from any other cause so as to render them uninhabitable and therefore destroyed, the tenancy is terminated, unless restored pursuant to law.

24. HOLD HARMLESS: Owner shall not be liable for any damages or injury to Resident, or any other person, or to any property, occurring in the Apartment or any part thereof, or in the Building or common areas thereof, unless such damage is the proximate result of the intentional or unlawful act of Owner, Owner's employees or agents. Resident shall indemnify, defend, protect and hold Owner and Owner's employees and agents harmless from all claims of loss or damage to property and of injury to or death of any person or persons caused by the intentional acts or negligence of Resident, Resident's guests, licensees, or invitees occurring in or about the Apartment and other areas of the Building, adjacent sidewalks, courtyards, plazas, streets, etc. Resident hereby expressly releases Owner and/ Owner's employees and agents from any and all liability for loss or damage to Resident's property or effects whether in the

Apartment, garage, storerooms or any other location in or about the Apartment, 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 or willful misconduct of Owner, or Agent, employees, successors or assigns.

25. SMOKING: Smoking of any substances is not permitted in the Apartment and its balcony or patio, all common areas of the Building, and adjoining grounds. Resident shall inform Resident's Parties of this smoking prohibition. Any breach of this provision by the Resident or Resident's Parties shall be deemed a material breach of this Lease and may be just cause for eviction. Resident shall promptly notify Owner in writing of any incident where tobacco smoke is migrating into the Apartment from sources outside of the Apartment.

    Resident is hereby informed that there may be apartments in the Building where smoking is permitted. Owner shall not be liable for any damages or injury to Resident's health or personal property, or any other person's health or personal property, occurring on the Apartment or any part thereof, in connection with the use of tobacco, marijuana, tobacco products, or marijuana products by any other resident or occupant in the Building. Resident acknowledges that other residents in the Building may be permitted to smoke inside of their units. If Owner has exercised proper diligence in ascertaining and disclosing the location of other units where smoking is, or has been, permitted, this disclosure still may not be accurate either in whole or in part. Owner's designation and disclosure of non-smoking areas does not make Owner the guarantor of Resident's health, or of the smoke free condition of the areas in which smoking is prohibited, or that the Building will be free from secondhand smoke. The tobacco smoke disclosure's accuracy is dependent in significant part on compliance by each residential tenant and any guests. Thus, while Owner has made every reasonable effort to ascertain and identify units where smoking is, will be, or has been permitted, this disclosure is not guaranteed or warranted to be accurate. As such, Resident and Resident's Parties and subtenants hereby hold Owner and Owner's employees and agents harmless for any personal injury or property damage resulting from the disclosure of the use of or exposure to tobacco and tobacco products. This hold harmless clause shall survive the termination of the tenancy and leasehold.

    Local ordinances may restrict the use of e-cigarettes in the Apartment.

26. SMOKE DETECTION DEVICE: The Apartment is equipped with a functioning smoke detection device(s), and Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance or need for repairs to Owner. Owner shall have a right to enter the Apartment to check and maintain the smoke detection device as provided by law. It is expressly understood that Resident may not, at any time, disable or remove an installed smoke detection device, and to do so shall be considered a material breach of this Lease and will be a just cause for eviction.

27. CARBON MONOXIDE DETECTION DEVICE: If the Apartment is equipped with a functioning carbon monoxide detection device(s), Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance, or need for repairs to Owner. If battery operated, Resident is responsible for changing the detector's battery as necessary. Owner shall have a right to enter the Apartment to check and maintain the carbon monoxide detection device as provided by law. It is expressly understood that Resident may not, at any time, disable or remove an installed carbon monoxide detection device, and to do so shall be considered a material breach of this Lease and will be a just cause for eviction.

28. LEAD DISCLOSURE: Many homes and apartments built before 1978 have paint that contains lead (called lead-based paint). Lead from paint chips and dust can pose serious health hazards if not taken care of properly. The law requires that Resident receive certain information before renting pre-1978 housing. By signing this Lease, Resident represents and agrees that Owner has provided Resident with such information, including, but not limited to:
    - EPA booklet entitled, "Protect Your Family From Lead In Your Home"
    - Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

29. ASBESTOS: The Premises may contain asbestos or have original construction materials that contain asbestos. Damaging or disturbing the surface of asbestos-containing materials (ACMs) may increase the risk of exposure.

Therefore, Tenant and Tenant's guests, contractors, or invitees shall not allow any action which may, in any way, disturb ACMs or any part of the Premises that may contain asbestos or ACMs. Tenant shall notify Landlord immediately if Tenant knows or suspects that an ACM has been disturbed or if Tenant becomes aware of any ACM that is showing signs of deterioration.

30. MOLD/MILDEW: Resident agrees to maintain the Apartment in a manner that prevents the occurrence and infestation of mold or mildew in the Apartment. Resident agrees to uphold this responsibility in part by complying with the list of responsibilities in the Addendum to Lease entitled, "CDPH_Mold_Booklet_2021-May12-Applicant Disclosure." By signing this Lease, Resident represents and agrees that Owner has provided Resident with such information, including, but not limited to the attached Addendum—"Mold/Mildew Notification."

31. HAZARDOUS MATERIALS DISCLOSURE: Pursuant to the regulations of Proposition 65, enacted by the voters of California, Owner hereby makes the following required disclosure: "Warning - The Apartment contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm."

32. INSURANCE/RENTER'S INSURANCE: Generally, OWNER IS NOT legally responsible for loss to the Resident's personal property, possessions or personal liability, and OWNER'S INSURANCE WILL NOT COVER such losses or damages. In addition, if damage to Owner's property or an injury is caused by Resident, Resident's guest(s), invitees or child (children), Owner's insurance company may have the right to attempt to recover from Resident(s) payments made under Owner's policy.

    Resident is required to maintain renter's insurance on a policy form commonly known as HO-4 throughout the duration of the tenancy that includes at a minimum: (1) Personal Liability coverage of at least US $100,000.00 combined single limit per occurrence for Bodily Injury and Property Damage; (2) the Apartment listed above must be listed on the policy as the "insured premises" of the Resident insured; and (3) Owner must be listed as a Certificate Holder and, if acceptable to the insurance company, as an additional insured. In the event Resident receives notice of cancellation or material change of Resident's insurance, Resident shall deliver such notice to Owner within five (5) days of receipt. Owner strongly recommends that Resident consult with a qualified insurance agent and obtain appropriate coverage for fire, theft, liability, and other perils.

    Resident must provide proof of such insurance to Owner prior to the commencement date of the term. Failure to abide by the foregoing covenant will prevent Owner from delivering the Apartment but will not relieve Resident of Resident's rent obligations under the Lease. Owner may, at Owner's sole discretion, terminate the Lease if Resident has not provided proof of such insurance within five (5) days of the commencement date of the term. In addition, Resident must provide to Owner proof of insurance on an annual basis. The failure to abide by this covenant shall constitute a material breach of this Lease and is a just cause for eviction.

33. INITIALS: The Lease is binding and enforceable even if a page(s) of this Lease is not initialed by either party or both.

34. ESTOPPEL CERTIFICATES: Within five (5) days after written notice, Resident agrees to execute and deliver an Estoppel Certificate as submitted by Owner acknowledging that this agreement is unmodified and in full force and effect or in full force and effect as modified and stating the modifications. Failure to comply shall be deemed Resident's acknowledgment that the certificates as submitted by Owner are true and correct and may be relied upon by Owner, a lender or purchaser.

35. MEGAN'S LAW: The California Department of Justice, sheriff's departments, police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a data base of the locations of persons required to register pursuant to Paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code.

    Notice: Pursuant to Section 290.46 of the Penal code, information about specified registered sex offenders is made available to the public via an Internet website maintained by the Department of Justice at www.meganslaw.ca.gov.

Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides.

36. NO WAIVER: The failure of Owner in any case to enforce or to insist upon the strict performance of any provision of this Lease, including the Standards, shall not prevent a subsequent act, which would have originally constituted a violation or default hereunder from having all the force and effect of an original violation or default. The receipt by Owner of rent with knowledge of the breach of any provision of this Lease shall not be deemed a waiver of such breach. No provision of this Lease shall be deemed to have been waived by any act or conduct by Owner, unless such waiver be in writing signed by Owner. No payment by Resident or received by Owner of a lesser amount than the monthly installment of rent herein stipulated shall be deemed to be other than on account of the rent earliest due, and Owner may accept any payment without prejudice to Owner's right to recover any other sums due from Resident or pursue any other remedy provided in this Lease, regardless of any endorsement or statement accompanying such payment. No acceptance of money by Owner from Resident after the termination of this Lease or after the service of any notice or after the commencement of any suit, or after final judgment for possession of the Apartment shall renew, reinstate, continue or extend the term of this Lease or affect any such notice, demand or suit. Owner's acceptance of rent paid late will not constitute a waiver of Owner's right to evict Resident for habitual late payment of rent. Every provision of this agreement is deemed to be material between the parties, and breach of any provision of this Lease by Resident shall subject Resident to proceedings of unlawful detainer.

37. END OF TERM: Upon the expiration or other termination of the term of this Lease, Resident shall give Owner at least thirty (30) days prior, written notice of Resident's intention to terminate the tenancy and vacate the Apartment and deliver said notice to the Management Office (or wherever designated in writing by Owner). Upon termination, Tenant shall completely vacate the Apartment and any parking or storage areas; give written notice of Resident's forwarding address; and deliver all keys, and the Apartment to Owner in the same condition as received and, to the extent required by Owner, all improvements and alterations made by Resident shall be removed and the Apartment restored to its condition at the commencement of the term excepting normal wear and tear. If resident fails to leave the apartment in as good and as clean order and repair as at the commencement of the term excepting normal wear and tear, Owner shall make such repairs as are necessary and recover the cost from Resident. Rent shall be due and payable through the end of the notice period or the date Resident vacates, whichever comes later. Resident may rescind said notice within five (5) calendar days after it is served on Owner without incurring liability to any person. Such rescission must be in writing, and delivered to Owner at the Management Office (or wherever designated in writing by Owner). Thereafter, if Resident fails to vacate the Apartment on or before the date set forth in Resident's notice, Resident may be liable for any costs incurred by Owner or any third parties who relied upon Resident's notice terminating the tenancy. Resident further agrees to indemnify, defend, protect and hold Owner harmless from any and all damages, lost rents, costs, expenses, losses, claims and liabilities, including attorney's fees, arising in any way out of Resident's failure to comply with the provisions of Resident's notice. Resident's failure to pay any such sums within twenty (20) days after demand shall be deemed a material breach of this Lease. It is agreed by the parties to this Lease that delivery of possession to Owner shall be deemed to occur when Resident delivers the keys to the Apartment to Owner at the Management Office (or wherever designated in writing by Owner) during normal business hours as stated in this Lease. Any attempt by Resident to terminate this Lease prior to the end of the term shall be deemed to be a breach of this Lease, and Owner shall be entitled to recover all damages occasioned thereby, including leasing commissions, advertising expenses, utilities maintained to show the Apartment, and all unpaid rent until the expiration or other termination of this Lease. Resident's obligations under this Paragraph shall survive the expiration or other termination of the term of this Lease.

38. HOLDING OVER: Upon the expiration of the term set forth in Paragraph 1, Resident shall, upon request or demand of Owner, execute a written extension or renewal of this Lease for a further term of like duration and under terms which are the same as those contained in this Lease. Should Resident fail or refuse promptly to execute such written extension, and if Resident shall remain in possession of the Apartment, then Resident shall be in breach of this Lease. Acceptance of rent from a Resident who has failed or refused to execute a written extension shall not constitute a waiver of Owner's right to evict that Resident for failure to execute such an extension.

39. ABANDONED PERSONAL PROPERTY: State law permits former Residents to reclaim abandoned personal property left at the former address of the Resident, subject to certain conditions. You may or may not be able to

reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact Owner/Agent after being notified that property belonging to you was left behind after you moved out.

40. NO RELIEF FROM FORFEITURE: Owner and Resident stipulate that for purposes of Code of Civil Procedure Section 1179, that as a condition for granting relief from forfeiture, Resident shall pay all back rent, Owner's attorneys' fees and costs, and any other damages sustained by Owner, as a condition for relief from forfeiture. Such payments must be made within five (5) days after entry of any order granting relief from forfeiture.

41. VIDEO SURVEILLANCE: Owner may, in Owner's sole discretion, install and maintain video surveillance devices and equipment ("Video Surveillance") throughout the Building and common areas of the Building. Video Surveillance may be used by Owner and Owner's management to capture video (not audio) images only. With regard to Video Surveillance: (i) Video Surveillance is not a service of tenancy; (ii) Resident is not entitled to view, receive, or otherwise analyze any images extracted from Video Surveillance; (iii) Resident may not rely on any images captured by Video Surveillance to prevent, solve, or deter criminal activity in or around the Building or within, around, or otherwise impacting the Premises; (iv) Resident acknowledges that the use of Video Surveillance is not an invasion of privacy, a means of tenant harassment, or in any way improper; (v) Video Surveillance may be enhanced or eliminated at Owner's discretion at any time; (vi) Owner may utilize footage from Video Surveillance to ascertain whether or not Resident is using the Premises as a permanent and/or principal place of residence; and (vii) the footage and images from Video Surveillance is solely Owner's property and may not, in Owner's discretion, be disseminated to anyone including Resident or law enforcement officials; moreover, Resident may not expect footage to be stored, kept, or maintained for any length of time.

42. MISCELLANEOUS:
    a) Any provisions typed on the back of this Lease and signed by Owner and Resident and any riders attached to this Lease and signed by Owner and Resident are hereby made a part of this Lease as though inserted in this Lease.

    b) This Lease, including provisions and riders above made a part hereof, contains the entire agreement between the parties and all prior negotiations and agreements are merged herein. Neither Owner nor Agents have made any representations or promises, with respect to the Apartment or the Building or otherwise, except as expressly set forth in this Lease. This Lease may be modified in writing only, signed by Owner and Resident.

    c) In any action arising out of this Lease, or the tenancy between Owner and Resident, each side shall bear his or her own attorney fees and costs.

    d) At the time of this Lease, Owner is subject to the Rent Stabilization and Arbitration Ordinance, Chapter 37 of the San Francisco Administrative Code, and the Residential Rent Stabilization and Arbitration Board Rules and Regulations as published and revised from time to time. Resident shall pay allowable rent increases, additional charges, assessments or fees, including the annual Rent Board per-unit fee assessment (one-half of which is, by law, payable by Resident). Nothing in the Lease waives Resident's right to these payments.

43. NOTICES: Except as otherwise provided in this Lease, any notice by Owner to Resident shall be in writing and shall be deemed to be duly given if and when it is delivered personally to Resident, or sent by registered or certified mail addressed to Resident at the Building, or left at the Apartment. Any notice by Resident to Owner shall be deemed to be duly given if it is signed by Resident and sent by registered or certified mail to Owner's Office, **1177 Market, 1177 Market St, San Francisco, CA 94103,** or to such other address as Owner may designate by notice given in accordance with the provisions of this Paragraph.

44. COUNTERPARTS, FACSIMILE, ELECTRONIC AND PORTABLE DOCUMENT FORMAT (PDF) SIGNATURES: This Lease may be executed in counterparts which when taken together shall constitute one fully

executed original. Facsimile or e-mailed PDF signatures or electronic signatures on this Lease shall be treated and have the same effect as original signatures.

45. CAPTIONS: The captions appearing in this Lease are inserted only as a matter of convenience and for reference and in no way define, limit or prescribe the scope or intent of this Lease or of any provision thereof nor in any way affect this Lease.

46. NEIGHBORHOOD DISCLOSURE: Resident is advised to satisfy him or herself as to the neighborhood or area conditions, including the following: schools; proximity and adequacy of law enforcement; crime statistics; proximity of registered felons or offenders; fire protection; other governmental services; availability, adequacy and cost of any wired or wireless internet connections or other telecommunications or other technology services and installation; proximity to commercial, industrial or agricultural activities; existing and proposed transportation, construction and development that may affect noise, view, or traffic; airport noise, noise or odor from any source; wild and domestic animals; other nuisances, hazards or circumstances; cemeteries; facilities and condition of common areas; conditions and influences of significance to certain cultures and/or religions; and personal needs requirements and preferences of Resident.

47. OWNER'S AUTHORIZED AGENT: **Greystar California Inc**
620 Newport Center Drive, 15th Floor
Newport Beach, CA 92660
(949) 705-0010

48. ENTIRE AGREEMENT: This Lease consists of the foregoing numbered Paragraphs and attachments identified in this Lease herein: *(Owner to check all that apply)*

✔	Move-In Inventory Checklist (Paragraph 11)
✔	Building Standards and Community Rules (Paragraph 16)
✔	EPA booklet "Protect Your Family From Lead In Your Home"
✔	Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards
✔	Addendum – Asbestos Notification
✔	Addendum – Mold/Mildew Notification
✔	Bedbug Addendum
✔	San Francisco Waste Disposal Addendum
[X]	Parking Agreement
[]	Storage Agreement
	Other:_____

Owner and Resident acknowledge and agree that the drafting of this Lease was the product of negotiations. This Lease shall not be construed against either Owner or Resident on the ground that such person authored or drafted this Lease. The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by all parties except that Owner may change the terms of the tenancy and this Lease pursuant to Civil Code Section 827. If Owner changes a term of the tenancy pursuant to Section 827, then by remaining in possession of the Apartment when the change takes effect, Resident is deemed by such affirmative act to have consented to the change.

BY SIGNING BELOW RESIDENT(S) HEREBY ACKNOWLEDGE(S) READING AND UNDERSTANDING THE TERMS OF THIS LEASE, AND FURTHER ACKNOWLEDGE(S) RECEIVING A COPY HEREOF:

IN WITNESS WHEREOF, Owner and Resident have executed duplicate originals hereof on the dates set forth below:

By: Greystar California, Inc.

	09/03/2026	**Its: Authorized Agent** **By:** Tasha Gray
RESIDENT	***DATE***	***OWNER OR OWNER'S REPRESENTATIVE***
		(SIGNING AS AGENT FOR AND ON BEHALF OF OWNER)
Isabelle Ferreira		**Date:** 09/03/2026
	09/03/2026	
RESIDENT ***QI HAO TAN***	***DATE***	
	09/01/2026	
RESIDENT ***CHRISTOPHER DAVIS***	***DATE***	
RESIDENT	***DATE***	
RESIDENT	***DATE***	
RESIDENT	***DATE***	
RESIDENT	***DATE***	
RESIDENT	***DATE***	
RESIDENT	***DATE***	

Document digitally signed using RENTCafe eSignature services. Document ID: 491965346

LEASE

1. GRANT: **1177 Market Street LLC**, (the "Owner"), hereby leases to **Isabelle Ferreira, Qi Hao Tan, Christopher Davis** (the "Resident") and Resident hereby agrees to lease from Owner **1177 Market St. #919, , San Francisco, CA 94103** (the "Apartment"). No other portion of the building (the "Building"), where the Apartment is located, is included for lease unless expressly provided for in this **1177 Market Street LLC** Lease (the "Lease").

   No conversion of, nor any attempt to convert any other room to a bedroom is permitted, nor will any such conversion change the definition of the unit for purposes of establishing the type of unit under the provisions of the San Francisco Residential Rent Stabilization and Arbitration Ordinance, despite or regardless of the Owner's inaction or consent to such conversion.

2. TERM: The term of this Lease commences on **September 11, 2025** and ends on **September 10, 2026.**

3. PHYSICAL POSSESSION: If Owner is unable to deliver possession of the Apartment on the above commencement date for any reason whatsoever (other than because Resident has failed to deliver proof of insurance to Owner, as required by Paragraph 33 below, in which case rent shall commence), Owner shall not be subject to any liability, nor shall the validity of this Lease be affected nor the term thereof extended, but under such circumstances the rent hereunder shall not commence until the possession of the Apartment is delivered to Resident; provided, however, that in the event that possession of the Apartment is not delivered by Owner to Resident within 30 days following the above commencement date, then at any time after the 30-day period and prior to delivery by the Owner of possession, Resident may terminate this Lease by written notice to Owner, and thereupon all rights and obligations hereunder of both parties shall cease.

4. RENT: Resident shall pay as rent for the Apartment the sum of: **US Two Thousand Seven Hundred Thirty-Three dollars ($2733.000000)** for each calendar month, **payable in advance on the first day of each and every calendar month** (the "Due Date") without deductions, offsets or credits of any kind.

   All rent shall be payable to Owner. Resident agrees always to pay rent only by personal check, cashier's check, or Electronic Funds Transfers and not use cash unless specifically requested by Owner. Rent shall be paid to Owner during normal business hours at the following address: **1177 Market, 1177 Market St, San Francisco, CA 94103** (the "Management Office") or wherever designated in writing by Owner. Nothing in this Paragraph shall be construed as a direction by Owner to make payment in a particular manner; instead, it is a promise by Resident to pay in the manner set forth herein. Resident bears the risk of loss or delay of any payment made by mail, delivery service or Electronic Funds Transfer. Owner must receive rent payments on or before the Due Date.

   In the event of multiple Residents, roommates, or any other forms of multiple occupancy, Residents understand and agree that rent shall be paid with a single payment and that it is up to the Residents to collect individual rent dues independently in order to submit a combined single payment.

   Owner may apply any payment made by Resident to any obligation of Resident to Owner notwithstanding any dates or other direction from Resident that accompanies such payment. Any attempt by Resident to allocate a payment in any other way shall be null and void, including the use of application of a restrictive endorsement on the front or back of any check. Owner will accept rent payments only from the actual Resident(s). No third party checks will be accepted, nor shall Owner be liable to Resident in any way as a result of refusing any third party check. Should Owner elect to accept a third party check such acceptance shall not be construed as a waiver of this provision, nor shall acceptance of the third party payment be deemed as acceptance or acknowledgment of any third party or roommate as Resident of Owner. Acceptance of rent by Owner or Owner's Authorized Agent ("Agent") from anyone other than the Resident shall not create or establish a relationship between Owner and that third party Rent tendered by a third party shall be deemed rent tendered on behalf of Resident only and not on behalf of the third party, regardless of whether it contains a restrictive endorsement. If Resident pays rent by Electronic Funds Transfer or by direct deposit, such rent payment shall be deemed to come from the Resident regardless of the source of the payment. In addition, Electronic Funds Transfer or direct deposit rent payments may be rejected or returned by Owner during

the pendency of any legal action, or in anticipation of a legal action. Failure or refusal by Resident to cash Owner's rent refund check shall not defeat Owner's rejection of the rent being refunded.

5. SECURITY DEPOSIT: Prior to the commencement of the term and before occupancy of the apartment, Resident shall pay a security deposit of: **US One Thousand One Hundred Dollars (1100.00)** (the "Security Deposit") for the purposes set forth in Civil Code Section 1950.5. No trust relationship between Owner and Resident is created because of the Security Deposit and Owner may commingle the Security Deposit with other funds of Owner. Owner may retain such amounts of the Security Deposit as allowed by law including, but not limited to, amounts required to remedy future defaults by Resident in any obligation under this Lease to restore, replace, repair or return personal property or appurtenances, exclusive of ordinary wear and tear**.** Owner shall, within the time period allotted by law, refund any balance after such deductions, to Resident, after Resident has vacated the Apartment. Resident shall not be deemed to have vacated the Apartment for purposed of this Paragraph until a) Resident returns to Owner all keys to the Apartment, and b) Resident has surrendered the Apartment to Owner free and empty of all persons claiming any right to possess the Apartment. Any balance of the Security Deposit and an accounting of any deductions therefrom will be mailed to original Residents regardless of the party who in fact made the deposit and regardless of the identity of the persons then occupying the Apartment. Resident may not apply the Security Deposit, or any portion thereof, to the last month's rent.

   If required by law, Owner shall pay to Resident simple interest as directed by such law, less deductions, on the amount held as a Security Deposit, provided this tenancy does not terminate before the Security Deposit has been held for one (1) year. Said payment of interest shall be made once a year commencing with the date the Security Deposit has been held for a year. Upon Resident's surrender of the Apartment, if the Security Deposit is insufficient to remedy Resident's default in rent, to repair damages caused by the Resident, or to clean the Apartment, Owner may use from the accrued unpaid interest such amounts as are necessary for those purposes. Accrued unpaid interest or balance thereof, if any, shall be mailed to Resident at Resident's last known address in the same manner as any refund of the Security Deposit.

   Owner may increase the Security Deposit up to the maximum allowed by law at any time with notice. The parties agree that the Security Deposit is not rent and therefore not subject to any local rent control law.

   If Owner applies any portion of the Security Deposit to any obligations of the Resident at any time during the tenancy, Resident must replenish the Security Deposit to its full original amount upon thirty (30) days written notice. Owner may apply the Security Deposit during the term of the tenancy for any purpose allowed by law, and in such case, upon thirty (30) days written notice to Resident, Resident shall restore the Security Deposit to the full amount provided herein.

   In the event of a change in Resident(s) or roommates, if such change is allowed by law or by the written consent of Owner, the remaining Resident(s) assumes sole responsibility for the condition of the Apartment. The eventual return of the Security Deposit upon termination, and interest payments, if any are required, will be directed solely to the Resident(s) named herein.

   In the event of a sale, lease or other transfer of the Building, Owner may transfer or assign said security, to Owner's transferee, with such notice to Resident as may be required by law, and in such event Resident agrees to look to such transferee solely for the return of said security.

6. FAILURE TO PAY: Pursuant to California Civil Code Section 1785.26, Resident is hereby notified that a negative credit report reflecting on Resident's record may be submitted to a credit reporting agency if Resident fails to fulfill the terms of their credit obligations, such as the financial obligations of this Lease.

7. LATE PAYMENTS: Resident and Owner agree that Owner will sustain costs and damage as a result of any late payment of rent but that it will be impracticable or extremely difficult to fix the actual damage. Therefore, the following sum represents a reasonable and fair estimate by Owner and Resident of the actual damage that would be

sustained. Resident agrees to pay a late charge equal to **US Fifty Dollars ($50.00)** for any payment of rent not received by Owner within **four (4)** calendar days of the Due Date. The provision for payment of a late charge does not constitute a grace period, and Owner may serve a Three-Day Notice to Pay Rent or Quit on the day after the Due Date. Owner and Resident agree that Resident paying rent late on three (3) separate occasions within any twelve (12) month period shall constitute habitual late payment of rent. Payment of the late charge does not cure the late payment for purposes of establishing habitual late payment of rent. The late charge shall be imposed for failure to pay any portion of the rent, including those portions allocated to parking, storage or any other service of tenancy. Such charges shall be immediately due and payable upon notice to Resident. Failure to immediately pay the charges shall constitute a default under the terms of this Lease. Payment or collection of a late fee, even if coupled with a rent remittance, shall not constitute a defense in an unlawful detainer action.

RETURNED CHECKS: Resident and Owner agree that Owner will sustain costs and damage as a result of a check which is not honored by the bank on which it is drawn, for any reason, but that it will be impracticable or extremely difficult to fix the actual damage. Therefore, the following sum represents a reasonable and fair estimate by Owner and Resident of the actual damage that would be sustained. Resident agrees to pay to Owner the additional sum of **US Twenty-Five dollars ($25.00)** as a reimbursement of the expenses incurred by Owner. A dishonored check shall constitute late payment of rent and shall be subject to the provisions of Paragraph 7 above regarding late payment, including but not limited to habitual late payment of rent. Such charges shall be immediately due and payable upon notice to the Resident. Failure to immediately pay the charges shall constitute a default under the terms of this Lease.

Owner reserves the right to demand payment of rent by certified funds or cashier's check for all future payments in the event of any such returned check or any other monetary default by Resident, and rent tendered in any other form may be refused by Owner. Nothing in this Paragraph shall limit other remedies available to Owner as payee of a dishonored check. Owner and Resident agree that three (3) returned checks in any twelve (12) month period shall constitute a frequent return of checks due to insufficient funds and may be considered just cause for an eviction. Payment or collection of a charge for a dishonored check, even if coupled with a rent remittance, shall not constitute a defense in an unlawful detainer action.

8. PARTIES TO LEASE: This Lease is between Owner and each named Resident who is signatory to this Lease, individually and severally. Named signatory Residents are jointly and severally responsible for the performance of their obligations under this Lease, including the payment of rent until such time as the tenancy in its entirety is terminated and the Apartment relinquished to Owner, regardless of whether any named Resident occupies the Apartment.

9. INDIVIDUAL LIABILITY: Each person who signs this Lease, whether or not said person is or remains in possession of the Apartment, shall be jointly and severally responsible and liable for the full performance of each and every obligation of this Lease, including, but not limited to, the payment of all rent due and the payment of costs to remedy damages to the Apartment, regardless of whether such damages were caused by the Resident or Resident's family, friends, agents, employees, visitors or admittees (collectively, "Resident's Parties"). Any act or notice of or to, or refund to, or the signature of, any one or more of them, in relation to the renewal or termination of this Lease, or under or with respect to any of the terms hereof shall be fully binding upon each and all of the persons executing this Lease as Resident. This joint and several liability applies for as long as any one of the Residents remains in possession.

10. OCCUPANCY: Resident(s) named in Paragraph 1 of this Lease and no others is the only "original occupant" who took possession of the Apartment pursuant to this Lease. "Original occupant" can only be the person or persons who took possession of the Apartment at the inception of the tenancy. All other persons who are not "original occupants" shall be considered "subtenants." Residents may have guests in the Apartment for no more than fifteen (15) consecutive days or thirty (30) days in a calendar year, and no more than two (2) guests per bedroom at any one time. Persons staying more than fifteen (15) consecutive days or more than thirty (30) days in any calendar year shall not be considered original occupants of the Apartment. Resident must obtain the prior written approval of Owner if an invitee or guest of Resident will be present at the Apartment for more than fifteen (15) consecutive days or thirty (30) days in a calendar year. Violation of the provisions of this Paragraph shall be deemed a substantial and material

breach of this Lease and is agreed to be a just cause for eviction. A person is not a guest when he or she provides any consideration to Resident for the privilege of occupying the Apartment or any portion thereof.

11. CONDITION AND INSPECTION OF APARTMENT: The taking of possession of the Apartment by Resident shall be conclusive evidence that the Apartment, including equipment and fixtures, and the Building were then clean and sanitary and in good order and condition. Resident shall, throughout the term hereof, keep the Apartment in good, clean and sanitary order and condition.

    Resident has been provided a **Move-In Inventory Checklist**. Equipment, fixtures, plumbing, heating and electrical system including smoke and carbon dioxide detectors, where applicable, are operative and are deemed satisfactory by Resident unless Owner is notified in writing by Resident to the contrary. The failure by Resident to return to Owner an acknowledged copy of the Move-In Inventory Checklist to the Owner's Management Office (or wherever designated in writing by the Owner) within 48 hours of occupancy shall be acknowledgement by Resident that the Apartment are habitable and in good condition.

12. USE OF THE APARTMENT:
    a) The Apartment shall be used solely and exclusively as a permanent, full-time dwelling for residential purposes only and for no other reason.

    b) No hotel use, such as daily rentals, shall be made. In addition, regardless of what local laws that may be or have been enacted, Resident may never rent the Apartment for hotel, daily, or short-term (such as Airbnb, VRBO, or other such sites or programs) usage. Specifically, any advertising or on-line postings as well as actual rental of the Apartment to vacation or short-term guests shall constitute a material breach of this Lease and shall be a just cause for eviction. Any person who is not a Resident, as defined herein, who occupies any portion of the Apartment, for any period whatsoever, for any compensation or consideration whatsoever (including, without limitation, the payment of money and/or trade and/or barter of other goods, services, or property occupancy rights) is NOT a guest, and such occupancy constitutes unauthorized subletting or assignment which is a substantial and material breach of this Lease and shall be a just cause for eviction.

    c) **No retail, commercial, or professional use of the Apartment shall be made, unless such use conforms with applicable zoning laws and the prior written consent of Owner is obtained in advance of such proposed use. As a condition for granting such permission, Owner will require that Resident obtain liability insurance for the benefit of Owner. Resident and Resident's Parties shall not use the Apartment, nor the Building or the property where the Apartment is located, in violation of any law, statute, or ordinance. Use of the Apartment for an illegal purpose shall constitute a substantial and material breach of this Lease and shall be a just cause for eviction.**

    d) **Resident may not store or place any personal property outside of the Apartment unless otherwise allowed by the terms herein and Owner has the right to remove or dispose of any such improperly placed items without notice and at the Resident's expense.**

13. NUISANCE: Resident and Resident's Parties shall not disturb, annoy, harass, endanger any other Residents or Resident's Parties of the Building or the Building's neighbors. Resident and Resident's Parties shall not commit waste or nuisance upon the Apartment, or in the Building or on the property in which the Apartment is located. Violations of the provisions of this Paragraph shall constitute a substantial and material breach of this Lease and shall be a just cause for eviction.

14. FINES AND PENALTIES: Resident shall comply with all laws, ordinances and governmental regulations, and with any direction of any public officer, pursuant to law, which shall impose any duty upon or provide for or refer to any obligation of Resident with respect to the Apartment or the occupation thereof.

    Resident is responsible for any fines or other costs occasioned by violations of the law by Resident or Resident's Parties on the Apartment, Building or property while Resident is in possession. If any such fines or costs are levied

against Owner and/or Agent, Resident agrees to pay such fines or costs attributed to Resident's tenancy or the conduct of Resident or Resident's Parties at the Apartment, upon receipt of an invoice from Agent. The obligation to pay fines and costs assessed against the Agent may be in addition to any assessed directly against the Resident.

15. SUBLETTING AND ASSIGNMENT:

Except as Owner is required to permit by law, Resident may not assign this Lease or sublet the Apartment or any portion of the Apartment. This obligation of Resident is intended as a strict and absolute prohibition against subletting and assignment. Should the Apartment ever be sublet or assigned for any reason, Owner reserves all rights under the Costa-Hawkins Rental Housing Act to adjust rent. Moreover, Owner shall not acknowledge, screen, approve, or otherwise communicate with any subsequent subtenant or assignee, and rent shall only be accepted from Resident. Any subtenants/assignees, while not a co-tenant, must nevertheless honor and abide by every term of this Lease. Should all original occupants who took possession of the Apartment pursuant to this Lease no longer permanently reside at the Apartment, any subtenants or assignees remaining in possession will be bound by all terms of this Lease and shall be responsible to pay the adjusted monthly rent.

Resident will notify Owner in writing if and when the Apartment is no longer the permanent place of residency of Resident. Owner and Resident hereby agree that should Resident fail to notify Owner, Owner shall be damaged monetarily as follows: The monthly rent differential between what Resident was paying when Resident no longer permanently resided at the Apartment or used it as a principal place of residency and the fair market monthly rent for the Apartment. Therefore, in such instances where the Resident withholds this information from Owner, Resident shall be liable to Owner for this difference in rental value for each month from the time Resident ceases using the Apartment as a permanent or principal place of residence through the time that Owner adjusts the monthly rent to the fair market monthly rent.

Resident Initial Here: IBF 4T

16. BUILDING STANDARDS AND COMMUNITY RULES: Resident agrees to abide by any and all **Building Standards and Community Rules** ("Standards") set out at the end of this Lease (which are hereby incorporated as part of this Lease), whether made known before or after the date of this Lease. Owner may make amendments to the Standards and adopt further Standards as in Owner's opinion are reasonable or desirable for the proper and orderly care, use and operation of the Apartment and the Building and its grounds, such further Standards to be effective with the same effect as though set out at the end hereof upon notice thereof to Resident. Owner shall not be liable to Resident for violation of any of said Standards, or the breach of any covenant or condition in any Lease, by any other tenant in the Building.

17. UTILITIES: Owner shall make available to Resident at Owner's expense heat as required by law and electricity in reasonable quantities. Resident understands that the rent paid by all Residents is partially determined by the cost of utilities. Nothing contained herein prevents Owner from passing through to Resident increases or decreases in the cost of electric and gas service as provided by law.

Owner shall make available to Resident, at Resident's expense, hot and cold water (including sewer charges) and collection and disposal of a normal amount of garbage when garbage is placed in a location provided by Owner. Resident shall pay for removal of unusual or bulky garbage.

Resident shall be billed monthly for water (including sewer charges) and garbage collection services by an outside billing company. Resident's bill for monthly water and garbage collection services may be increased as provided by law.

Resident agrees to comply with any energy and water conservation, or utility-sharing programs implemented by Owner. If Owner installs meters which measure Resident's separate usage of gas and electricity, Resident shall thereafter, upon 30 days written notice from Owner, pay the cost of electricity directly to Pacific Gas and Electric Company or any successor company. Resident shall be entitled to a reasonable reduction in rent to compensate Resident for transfer to Resident of the obligation to pay for gas and electricity. The amount of the reduction shall be

determined by the San Francisco Residential Rent Stabilization and Arbitration Board (the "Rent Board") or by agreement of Owner and Resident as accepted by the Rent Board.

Resident shall be provided access to the Building and the Apartment for the installation of utility and communication lines and services as required by law and upon written consent by Owner.

18. INTERRUPTION OF SERVICES: Owner does not warrant the quality or adequacy of supply of heat, water or electricity, and does not warrant that any of the services above mentioned will be free from interruption caused by repairs, improvements or alterations of the Building or the Apartment or any of the equipment and facilities thereof, fire or other casualty, acts of God, any labor controversy, inability to obtain adequate supplies of fuel, water, electricity, or other supplies, or any other causes of any kind whatsoever, whether or not similar to the foregoing, beyond the reasonable control of Owner. Any such interruption of service, and any other inability on the part of the Owner to fulfill its obligations hereunder resulting from any such cause, shall never be deemed to constitute a substantial decrease in housing services, an eviction or disturbance of Resident's use and possession of the Apartment, or render Owner in default under this Lease, liable to Resident for damages, or relieve Resident from performance of Resident's obligations under this Lease.

19. MAINTENANCE AND REPAIR: Resident shall, at Resident's expense, at all times maintain the Apartment, furnishings and appliances, if any, in a clean and good condition and shall surrender the same upon termination of tenancy in the same condition as received (excepting normal wear and tear). Resident understands that Resident is responsible for the cost of repair of all damages in or about the Apartment whether caused by Resident or Resident's Parties.

    Resident may not install or make any alterations to cable, telephone, or other wiring (such as may occur when changing telecommunications or satellite television providers) without prior written consent of Owner or Owner's/Agent. Resident shall hold Owner harmless and indemnify Owner as to any mechanic's lien recordation or proceeding, if any, caused by Resident. Resident agrees to pay all costs resulting from the installation and/or alteration and agrees to pay Owner any costs incurred as a result of restoring the installation and/or alteration work to the condition at the time of move-in, except for reasonable wear and tear.

    Except in an emergency, maintenance and repair requests must be made Resident to Owner or Agent. Such notice shall also be deemed permission to enter the Apartment to perform such maintenance or repairs in accordance with California Civil Code Section 1954. Resident may not place any unreasonable restrictions upon such access or entry. The Apartment shall be presumed to be in a safe and habitable condition unless and until Resident provides written notice to the contrary and said written notice is received by Owner.

    It is hereby understood that Resident shall not change or replace any window coverings visible from outside the Apartment or the Building without the prior written consent of Owner.

    In the event that the Apartment is provided with hardwood floors or other non-carpeted floor surfaces, Resident hereby agrees to keep at least 80% of such areas covered with floor rugs or carpet. These covered areas shall include all hallways and other areas normally subject to foot traffic.

    The cost of repairs or clearance of stoppages in sinks, showers, toilets, bath tubs, dish washers, washers, waste pipes, drains or other plumbing fixtures caused by Resident's negligence or improper use are the responsibility of the Resident. Resident shall reimburse Owner for the costs upon demand.

    The cost of water mitigation and/or damage repairs from leaks or floods caused by Resident's negligence or improper use of plumbing fixtures are the responsibility of the Resident. Resident shall reimburse Owner for the costs upon demand.

    Resident acknowledges that the Apartment and the Building from time to time may require renovations or repairs to keep them in good condition and repair and that such work may result in temporary loss of use of portions of the

Building or the Apartment and may inconvenience Resident. Resident agrees that any such loss shall not constitute a reduction in housing services, severance of housing services, or otherwise warrant a reduction in rent.

Resident must communicate repair requests directly with Owner or Agent. Non-emergency repair requests from Resident's Parties or subtenants shall not be processed; however, should Owner elect to process such repair or maintenance requests from persons other than Resident, that election shall not create a direct relationship between Owner and the third party.

20. ALTERATIONS: Resident shall not install or operate any washing machines, clothes dryers, portable dishwashers, deep-freeze units or other appliances or alter the common areas, or any other parts of the Building. Resident shall not remodel, renovate, drill into, paint, refinish floors, apply adhesive paper to any cabinets, walls, ceilings or doors; nor shall Resident hang any plants, planters or lighting fixtures from ceilings or walls; nor shall Resident tack, nail or glue any coverings to floors or walls or otherwise alter the Apartment without prior written consent of Owner, which Owner may condition in any manner, or may refuse, in accordance with its determination, which shall be conclusive. All such alterations or additions, which may be approved by Owner, shall be at the sole cost of Resident, and Resident agrees to hold Owner harmless from all liabilities in any way connected therewith. No plants, planters or plant boxes may be placed directly on floors, carpets or window ledges. Upon the expiration or other termination of this Lease, Resident shall be responsible to restore the Apartment to its condition at the commencement of the term excepting normal wear and tear as prescribed in Paragraph 38.

21. SATELLITE DISHES: Satellite dishes may be installed with the Owner's prior written approval and in accordance with applicable FCC guidelines pertaining to Off The Air Reception Devices ("OTARD"). Resident shall immediately notify the Owner and arrange for a safety inspection of any OTARD device that is mounted in such a manner that it protrudes beyond the confines of the balcony. Owner reserves the right to have removed any installation that, in its sole judgment, presents a safety hazard. Resident remains strictly liable for any injury or damage to persons or property caused by the Satellite Dish, and Resident agrees to maintain sufficient liability coverage against any such injury or damage. Proof of such insurance must be provided to Owner, with Owner listed as an "Additional Insured," prior to approval of installation and upon each renewal of coverage.

22. ENTRY AND INSPECTION: Owner shall have the right to enter the Apartment pursuant to California Civil Code Section 1954. Owner shall give Resident reasonable notice of the intention of Owner/Agent to enter the Apartment and shall enter only during normal business hours, unless otherwise agreed by Resident. "Normal business hours" shall be defined as 7:00 AM to 7:00 PM, every day of the week. Resident may not place any unreasonable restrictions upon such entry. If Resident has, after written notice to cease, continued to deny Owner access to the Apartment, as required by State law, such failure is a substantial breach of this Lease and is a just cause for eviction.

    If Owner reasonably believes that an emergency exists (such as a fire or flood) which requires immediate entry, such entry may be made without prior notice to Resident.

    If the Apartment or the Building is required by any government agency, lender or insurer to undergo inspections, repairs or alterations, Resident agrees to cooperate fully with Owner so that all such inspections, repairs or alterations are made in as expeditious and efficient a manner as possible.

23. DAMAGES TO APARTMENT: If the Apartment is damaged by fire, flood, earthquake, or from any other cause so as to render them uninhabitable and therefore destroyed, the tenancy is terminated, unless restored pursuant to law.

24. HOLD HARMLESS: Owner shall not be liable for any damages or injury to Resident, or any other person, or to any property, occurring in the Apartment or any part thereof, or in the Building or common areas thereof, unless such damage is the proximate result of the intentional or unlawful act of Owner, Owner's employees or agents. Resident shall indemnify, defend, protect and hold Owner and Owner's employees and agents harmless from all claims of loss or damage to property and of injury to or death of any person or persons caused by the intentional acts or negligence of Resident, Resident's guests, licensees, or invitees occurring in or about the Apartment and other areas of the Building, adjacent sidewalks, courtyards, plazas, streets, etc. Resident hereby expressly releases Owner and/ Owner's employees and agents from any and all liability for loss or damage to Resident's property or effects whether in the

Apartment, garage, storerooms or any other location in or about the Apartment, 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 or willful misconduct of Owner, or Agent, employees, successors or assigns.

25. SMOKING: Smoking of any substances is not permitted in the Apartment and its balcony or patio, all common areas of the Building, and adjoining grounds. Resident shall inform Resident's Parties of this smoking prohibition. Any breach of this provision by the Resident or Resident's Parties shall be deemed a material breach of this Lease and may be just cause for eviction. Resident shall promptly notify Owner in writing of any incident where tobacco smoke is migrating into the Apartment from sources outside of the Apartment.

    Resident is hereby informed that there may be apartments in the Building where smoking is permitted. Owner shall not be liable for any damages or injury to Resident's health or personal property, or any other person's health or personal property, occurring on the Apartment or any part thereof, in connection with the use of tobacco, marijuana, tobacco products, or marijuana products by any other resident or occupant in the Building. Resident acknowledges that other residents in the Building may be permitted to smoke inside of their units. If Owner has exercised proper diligence in ascertaining and disclosing the location of other units where smoking is, or has been, permitted, this disclosure still may not be accurate either in whole or in part. Owner's designation and disclosure of non-smoking areas does not make Owner the guarantor of Resident's health, or of the smoke free condition of the areas in which smoking is prohibited, or that the Building will be free from secondhand smoke. The tobacco smoke disclosure's accuracy is dependent in significant part on compliance by each residential tenant and any guests. Thus, while Owner has made every reasonable effort to ascertain and identify units where smoking is, will be, or has been permitted, this disclosure is not guaranteed or warranted to be accurate. As such, Resident and Resident's Parties and subtenants hereby hold Owner and Owner's employees and agents harmless for any personal injury or property damage resulting from the disclosure of the use of or exposure to tobacco and tobacco products. This hold harmless clause shall survive the termination of the tenancy and leasehold.

    Local ordinances may restrict the use of e-cigarettes in the Apartment.

26. SMOKE DETECTION DEVICE: The Apartment is equipped with a functioning smoke detection device(s), and Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance or need for repairs to Owner. Owner shall have a right to enter the Apartment to check and maintain the smoke detection device as provided by law. It is expressly understood that Resident may not, at any time, disable or remove an installed smoke detection device, and to do so shall be considered a material breach of this Lease and will be a just cause for eviction.

27. CARBON MONOXIDE DETECTION DEVICE: If the Apartment is equipped with a functioning carbon monoxide detection device(s), Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance, or need for repairs to Owner. If battery operated, Resident is responsible for changing the detector's battery as necessary. Owner shall have a right to enter the Apartment to check and maintain the carbon monoxide detection device as provided by law. It is expressly understood that Resident may not, at any time, disable or remove an installed carbon monoxide detection device, and to do so shall be considered a material breach of this Lease and will be a just cause for eviction.

28. LEAD DISCLOSURE: Many homes and apartments built before 1978 have paint that contains lead (called lead-based paint). Lead from paint chips and dust can pose serious health hazards if not taken care of properly. The law requires that Resident receive certain information before renting pre-1978 housing. By signing this Lease, Resident represents and agrees that Owner has provided Resident with such information, including, but not limited to:
    - EPA booklet entitled, "Protect Your Family From Lead In Your Home"
    - Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

29. ASBESTOS: The Premises may contain asbestos or have original construction materials that contain asbestos. Damaging or disturbing the surface of asbestos-containing materials (ACMs) may increase the risk of exposure.

Therefore, Tenant and Tenant's guests, contractors, or invitees shall not allow any action which may, in any way, disturb ACMs or any part of the Premises that may contain asbestos or ACMs. Tenant shall notify Landlord immediately if Tenant knows or suspects that an ACM has been disturbed or if Tenant becomes aware of any ACM that is showing signs of deterioration.

30. MOLD/MILDEW: Resident agrees to maintain the Apartment in a manner that prevents the occurrence and infestation of mold or mildew in the Apartment. Resident agrees to uphold this responsibility in part by complying with the list of responsibilities in the Addendum to Lease entitled, "CDPH_Mold_Booklet_2021-May12-Applicant Disclosure." By signing this Lease, Resident represents and agrees that Owner has provided Resident with such information, including, but not limited to the attached Addendum—"Mold/Mildew Notification."

31. HAZARDOUS MATERIALS DISCLOSURE: Pursuant to the regulations of Proposition 65, enacted by the voters of California, Owner hereby makes the following required disclosure: "Warning - The Apartment contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm."

32. INSURANCE/RENTER'S INSURANCE: Generally, OWNER IS NOT legally responsible for loss to the Resident's personal property, possessions or personal liability, and OWNER'S INSURANCE WILL NOT COVER such losses or damages. In addition, if damage to Owner's property or an injury is caused by Resident, Resident's guest(s), invitees or child (children), Owner's insurance company may have the right to attempt to recover from Resident(s) payments made under Owner's policy.

    Resident is required to maintain renter's insurance on a policy form commonly known as HO-4 throughout the duration of the tenancy that includes at a minimum: (1) Personal Liability coverage of at least US $100,000.00 combined single limit per occurrence for Bodily Injury and Property Damage; (2) the Apartment listed above must be listed on the policy as the "insured premises" of the Resident insured; and (3) Owner must be listed as a Certificate Holder and, if acceptable to the insurance company, as an additional insured. In the event Resident receives notice of cancellation or material change of Resident's insurance, Resident shall deliver such notice to Owner within five (5) days of receipt. Owner strongly recommends that Resident consult with a qualified insurance agent and obtain appropriate coverage for fire, theft, liability, and other perils.

    Resident must provide proof of such insurance to Owner prior to the commencement date of the term. Failure to abide by the foregoing covenant will prevent Owner from delivering the Apartment but will not relieve Resident of Resident's rent obligations under the Lease. Owner may, at Owner's sole discretion, terminate the Lease if Resident has not provided proof of such insurance within five (5) days of the commencement date of the term. In addition, Resident must provide to Owner proof of insurance on an annual basis. The failure to abide by this covenant shall constitute a material breach of this Lease and is a just cause for eviction.

33. INITIALS: The Lease is binding and enforceable even if a page(s) of this Lease is not initialed by either party or both.

34. ESTOPPEL CERTIFICATES: Within five (5) days after written notice, Resident agrees to execute and deliver an Estoppel Certificate as submitted by Owner acknowledging that this agreement is unmodified and in full force and effect or in full force and effect as modified and stating the modifications. Failure to comply shall be deemed Resident's acknowledgment that the certificates as submitted by Owner are true and correct and may be relied upon by Owner, a lender or purchaser.

35. MEGAN'S LAW: The California Department of Justice, sheriff's departments, police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a data base of the locations of persons required to register pursuant to Paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code.

    Notice: Pursuant to Section 290.46 of the Penal code, information about specified registered sex offenders is made available to the public via an Internet website maintained by the Department of Justice at www.meganslaw.ca.gov.

Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides.

36. NO WAIVER: The failure of Owner in any case to enforce or to insist upon the strict performance of any provision of this Lease, including the Standards, shall not prevent a subsequent act, which would have originally constituted a violation or default hereunder from having all the force and effect of an original violation or default. The receipt by Owner of rent with knowledge of the breach of any provision of this Lease shall not be deemed a waiver of such breach. No provision of this Lease shall be deemed to have been waived by any act or conduct by Owner, unless such waiver be in writing signed by Owner. No payment by Resident or received by Owner of a lesser amount than the monthly installment of rent herein stipulated shall be deemed to be other than on account of the rent earliest due, and Owner may accept any payment without prejudice to Owner's right to recover any other sums due from Resident or pursue any other remedy provided in this Lease, regardless of any endorsement or statement accompanying such payment. No acceptance of money by Owner from Resident after the termination of this Lease or after the service of any notice or after the commencement of any suit, or after final judgment for possession of the Apartment shall renew, reinstate, continue or extend the term of this Lease or affect any such notice, demand or suit. Owner's acceptance of rent paid late will not constitute a waiver of Owner's right to evict Resident for habitual late payment of rent. Every provision of this agreement is deemed to be material between the parties, and breach of any provision of this Lease by Resident shall subject Resident to proceedings of unlawful detainer.

37. END OF TERM: Upon the expiration or other termination of the term of this Lease, Resident shall give Owner at least thirty (30) days prior, written notice of Resident's intention to terminate the tenancy and vacate the Apartment and deliver said notice to the Management Office (or wherever designated in writing by Owner). Upon termination, Tenant shall completely vacate the Apartment and any parking or storage areas; give written notice of Resident's forwarding address; and deliver all keys, and the Apartment to Owner in the same condition as received and, to the extent required by Owner, all improvements and alterations made by Resident shall be removed and the Apartment restored to its condition at the commencement of the term excepting normal wear and tear. If resident fails to leave the apartment in as good and as clean order and repair as at the commencement of the term excepting normal wear and tear, Owner shall make such repairs as are necessary and recover the cost from Resident. Rent shall be due and payable through the end of the notice period or the date Resident vacates, whichever comes later. Resident may rescind said notice within five (5) calendar days after it is served on Owner without incurring liability to any person. Such rescission must be in writing, and delivered to Owner at the Management Office (or wherever designated in writing by Owner). Thereafter, if Resident fails to vacate the Apartment on or before the date set forth in Resident's notice, Resident may be liable for any costs incurred by Owner or any third parties who relied upon Resident's notice terminating the tenancy. Resident further agrees to indemnify, defend, protect and hold Owner harmless from any and all damages, lost rents, costs, expenses, losses, claims and liabilities, including attorney's fees, arising in any way out of Resident's failure to comply with the provisions of Resident's notice. Resident's failure to pay any such sums within twenty (20) days after demand shall be deemed a material breach of this Lease. It is agreed by the parties to this Lease that delivery of possession to Owner shall be deemed to occur when Resident delivers the keys to the Apartment to Owner at the Management Office (or wherever designated in writing by Owner) during normal business hours as stated in this Lease. Any attempt by Resident to terminate this Lease prior to the end of the term shall be deemed to be a breach of this Lease, and Owner shall be entitled to recover all damages occasioned thereby, including leasing commissions, advertising expenses, utilities maintained to show the Apartment, and all unpaid rent until the expiration or other termination of this Lease. Resident's obligations under this Paragraph shall survive the expiration or other termination of the term of this Lease.

38. HOLDING OVER: Upon the expiration of the term set forth in Paragraph 1, Resident shall, upon request or demand of Owner, execute a written extension or renewal of this Lease for a further term of like duration and under terms which are the same as those contained in this Lease. Should Resident fail or refuse promptly to execute such written extension, and if Resident shall remain in possession of the Apartment, then Resident shall be in breach of this Lease. Acceptance of rent from a Resident who has failed or refused to execute a written extension shall not constitute a waiver of Owner's right to evict that Resident for failure to execute such an extension.

39. ABANDONED PERSONAL PROPERTY: State law permits former Residents to reclaim abandoned personal property left at the former address of the Resident, subject to certain conditions. You may or may not be able to

reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact Owner/Agent after being notified that property belonging to you was left behind after you moved out.

40. NO RELIEF FROM FORFEITURE: Owner and Resident stipulate that for purposes of Code of Civil Procedure Section 1179, that as a condition for granting relief from forfeiture, Resident shall pay all back rent, Owner's attorneys' fees and costs, and any other damages sustained by Owner, as a condition for relief from forfeiture. Such payments must be made within five (5) days after entry of any order granting relief from forfeiture.

41. VIDEO SURVEILLANCE: Owner may, in Owner's sole discretion, install and maintain video surveillance devices and equipment ("Video Surveillance") throughout the Building and common areas of the Building. Video Surveillance may be used by Owner and Owner's management to capture video (not audio) images only. With regard to Video Surveillance: (i) Video Surveillance is not a service of tenancy; (ii) Resident is not entitled to view, receive, or otherwise analyze any images extracted from Video Surveillance; (iii) Resident may not rely on any images captured by Video Surveillance to prevent, solve, or deter criminal activity in or around the Building or within, around, or otherwise impacting the Premises; (iv) Resident acknowledges that the use of Video Surveillance is not an invasion of privacy, a means of tenant harassment, or in any way improper; (v) Video Surveillance may be enhanced or eliminated at Owner's discretion at any time; (vi) Owner may utilize footage from Video Surveillance to ascertain whether or not Resident is using the Premises as a permanent and/or principal place of residence; and (vii) the footage and images from Video Surveillance is solely Owner's property and may not, in Owner's discretion, be disseminated to anyone including Resident or law enforcement officials; moreover, Resident may not expect footage to be stored, kept, or maintained for any length of time.

42. MISCELLANEOUS:
    a) Any provisions typed on the back of this Lease and signed by Owner and Resident and any riders attached to this Lease and signed by Owner and Resident are hereby made a part of this Lease as though inserted in this Lease.

    b) This Lease, including provisions and riders above made a part hereof, contains the entire agreement between the parties and all prior negotiations and agreements are merged herein. Neither Owner nor Agents have made any representations or promises, with respect to the Apartment or the Building or otherwise, except as expressly set forth in this Lease. This Lease may be modified in writing only, signed by Owner and Resident.

    c) In any action arising out of this Lease, or the tenancy between Owner and Resident, each side shall bear his or her own attorney fees and costs.

    d) At the time of this Lease, Owner is subject to the Rent Stabilization and Arbitration Ordinance, Chapter 37 of the San Francisco Administrative Code, and the Residential Rent Stabilization and Arbitration Board Rules and Regulations as published and revised from time to time. Resident shall pay allowable rent increases, additional charges, assessments or fees, including the annual Rent Board per-unit fee assessment (one-half of which is, by law, payable by Resident). Nothing in the Lease waives Resident's right to these payments.

43. NOTICES: Except as otherwise provided in this Lease, any notice by Owner to Resident shall be in writing and shall be deemed to be duly given if and when it is delivered personally to Resident, or sent by registered or certified mail addressed to Resident at the Building, or left at the Apartment. Any notice by Resident to Owner shall be deemed to be duly given if it is signed by Resident and sent by registered or certified mail to Owner's Office, **1177 Market, 1177 Market St, San Francisco, CA 94103,** or to such other address as Owner may designate by notice given in accordance with the provisions of this Paragraph.

44. COUNTERPARTS, FACSIMILE, ELECTRONIC AND PORTABLE DOCUMENT FORMAT (PDF) SIGNATURES: This Lease may be executed in counterparts which when taken together shall constitute one fully

executed original. Facsimile or e-mailed PDF signatures or electronic signatures on this Lease shall be treated and have the same effect as original signatures.

45. CAPTIONS: The captions appearing in this Lease are inserted only as a matter of convenience and for reference and in no way define, limit or prescribe the scope or intent of this Lease or of any provision thereof nor in any way affect this Lease.

46. NEIGHBORHOOD DISCLOSURE: Resident is advised to satisfy him or herself as to the neighborhood or area conditions, including the following: schools; proximity and adequacy of law enforcement; crime statistics; proximity of registered felons or offenders; fire protection; other governmental services; availability, adequacy and cost of any wired or wireless internet connections or other telecommunications or other technology services and installation; proximity to commercial, industrial or agricultural activities; existing and proposed transportation, construction and development that may affect noise, view, or traffic; airport noise, noise or odor from any source; wild and domestic animals; other nuisances, hazards or circumstances; cemeteries; facilities and condition of common areas; conditions and influences of significance to certain cultures and/or religions; and personal needs requirements and preferences of Resident.

47. OWNER'S AUTHORIZED AGENT: **Greystar California Inc**
620 Newport Center Drive, 15th Floor
Newport Beach, CA 92660
(949) 705-0010

48. ENTIRE AGREEMENT: This Lease consists of the foregoing numbered Paragraphs and attachments identified in this Lease herein: *(Owner to check all that apply)*

✔	Move-In Inventory Checklist (Paragraph 11)
✔	Building Standards and Community Rules (Paragraph 16)
✔	EPA booklet "Protect Your Family From Lead In Your Home"
✔	Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards
✔	Addendum – Asbestos Notification
✔	Addendum – Mold/Mildew Notification
✔	Bedbug Addendum
✔	San Francisco Waste Disposal Addendum
[X]	Parking Agreement
[]	Storage Agreement
	Other:_____

Owner and Resident acknowledge and agree that the drafting of this Lease was the product of negotiations. This Lease shall not be construed against either Owner or Resident on the ground that such person authored or drafted this Lease. The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by all parties except that Owner may change the terms of the tenancy and this Lease pursuant to Civil Code Section 827. If Owner changes a term of the tenancy pursuant to Section 827, then by remaining in possession of the Apartment when the change takes effect, Resident is deemed by such affirmative act to have consented to the change.

BY SIGNING BELOW RESIDENT(S) HEREBY ACKNOWLEDGE(S) READING AND UNDERSTANDING THE TERMS OF THIS LEASE, AND FURTHER ACKNOWLEDGE(S) RECEIVING A COPY HEREOF:

IN WITNESS WHEREOF, Owner and Resident have executed duplicate originals hereof on the dates set forth below:

By: Greystar California, Inc.

Its: Authorized Agent

09/12/2025 **By:**

RESIDENT ***DATE*** ***OWNER OR OWNER'S REPRESENTATIVE***

(SIGNING AS AGENT FOR AND ON BEHALF OF OWNER)

Isabelle Ferreira

Date:

09/15/2025

RESIDENT ***DATE***

QI HAO TAN

09/12/2025

RESIDENT ***DATE***

CHRISTOPHER DAVIS

RESIDENT ***DATE***

RESIDENT ***DATE***

RESIDENT ***DATE***

RESIDENT ***DATE***

RESIDENT ***DATE***

RESIDENT ***DATE***

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Managing Office: 1177 Market, 1177 Market St, San Francisco, CA 94103 Phone: (415) 776-3333

Crime-Free Lease Addendum

Unit #0919, 1177 Market St. #919, San Francisco, CA 94103

In consideration for the execution or renewal of a lease of the dwelling unit identified in the lease, Landlord and Tenant agree as follows:

1. Tenant, any member of Tenant's household, Tenant's guests or invitees are prohibited from:
    a. Engaging in any criminal activity, including drug-related criminal activity, in the Premises and/or on or around the Building. Drug related activity shall mean the illegal manufacture, sale, distribution, use, possession and possession with intent to manufacture, sell, distribute, or use of illegal or controlled substance(s).
    b. Permitting the Premises or any part of the Building to be used for any criminal activity.
    c. Engaging in any criminal or illegal activity in, on or around the Premises or Building, including but not limited to: prostitution, criminal street gang activity, threatening or intimidating, assault and/or battery, the unlawful discharge of a firearm, burglary, possession of stolen property, sexual offenses, and/or any breach of the operative Agreement that otherwise jeopardizes the health, safety and welfare of Landlord, its agent, or other tenant(s), or involving imminent or actual serious property damage.
2. **VIOLATION OF ANY OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** A single violation of any of the provisions of this addendum shall be deemed serious, material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the tenancy. Proof of such a violation shall not require a criminal conviction, but shall only require a preponderance of the evidence.
3. In case of conflict between the provisions of this addendum and any provisions of the parties' Agreement, the provisions of this addendum shall govern.
4. Tenant also agrees to be responsible for the actions of any members of Tenant's household, Tenant's guests, or Tenant's invitees regardless of whether Tenant knew or should have known about any such actions.
5. This Lease Addendum is incorporated into the Agreement or renewal thereof, executed or renewed at any time between Landlord and Tenant.

Isabelle Ferreira	**09/12/2025** **Date**	**Qi Hao Tan**	09/15/2025 **Date**
Christopher Davis	09/12/2025 **Date**		**Date**
	Date		**Date**
	Date		**Date**
	Date		**Date**
	Date		

Owner or Owner's Representative
(Signing as Agent for and on behalf of Owner)

The above signature(s) are affixed to the Greystar Management Services Crime-Free Lease Addendum, all or part of which may appear on one or more previous pages.

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Managing Office: 1177 Market, 1177 Market St, San Francisco, CA 94103 Phone: (415) 776-3333

Utility Invoicing and Allocation Addendum

This Utility Invoicing and Allocation Addendum ("Addendum") is made between Greystar Management Services ("Landlord") and Isabelle Ferreira, Qi Hao Tan, Christopher Davis ("Tenant"). This Addendum describes the method of calculation and shall govern the payment of the cost of the Tenant estimated usage for Water, Sewer, and Trash/Recycling/Composting collection. Utilities listed are separate from Tenant's individual bill for gas and electricity which may be billed by PG&E or some other provider of the same utilities.

The above utility charges will be billed by and payments shall be made payable to: 1177 Market, 1177 Market St, San Francisco, CA 94103.

CALCULATION OF BILL: The cost to the tenant, for each utility, will be calculated as a pro rata share from the overall utility bill billed to the Landlord, less any common utility adjustment and goodwill deduction, if applicable. Depending on Tenant's actual move in date the first monthly billing may reflect the actual utility charges for the month immediately prior to occupancy.

COMMON AREA FACILITIES - UTILITY ADJUSTMENTS: If the subject property uses any utilities for common areas such as irrigation systems, pool or spa operation, common area restrooms, laundry facilities, etc., the billings for those specific utilities shall be reduced by an estimated percentage. By calculating the approximate utility usage for these common area facilities as compared to the entire bill a reasonable estimated percentage of the utility costs may be established. The estimated common area facilities percentage shall be deducted from the entire bill for the property prior to calculating the individual unit utility charges. Tenant acknowledges that the Landlord will use its best efforts to estimate common area usage and that it is not practical to measure exact usage. Tenant also acknowledges that the Landlord may change these deductions periodically based on changes to building systems that may affect billing charges. Tenant acknowledges that if occupying a unit with in-unit washer, tenant may be allocated an increased estimated percentage for water. Any utility charges which are separately metered, either exclusively for common area facilities or for the sole usage of the Tenantial units, shall either be excluded or included in their entirety (as appropriate) for the purpose of calculating the individual utility billings under this addendum.

OCCUPANCY ALLOCATION FACTOR

No. of Tenants	Allocation Factor	Assumption
1	**1**	One person's estimated usage.
2	**1.6**	Two people use 60% more than one person.
3	**2.2**	Three people use 120% more than one person.
4	**2.8**	Four people use 180% more than one person.
5	**3.2**	Five people use 240% more than one person.

To calculate the individual utility charge for each unit, the total adjusted monthly utility bill is divided by the total number of Occupancy Allocation Factors in the property, and that figure is then multiplied by the Occupancy Allocation Factor (above) for each unit. The Occupancy Allocation Factor is determined by the total number of occupants listed on the attached Tenantial Lease/Rental Addendum.

GOODWILL DEDUCTION: Tenant acknowledges that while this system is more fair than a flat rate rental charge which does not consider utility usage there can and will be times in which, because the method is not perfect, they may pay an amount more or less than the amount that would be charged if each unit was separately metered. In anticipation of the problem of Tenant overpayment, Landlord will provide a Goodwill Deduction on each bill. The Goodwill Deduction is a percentage of the overall utility bill that is covered by the Landlord before any calculation is made for Tenant's individual liability. By deducting a flat percentage from the bill, Tenant receives some measure of protection against any potential overpayment. Landlord will use its best effort to obtain the best goodwill deduction possible, but the actual percentage may vary at the sole discretion of the Landlord. Tenant may request information about the Goodwill Deduction from Landlord at any point during the life of the Addendum.

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TERMS AND CONDITIONS: The Tenant agrees to pay for the above marked utilities for the Lease/Rental Premises, as outlined in this Addendum under the following conditions:

Purpose: Tenant acknowledges that a major goal of this billing system is to encourage conservation. Effective June 23, 2009, San Francisco Tenants are required to recycle. If tenant collectively conserve utilities, any resulting reduction in costs will be passed on directly to Tenant.

Due Date: The Tenant, under this addendum, will be billed once each month (the invoice will show a billing date), and the payment is due within 15 days of the billing date. The Tenant is responsible for notifying Landlord if they have not received their invoice as of the 20th day of the month.

Monthly Service Fee: Each monthly bill will include a monthly service fee of $5.50 in addition to the water and trash charges. This monthly service fee is for administration, billing, overhead and similar expenses and charges incurred by Landlord for providing water, sewer and trash billing services.

Fairness of Calculation: Tenant acknowledges that while this system is more fair than a flat rate rental charge which does not consider usage, there can and will be times in which, because the method is not perfect, they may pay an amount more or less than the amount that would be charged if each unit was separately metered. Tenant acknowledges that while all units are allocated for consumption, units with preexisting lease terms are in most cases prohibited by law to be enrolled in the program.

Calculation Dispute: If Tenant wishes to dispute the charges under this Addendum, Tenant must provide written notice to Landlord within five (5) business days of receipt of the bill. Tenant will be allowed to submit any supporting documentation or evidence that he/she feels is necessary to demonstrate an inaccurate statement. Landlord will review the evidence and provide a final determination of any accounting error. Landlord will then review any information and provide a detailed statement, including supporting evidence, and notify Tenant of its decision. During this review time, Tenant will not be subject to any penalties or fees for failure to pay monetary obligations. However, Tenant acknowledges that the review by Landlord constitutes a final decision and the dispute will be considered resolved after Landlord makes its determination. The failure to pay after this determination shall be considered a default under the attached Lease. Furthermore, the Tenant(s) agrees that the Landlord may file a summary process action for the eviction of the Tenant(s) as if the Tenant breached a material lease covenant.

Penalty Abatement: If the Tenant is unable to pay or encounters extraordinary circumstances that prevent Tenant from paying in a timely manner, the Tenant may submit their explanation to Landlord for a hardship review. While Landlord may agree not to charge any fees or penalties, such a decision does not constitute a waiver, nor does it condone repeated account delinquencies.

Term: Addendum is effective upon signature of the Lease and expires per the terms of the Lease Addendum. If, for any reason, the Lease is terminated, Tenant understands and acknowledges that any obligations to Landlord hereunder, are still effective and valid. Landlord retains its right to collect any monies owed under this Addendum notwithstanding the Tenant's legal rights against Landlord.

Occupants: Tenant acknowledges it is tenant responsibility to notify Landlord within 30 days of new household occupants.

Regulatory Compliance: The terms and conditions set forth in this Addendum are subject to the laws of the local, state and federal government. In the event that applicable laws do render certain practices in this addendum unlawful, Tenant understands and acknowledges that Tenant is responsible for all monies owed previous to the date of the regulatory decision to invalidate this addendum.

I/WE THE UNDERSIGNED TENANT(S) HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE TERMS OF THE FOREGOING UTILITY INVOICING AND ALLOCATION ADDENDUM AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS DOCUMENT.

Isabelle Ferreira	**09/12/2025** **Date**	**Qi Hao Tan**	09/15/2025 **Date**
Christopher Davis	09/12/2025 **Date**		**Date**

Document digitally signed using RENTCafe eSignature services. Document ID: 477152054

	Date		**Date**
	Date		**Date**
	Date		**Date**
	Date		

Owner or Owner's Representative
(Signing as Agent for and on behalf of Owner)

The above signature(s) are affixed to the Greystar Management Services Utility Invoicing and Allocation Addendum, all or part of which may appear on one or more previous pages.

Document digitally signed using RENTCafe eSignature services. Document ID: 477152054

Nationwide
is on your side

Your Insurance Identification Card

Please detach your insurance card on the dotted lines, fold in center and place in your vehicle.
If you lose your card or have any questions about its use, contact your Nationwide Agent.

Cut Here

Nationwide
is on your side

California Insurance Identification Card

Policy Number	Effective Date	Expiration Date
7204J 277578	Oct 11, 2024	Jul 15, 2025

Year	Make/Model	Vehicle Identification Number
2014	KIA/SOUL EXCL	KNDJX3A54E7705507

24 Hour Claims 1.800.421.3535

See the reverse side for more information.

ISABELLE KAUANY BUENO FERREIRA
Christopher Jermaine Davis

Driver(s)
ISABELLE KAUANY BUENO FERREIRA
Christopher Jermaine Davis

$500 Deductible - Collision
$500 Deductible - Other Than Collision (Comp)

This policy meets the requirements of California Vehicle Code Section 16056.

Nationwide Insurance Company of America
PO Box 183260
Columbus, OH 43218-4260
NAIC Number: 25453

Cut Here

Nationwide
is on your side

Nationwide's On Your Side® Claims Guarantee means fast and fair handling of your claim.

24 Hour Claims 1.800.421.3535

Report Claims anytime, anywhere in the U.S.A.

When calling, please give these details:
1. Policy number and zip code
2. Make and model year
3. Location of accident, injuries and damages
4. Other vehicle and persons involved

For Billing Questions or to file a claim, visit nationwide.com or your Nationwide Agent, JUAN DAVID CASTANEDA at 1.415.539.9390

Nationwide
is on your side

California Insurance Identification Card

Policy Number	Effective Date	Expiration Date
7204J 277578	Oct 11, 2024	Jul 15, 2025

Year	Make/Model	Vehicle Identification Number
2014	KIA/SOUL EXCL	KNDJX3A54E7705507

24 Hour Claims 1.800.421.3535

See the reverse side for more information.

ISABELLE KAUANY BUENO FERREIRA
Christopher Jermaine Davis

Driver(s)
ISABELLE KAUANY BUENO FERREIRA
Christopher Jermaine Davis

$500 Deductible - Collision
$500 Deductible - Other Than Collision (Comp)

This policy meets the requirements of California Vehicle Code Section 16056.

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1. Policy number and zip code
2. Make and model year
3. Location of accident, injuries and damages
4. Other vehicle and persons involved

For Billing Questions or to file a claim, visit nationwide.com or your Nationwide Agent, JUAN DAVID CASTANEDA at 1.415.539.9390

Cut Here

Cut Here

EVIDENCE OF INSURANCE IS REQUIRED WITH REGISTRATION RENEWAL

Effective January 1, 1997, you are required to have liability insurance to register your vehicle. When you renew your vehicle registration, you will be required to submit evidence of insurance with your payment for the renewal transaction. Evidence can be in the form of your insurance ID card (a photocopy is acceptable).

Evidence of insurance is not required with registration renewal of off-highway vehicles, trailers, vessels, or if you file a planned non-operation (PNO) on the vehicle. If you do not have evidence of insurance, contact your insurance company. This policy meets the requirements of California Vehicle Section 16056.

Motor carrier of property as defined in CVC34601 may provide a statement that the carrier has evidence of insurance on file for this vehicle with PUC or DMV pursuant to CVC34630.

You maybe requested by peace officer to show evidence of insurance during a traffic stop or at an accident. Each owner is required to carry written evidence of liability insurance in his vehicle. Note: Comprehensive and Collision Insurance covers your damage only, and does not meet the liability insurance requirement.

Vehicle code sections: 4000.37, 16020, and 16028. DOCUMENTS SUBMITTED TO DMV WILL NOT BE RETURNED.

AID 1016 04 19



2025 Tax Return

Prepared by TaxSlayer

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**

► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name	Social security number
CHRISTOPHER J DAVIS	615-07-2952
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	55464
2	Total tax	2	4529
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5970
4	Amount you want refunded to you	4	1441
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN 4 1 5 1 0 as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► TAXSLAYER Date ► 04/15/2026

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
CHRISTOPHER J	DAVIS	615-07-2952
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		969-98-4254

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2386 WHITETALE DRIVE

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
ANTIOCH CA 94531

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status

Check only one box.

☐ Single
☐ Married filing jointly (even if only one had income)
☒ Married filing separately (MFS). Enter spouse's SSN above and full name here: **ISABELLE K BUENO FERREIRA**
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ **Yes** ☒ **No**

Dependents

(see instructions)

If more than four dependents, see instructions and check here . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	**1a**	55464
b	Household employee wages not reported on Form(s) W-2	**1b**	
c	Tip income not reported on line 1a (see instructions)	**1c**	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	**1d**	
e	Taxable dependent care benefits from Form 2441, line 26	**1e**	
f	Employer-provided adoption benefits from Form 8839, line 31	**1f**	
g	Wages from Form 8919, line 6	**1g**	
h	Other earned income (see instructions). Enter type and amount:	**1h**	
i	Nontaxable combat pay election (see instructions) **1i**		
z	Add lines 1a through 1h	**1z**	55464
2a	Tax-exempt interest **2a** **b** Taxable interest	**2b**	
3a	Qualified dividends **3a** **b** Ordinary dividends	**3b**	
c	Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b		
4a	IRA distributions **4a** **b** Taxable amount	**4b**	
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐		
5a	Pensions and annuities **5a** **b** Taxable amount	**5b**	
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐		
6a	Social security benefits **6a** **b** Taxable amount	**6b**	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	**7a**	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	**8**	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	**9**	55464
10	Adjustments to income from Schedule 1, line 26	**10**	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	**11a**	55464

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	55464
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15750
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	15750
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	39714
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	4529
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4529
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4529
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your **total tax**	24	4529
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 5970		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	5970
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	5970
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1441
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	1441
Direct deposit? See instructions.	b	Routing number 322282399 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 251354930009		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ROOFER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (510) 679-7066 Email address CD72284@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

Form **8853**

Department of the Treasury
Internal Revenue Service

Archer MSAs and Long-Term Care Insurance Contracts

Go to *www.irs.gov/Form8853* for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2025

Attachment Sequence No. **39**

Name(s) shown on return: CHRISTOPHER J DAVIS

Social security number of MSA account holder. If both spouses have MSAs, see instructions.: 615-07-2952

Section A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and complete Section B.

Part I **Archer MSA Contributions and Deductions.** See instructions before completing this part. If you are filing jointly and both you and your spouse have high deductible health plans with self-only coverage, complete a separate Part I for each spouse.

1	Total employer contributions to your Archer MSA(s) for 2025	1	
2	Archer MSA contributions you made for 2025, including those made in 2026 by the unextended due date of your return that were for 2025. Don't include rollovers. See instructions	2	
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	
5	**Archer MSA deduction.** Enter the **smallest** of line 2, 3, or 4 here. Also include this amount on Schedule 1 (Form 1040), line 23	5	
	Caution: If line 2 is more than line 5, you may have to pay an additional tax. See instructions.		

Part II **Archer MSA Distributions**

6a	Total distributions you and your spouse received in 2025 from all Archer MSAs (see instructions)	6a	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the unextended due date of your return. See instructions	6b	
c	Subtract line 6b from line 6a	6c	
7	Unreimbursed qualified medical expenses (see instructions)	7	
8	**Taxable Archer MSA distributions.** Subtract line 7 from line 6c. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8e	8	
9a	If any of the distributions included on line 8 meet any of the ***Exceptions to the Additional 20% Tax*** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040), line 17e	9b	

Section B. Medicare Advantage MSA Distributions. If you are filing jointly and both you and your spouse received distributions in 2025 from a Medicare Advantage MSA, complete a separate Section B for each spouse. See instructions.

10	Total distributions you received in 2025 from all Medicare Advantage MSAs (see instructions)	10	
11	Unreimbursed qualified medical expenses (see instructions)	11	
12	**Taxable Medicare Advantage MSA distributions.** Subtract line 11 from line 10. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8e	12	
13a	If any of the distributions included on line 12 meet any of the ***Exceptions to the Additional 50% Tax*** (see instructions), check here ☐		
b	**Additional 50% tax.** Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2024. Also include this amount in the total on Schedule 2 (Form 1040), line 17f	13b	

Form **8958**
(Rev. November 2023)
Department of the Treasury
Internal Revenue Service

Allocation of Tax Amounts Between Certain Individuals in Community Property States

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8958* for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **63**

Your first name and initial	Your last name	Your social security number (SSN)
CHRISTOPHER J	DAVIS	615-07-2952
Spouse's or partner's first name and initial	**Spouse's or partner's last name**	**Spouse's or partner's SSN**
ISABELLE K	BUENO FERREIRA	969 98 4254

	A Total Amount	**B** Allocated to Spouse or RDP SSN 615-07-2952	**C** Allocated to Spouse or RDP SSN 969-98-4254
1 Wages (each employer) PACIFIC COAST COMPANIES INC	55464	55464	
2 Interest income (each payer)			
3 Dividends (each payer)			
4 State income tax refund			
5 Self-employment income (see instructions)			
6 Capital gains and losses			
7 Pension income			
8 Rents, royalties, partnerships, estates, trusts			

	A Total Amount	B Allocated to Spouse or RDP SSN 615-07-2952	C Allocated to Spouse or RDP SSN 969-98-4254
9 Deductible part of self-employment tax (see instructions)			
10 Self-employment tax (see instructions)			
11 Taxes withheld TAXES WITHHELD	5970	5970	
12 Other items such as social security benefits, unemployment compensation, deductions, credits, etc.			



2024 Tax Return

Prepared by TaxSlayer

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**
► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ► 53003220250350737091

Taxpayer's name	Social security number
CHRISTOPHER J DAVIS	615-07-2952
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	50744
2	Total tax	2	4103
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4593
4	Amount you want refunded to you	4	490
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN 4 1 5 1 0 as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name **Enter five digits, but don't enter all zeros**
signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► TAXSLAYER Date ► 09/13/2026

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
CHRISTOPHER J	DAVIS	615-07-2952
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		969-98-4254

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2386 WHITETALE DRIVE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
ANTIOCH CA 94531

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☒ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: ISABELLE K BUENO FERREIRA
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	50744
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	50744
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	50744
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	50744
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14600
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	36144

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	4103
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	4103
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	4103
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0
	24	Add lines 22 and 23. This is your **total tax**		24	4103
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 4593		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	4593
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	4593
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	490
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	490
Direct deposit? See instructions.	b	Routing number 321171757	c Type: ☒ Checking ☐ Savings		
	d	Account number 099935493 0			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ROOFER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (510) 679-7066 Email address CD72284@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

Form **8853**

Department of the Treasury
Internal Revenue Service

Archer MSAs and Long-Term Care Insurance Contracts

Go to *www.irs.gov/Form8853* for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2024

Attachment Sequence No. **39**

Name(s) shown on return: CHRISTOPHER J DAVIS

Social security number of MSA account holder. If both spouses have MSAs, see instructions.: 615-07-2952

Section A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and complete Section B.

Part I **Archer MSA Contributions and Deductions.** See instructions before completing this part. If you are filing jointly and both you and your spouse have high deductible health plans with self-only coverage, complete a separate Part I for each spouse.

1	Total employer contributions to your Archer MSA(s) for 2024	1	
2	Archer MSA contributions you made for 2024, including those made in 2025 by the unextended due date of your return that were for 2024. Don't include rollovers. See instructions	2	
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	
5	**Archer MSA deduction.** Enter the **smallest** of line 2, 3, or 4 here. Also include this amount on Schedule 1 (Form 1040), line 23	5	
	Caution: If line 2 is more than line 5, you may have to pay an additional tax. See instructions.		

Part II **Archer MSA Distributions**

6a	Total distributions you and your spouse received in 2024 from all Archer MSAs (see instructions)	6a	
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the unextended due date of your return. See instructions	6b	
c	Subtract line 6b from line 6a	6c	
7	Unreimbursed qualified medical expenses (see instructions)	7	
8	**Taxable Archer MSA distributions.** Subtract line 7 from line 6c. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8e	8	
9a	If any of the distributions included on line 8 meet any of the ***Exceptions to the Additional 20% Tax*** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040), line 17e	9b	

Section B. Medicare Advantage MSA Distributions. If you are filing jointly and both you and your spouse received distributions in 2024 from a Medicare Advantage MSA, complete a separate Section B for each spouse. See instructions.

10	Total distributions you received in 2024 from all Medicare Advantage MSAs (see instructions)	10	
11	Unreimbursed qualified medical expenses (see instructions)	11	
12	**Taxable Medicare Advantage MSA distributions.** Subtract line 11 from line 10. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8e	12	
13a	If any of the distributions included on line 12 meet any of the ***Exceptions to the Additional 50% Tax*** (see instructions), check here ☐		
b	**Additional 50% tax.** Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2023. Also include this amount in the total on Schedule 2 (Form 1040), line 17f	13b	

QNA

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

CHRISTOPHER J DAVIS

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

615-07-2952

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions			☒ Self-only ☐ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	
3	If you were under age 55 at the end of 2024 and, on the first day of **every** month during 2024, you were, or were considered, an eligible individual with the **same** coverage, enter $4,150 ($8,300 for family coverage). **All others**, see the instructions for the amount to enter		3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter		6	0
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions		7	
8	Add lines 6 and 7		8	
9	Employer contributions made to your HSAs for 2024	9		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	0
13	**HSA deduction** (see instructions).		13	

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Nationwide
is on your side

Your Revised Policy

Your bill is sent separately.
Nationwide Auto Policy
Policy Period: Dec 29, 2024 - Jul 15, 2025
Policy Number: **7204J 277578**

Isabelle Kauany Bueno Ferreira &
Christopher Jermaine Davis
1177 Market St Apt 919
San Francisco CA 94103-1512

1205800334701 6

What's enclosed

- ✓ **Declarations** - These pages show **your coverages** under this policy. Carefully review these details and see **How to Contact Us** below if you have questions or want to make changes.
- ✓ **Insurance Documents** - Please keep these documents for future reference.

How to Contact Us

Your Nationwide Agent	**Juan David Castaneda 1.415.539.9390**
Customer Service	**1.415.539.9390**
Internet	**Nationwide.com**
24-Hour Claims Reporting	**1.800.421.3535**
Hearing Impaired (TTY)	**1.800.622.2421**

A 2001 07 16



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PO Box 183260
Columbus OH 43218-4260

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ISABELLE KAUANY BUENO FERREIRA and Christopher
1177 MARKET ST apt 919
SAN FRANCISCO CA 94103-1512

029 KAP4AP1 94103

94103-1512

029 KAP4AP1 94103

Your Bank of America® debit card is here

BANK OF AMERICA

AT 24180 080002 2592

CHRISTOPHER J DAVIS
1177 MARKET ST APT 919
SAN FRANCISCO CA 94103

This card is linked to primary account ending in: **7245**

Make sure the name on your debit card is correct.

If you use a digital wallet, don't forget to add your new account information.

Now made from recycled plastic — and it's contactless! Choose from 3 easy ways to activate:

- **Log in to the Mobile Banking app[1] or bankofamerica.com.**
- **Use your card at an ATM** or make a purchase using your Personal Identification Number (PIN). If you didn't choose your PIN when you set up your account, it will be mailed separately for your protection.
- **Call 888.624.2323** (From outside the U.S., call collect **1.925.675.6195**).

Insurance Policy

1 Policyholder Information

Name or Company Name: ISABELLE KAUANY BUENO FERREIRA
CPF or CNPJ: 108.421.399-07
Passport No.: N/A
Country of Issuance: N/A
Date of Birth: 12/16/1997
Address: Olimpio Cardoso, 21 D
Neighborhood: S Dimas
City/State: Colombo/PR
ZIP Code: 83.411-110

2 Insurer Information

Insurer: Zurich Minas Brasil Seguros S/A
CNPJ: 17.197.385/0001-21
Insurer's SUSEP* Code: 05495
Address: Av. Getúlio Vargas, 1.420 - 5 and.
Neighborhood: Funcionários
City: Belo Horizonte / MG
ZIP Code: 30.112-021

3 Broker Information

Broker's Company Name: GONSAGA & BRAGA CORRETAGEM DE SEGUR
CNPJ: 56.524.737/0001-68
SUSEP Code: 242160358

4 Insurance Information

Policy No.: 1272655
Group / Line of Business: 13 / 91 – Individual Life
Application Form No.: 1272655
Branch: 55 - SP CAMPINAS
Policy Term: From 12:00 AM on 06/04/2026 to 12:00 AM on 06/04/2031
SUSEP Process No.: 15414.612374/2020-30
Capitalization Sweepstakes Number: 48541
Capitalization Plan SUSEP Process No.(s): 15414.901541/2018-08

Payment Method	Payment Frequency	Payment Term	Installment Surcharge
Credit Card	MONTHLY	12 installments	N/A
Insurance Premium	**IOF (Financial Transaction Tax)**	**Total Premium including IOF**	
R$ 360,49	R$ 1,38	R$ 361,87	

Contracted Coverages	Insured	Deductible	Waiting Period	Sum Insured Limit	Premium per Coverage
Death	Policyholder	-	-	R$ 500.000,00	R$ 54,03
Accidental Permanent Disability	Policyholder	-	-	R$ 500.000,00	R$ 41,61
Functional Disability due to Illness	Policyholder	-	-	R$ 500.000,00	R$ 14,40
Medical and Hospital Expenses	Policyholder	-	-	R$ 10.000,00	R$ 71,14
Daily Hospitalization Benefit	Policyholder	2 day(s)	90 day(s)	R$ 67.500,00	R$ 42,56
Special Surgical Benefit	Policyholder	2 day(s)	90 day(s)	R$ 25.000,00	R$ 138,13

Contracted Assistance Service(s)	Cost
8154 - Medical Consultation and Diagnostic Test Discounts	FREE
1271 - Second Medical Opinion	FREE
7117 - Emergency Telemedicine for Policyholder	FREE

Capitalization Sweepstakes	Cost
R$ 10.000,00 (Gross of Income Tax)	FREE

***SUSEP - Superintendence of Private Insurance**

The trademarks and distinctive marks used herein are registered in the name of Zurich Insurance Company Ltd in various jurisdictions worldwide

Insurance Policy

Designated Beneficiary(ies)		
Name	**Relationship**	**Share (%)**
CHRISTOPHER JERMAINE DAVIS	SPOUSE	100.00

The trademarks and distinctive marks used herein are registered in the name of Zurich Insurance Company Ltd in various jurisdictions worldwide

Insurance Policy

5 Important Information

5.1 In the event of any inaccuracy or change in the individual Policy information, the Insured must immediately notify the Insurer for correction, under penalty of losing the right to indemnity.

5.2 This insurance is governed by the Contractual Conditions in the possession of the Insured, which form an integral part of this insurance policy.

5.3 This insurance is for a fixed term, and the insurer retains the right not to renew the policy on its expiration date, without refund of premiums paid, pursuant to the Contractual Conditions.

5.4 Subject to the period covered by the premium paid, individual coverage shall automatically terminate at the end of the policy term if the policy is not renewed.

5.5 A waiting period shall apply in the event of suicide occurring within the first 2 (two) years of policy inception or its reinstatement following suspension.

5.6 The beneficiaries are the persons designated by the Insured in the Application Form, to whom the benefit shall be paid in the event of death, and who may be replaced at any time, unless expressly waived. In the absence of a valid designation, the sum insured shall be paid in the following order: half to the spouse or domestic partner, and the remainder to the legal heirs.

5.7 In the absence of any legal beneficiaries, the amount shall be paid to whoever proves financial dependency or, if none exist, shall be paid in accordance with applicable law.

5.8 The sums insured shall be adjusted annually on the policy anniversary by applying any positive variation of the IPCA index. The index variation applied shall reflect the 12-month period preceding the final three months of the policy term.

5.9 In the event of death resulting from an accident, the Death and Accidental Death coverages, when payable, are cumulative.

5.10 In compliance with Law No. 12,741/12, we inform you that tax rates of 0.65% for PIS/PASEP and 4% for COFINS apply to insurance premiums, net of deductions established under specific legislation.

5.11 The Insured may verify the registration status of the insurance broker and the insurance company on the website www.susep.gov.br.

5.12 The contractual conditions for this product filed by the insurance company with SUSEP may be reviewed on the website www.susep.gov.br, using the process number set forth in the application, via the link https://www2.susep.gov.br/safe/menumercado/REP2/Produto.aspx/Consultar

5.13 Product registration is automatic and does not constitute approval or recommendation by Susep

5.14 As set forth in Article 3 of SUSEP Circular No. 642 of 09/20/2021, non-automatic renewal or any other amendments to the insurance contract may be executed via an application completed and signed by the applicant, their legal representative, or the insurance broker. Automatic renewals may be processed in accordance with the contractual conditions.

5.15 The insurance policy terms and conditions are available at www.zurich.com.br. If you prefer, you may request a printed copy through Customer Service.

5.16 Link to the official digital platform for filing complaints by consumers in supervised markets (www.consumidor.gov.br).

5.17 The Ombudsman Office aims to protect consumer rights by clarifying, preventing, and resolving disputes. It is responsible for resolving, in a prompt and impartial manner, any grievances that were not resolved through standard customer service channels, such as Customer Service.

5.18 Capitalization Sweepstakes - Zurich Minas Brasil Seguros S/A is the owner of Incentive-Type Capitalization Bonds, issued and administered by Zurich Brasil Capitalização S/A, CNPJ n 17.266.009/0001-41. Approved by SUSEP under Process No: 15414.901541/2018-08. *Gross amount before Income Tax. Taxes shall be withheld by Zurich Brasil Capitalização S.A. in accordance with applicable law

5.19 The CLIENT acknowledges that personal data and/or health data were used and analyzed by the INSURER for the acceptance or rejection of risk, pursuant to the authorization granted by the CLIENT in the application form. Such data (whether anonymized or not) may be used in predictive and/or marketing models across the companies within our Corporate Group. Furthermore, for the sole purpose of performing the insurance contract, said information may be shared with companies that assist us in fulfilling the insurance contract (e.g., assistance providers, reinsurers, claims adjusters, telemedicine services, call centers, brokers, group policyholders, etc.). The CLIENT's data shall be safeguarded with all due care and diligence and retained for the period prescribed by the Insurance Regulator.

Zurich Digital Channels
Visit zurich.com.br and chat with Laiz, our virtual assistant, via WhatsApp at (11) 2890-2121, live chat, or the Customer Portal.

Zurich Customer Service Center
Capital Cities and Metropolitan Areas: 4020 4345
Other Locations: 0800 285 4345
Customer Service: 0800 284 4848
Hearing Impaired: 0800 275 8585
Ombudsman: 0800 770 1061

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The trademarks and distinctive marks used herein are registered in the name of Zurich Insurance Company Ltd in various jurisdictions worldwide

Insurance Policy

Customer Service – Assistances
Brazil: 0800 729 1400
Abroad: 55 11 2101 2907
55 11 3027 9607

Tem Saúde Program (Telemedicine)
Capital Cities and Metropolitan Areas: 4000 1640
Other locations: 0800 836 8836
Or Visit meutem.com.br\zurich Enter your CPF and create a password to access all benefits.

Date of Policy Issuance	Zurich Minas Brasil Seguros S/A
São Paulo, September 2, 2026	Edson Luis Franco CEO Zurich Seguros

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: September 28, 2026.**

The trademarks and distinctive marks used herein are registered in the name of Zurich Insurance Company Ltd in various jurisdictions worldwide

Apólice do Seguro

1 Dados do Segurado

Nome ou Razão Social: ISABELLE KAUANY BUENO FERREIRA
CPF ou CNPJ: 108.421.399-07
Nº do Passaporte: N/A
País de Expedição: N/A
Data de Nascimento: 16/12/1997
Endereço: Olimpio Cardoso, 21 D
Bairro: S Dimas
Cidade/UF: Colombo/PR
CEP: 83.411-110

2 Dados da Seguradora

Seguradora: Zurich Minas Brasil Seguros S/A
CNPJ: 17.197.385/0001-21
Código SUSEP da Seguradora: 05495
Endereço: Av. Getúlio Vargas, 1.420 - 5 and.
Bairro: Funcionários
Cidade: Belo Horizonte / MG
CEP: 30.112-021

3 Dados da Corretora

Razão Social do Corretor: GONSAGA & BRAGA CORRETAGEM DE SEGUR
CNPJ: 56.524.737/0001-68
Cód.SUSEP: 242160358

4 Dados do Seguro

Apólice nº: 1272655
Grupo/Ramo: 13 / 91 - Vida Individual
Proposta de Adesão nº: 1272655
Sucursal: 55 - SP CAMPINAS
Vigência da Apólice: Das 24h de 04/06/2026 às 24h de 04/06/2031
Processo(s) SUSEP: 15414.612374/2020-30
Número da Sorte da capitalização: 48541
Processo(s) SUSEP da Capitalização: 15414.901541/2018-08

Forma de Pagamento	Periodicidade de Pagamento	Prazo do Pagamento	Adicional de Fracionamento
Cartão de crédito	MENSAL	12 parcelas	N/A
Premio do Seguro	**IOF**	**Premio Total com IOF**	
R$ 360,49	R$ 1,38	R$ 361,87	

Coberturas Contratadas	Segurado	Franquia	Carência	Limite de Capital Segurado	Prêmio por Cobertura
Morte	Titular	-	-	R$ 500.000,00	R$ 54,03
Invalidez Permanente por Acidente	Titular	-	-	R$ 500.000,00	R$ 41,61
Invalidez Funcional por Doenca	Titular	-	-	R$ 500.000,00	R$ 14,40
Despesas Medico Hospitalares	Titular	-	-	R$ 10.000,00	R$ 71,14
Diaria por Internacao Hospitalar	Titular	2 dia(s)	90 dia(s)	R$ 67.500,00	R$ 42,56
Indenizacao Especial por Cirurgia	Titular	2 dia(s)	90 dia(s)	R$ 25.000,00	R$ 138,13

Assistência(s) Contratada(s)	Custo
8154 - Desconto consulta e exames	GRATUITO
1271 - Segunda Opiniao Medica	GRATUITO
7117 - Telemedicina Emergencial Titular	GRATUITO

Capitalização	Custo
R$ 10.000,00 (Bruto de IR)	GRATUITO

ZURICH ZURICH
As marcas e sinais distintivos aqui utilizados são registrados em nome da Zurich Insurance Company Ltd em várias jurisdições em todo o mundo.

Apólice do Seguro

Beneficiário(s) Indicado(s)		
Nome	**Grau de Parentesco**	**Participação (%)**
CHRISTOPHER JERMAINE DAVIS	CÔNJUGE	100.00

As marcas e sinais distintivos aqui utilizados são registrados em nome da Zurich Insurance Company Ltd em várias jurisdições em todo o mundo.

Apólice do Seguro

5 Informações Importantes

5.1 Em caso de inexatidão ou alteração das informações da Apólice individual, o segurado deverá comunicar imediatamente a seguradora para sua regularização, sob pena de perder o direito a indenização.

5.2 O presente seguro é regido pelas Condições Contratuais, em poder do segurado, que fazem parte integrante da apólice deste seguro.

5.3 Este seguro é por prazo determinado, tendo a seguradora a faculdade de não renovar a apólice na data de vencimento, sem devolução dos prêmios pagos nos termos das Condições Contratuais.

5.4 Respeitando o período correspondente ao prêmio pago, a cobertura individual se encerra automaticamente no fim do prazo de vigência da apólice, se esta não for renovada.

5.5 Haverá carência na hipótese de suicídio ocorrido nos 2 (dois) primeiros anos de sua contratação ou de sua recondução, depois de suspenso.

5.6 Os beneficiários são as pessoas designadas pelo Segurado na Proposta de Adesão, às quais deve ser paga a indenização em caso de sua morte, podendo substituí-los a qualquer tempo, salvo renúncia expressa. Na ausência de indicação válida, o capital segurado será pago conforme a seguinte ordem: metade ao cônjuge ou companheiro e o restante aos herdeiros legais.

5.7 Não havendo beneficiário legal, o valor será destinado a quem provar dependência econômica ou, se não houver, será pago conforme Legislação vigente.

5.8 Os capitais segurados serão atualizados anualmente, no aniversário da apólice pela aplicação de variação positiva do IPCA. Será considerada a variação do índice nos 12 meses que antecedem aos três últimos meses de vigência da apólice.

5.9 Em caso de morte em decorrência de acidente, as coberturas de Morte e Morte Acidental, quando devidas, se acumulam.

5.10 Em atendimento à Lei 12.741/12 informamos que incidem as alíquotas de 0,65% de PIS/PASEP e de 4% de COFINS sobre os prêmios de seguros, deduzidos do estabelecido em legislação específica.

5.11 O segurado poderá consultar a situação cadastral do corretor de seguros e da sociedade seguradora no sítio eletrônico www.susep.gov.br.

5.12 As condições contratuais deste produto protocolizadas pela sociedade seguradora junto à SUSEP poderão ser consultadas no endereço eletrônico www.susep.gov.br, de acordo com o número de processo constante da proposta, através do link https:// www2.susep.gov.br/safe/menumercado/REP2/Produto.aspx/Consultar

5.13 O registro do produto é automático e não representa aprovação ou recomendação por parte da Susep

5.14 Conforme estabelecido no Art. 3 da Circular SUSEP 642 de 20/09/2021 , a renovação não automática ou quaisquer outras alterações no contrato de seguro poderão ser realizadas por proposta preenchida e assinada pelo proponente, seu representante legal ou corretor de seguros. Renovações automáticas poderão ser realizadas seguindo as condições contratuais.

5.15 As condições contratuais do seguro estão disponíveis no site www.zurich.com.br. Caso você prefira, poderá solicitar uma versão impressa por meio do Serviço de Atendimento ao Cliente.

5.16 Link da plataforma digital oficial para registro de reclamações dos consumidores dos mercados supervisionados (www.consumidor.gov.br).

5.17 A Ouvidoria tem como objetivo atuar na defesa dos direitos dos consumidores, esclarecendo, prevenindo e solucionando conflitos. Deverá solucionar, de forma ágil e imparcial, as insatisfações que, por algum motivo não foram esclarecidas pelos canais de atendimento habituais, como, por exemplo, o SAC.

5.18 Capitalização - A Zurich Minas Brasil Seguros S/A é proprietária de Títulos de Capitalização da modalidade incentivo, emitidos e administrados pela Zurich Brasil Capitalização S/A, CNPJ n 17.266.009/0001-41. Aprovados pela SUSEP conforme Processo(s): 15414.901541/2018-08. *Valor bruto de Imposto de Renda. O Imposto será recolhido pela Zurich Brasil Capitalização S/A conforme legislação vigente

5.19 O CLIENTE reconhece que os dados pessoais e/ou de saúde foram usados e analisados pela SEGURADORA para aceitação ou não do risco, conforme autorização dada pelo CLIENTE na proposta de contratação, e esses dados (anonimizados ou não) poderão ser usados em modelos preditivos e/ou mercadológicos das empresas do nosso Grupo econômico, bem como para o fim único da execução do contrato de seguro, ditas informações poderão ser compartilhadas com empresas que nos ajude no cumprimento do contrato se seguro (por ex. assistência, resseguradora, regulação de sinistro, serviços de telemedicina, call center, corretora, estipulante, etc). Os dados do CLIENTE serão guardados com todo zelo e cuidado, e mantidos pelo prazo previsto pelo Regulador de Seguros.

Canais Digitais Zurich

Acesse zurich.com.br e fale com a Laiz,
nossa assistente virtual,
através do WhatsApp (11) 2890-2121,
chat on-line ou Espaço Cliente.

Central de Atendimento Zurich

Para Capitais e Regiões
metropolitanas: 4020 4345
Demais localidades: 0800 285 4345
SAC: 0800 284 4848
Deficiente Auditivo: 0800 275 8585
Ouvidoria: 0800 770 1061

ZURICH ZURICH
As marcas e sinais distintivos aqui utilizados são registrados em nome da Zurich Insurance Company Ltd em várias jurisdições em todo o mundo.

Apólice do Seguro

Central de Atendimento - Assistências
Brasil: 0800 729 1400
Exterior: 55 11 2101 2907
55 11 3027 9607

Programa Tem Saúde (Telemedicina)
Para Capitais e Regiões
metropolitanas: 4000 1640
Demais localidades: 0800 836 8836
Ou Acesse meutem.com.br\zurich
Insira seu CPF e cadastre uma senha
para acessar todos os benefícios.

Data de Emissão da Apólice	Zurich Minas Brasil Seguros S/A
São Paulo ,2 de Setembro de 2026	Edson Luis Franco CEO Zurich Seguros

As marcas e sinais distintivos aqui utilizados são registrados em nome da Zurich Insurance Company Ltd em várias jurisdições em todo o mundo.

Exhibit 5 - Evidence of Bona Fide Marriage - Letters of Support

To Whom It May Concern,

My name is Ethel Davis, and I am the mother of Chris Davis and the mother-in-law of Isabelle Bueno Ferreira.

I have known Isa for 3 years now and over time I have had the opportunity to get to know her better and to see her relationship with my son grow.

We have spent time together as a family on many occasions, including dinners at my home and at Chris and Isa's home. Through these simple moments together, I have been able to see the way they care for each other, support one another, and enjoy their life together as a couple.

Isa has always been warm and kind with me, and over time she has truly become part of our family. I consider her my daughter-in-law not only because she is married to my son, but because of the relationship we have built with each other.

From what I have personally seen, Chris and Isa have a genuine and loving marriage. They are committed to each other and have built a life together based on love, companionship, and mutual support.

I know that Isa is currently in immigration custody, and this has been a very difficult time for Chris and for our family. We all care about her very much and fully support her. If she is released, she will have her husband and family here to support her throughout this process and help her with anything she may need.

I sincerely hope that their marriage, their life together, and the strong family support Isa has around her will be taken into consideration in her case.

Sincerely,

Ethel Davis

Signature: Ethel Davis

Date: 03 Sep 26

Phone: (925) 470.8763


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL N8560801
CLASS C
EXP 09/25/2027
END NONE
LN DAVIS
FN ETHEL CARTER
1229 62ND AVE
OAKLAND, CA 94621
DOB 09/25/1948
RSTR NONE
09251948
SEX F
HAIR BRN
EYES BRN
HGT 5'-05"
WGT 190 lb
ISS
DD 09/12/202259221/DDFD/27
09/12/2022

Docusign Envelope ID: D7C18F69-3841-89A0-80D7-45A649A8A30D

My name is Alma Nunez, and I am writing in support of Isa and Chris and their marriage.

I have known Isa for over six years. We are very close friends and were roommates for some time, so I know her very well. Because of our friendship, I met Chris early in their relationship.

I have spent time with them as a couple and observed their relationship firsthand. We have gone out to dinner together many times over the years, and I have had the chance to see their relationship grow.

I also attended their wedding and witnessed their commitment to each other. Their love, respect, and genuine connection are clear, and I have seen how much they care for one another.

Based on my personal experiences with them, I believe their marriage is genuine and founded on love.

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

Sincerely,

Signed by:

DF1DA6AAB39C432...

_____

Alma Nunez

ID number: Y4156265

To whom it may concern,

My name is Qi Hao Tan and I am a friend of Isabelle Kauany Bueno Ferreira and her husband Christopher Jermaine Davis. I am roommates with Isabelle and Chris and have known Isabelle for 7 years since 2019. We met as through some friend in 2019 and have been very good friends with each other since then.

Isabelle is one of the most genuine and ethical people that I know. Everyone who interacts with her is immediately impacted positively by her and she has made an incredibly positive impact on my life. I remember when I was going through a hard time with my family, she was the first one to provide helping hand and was the most empathetic person to listen to my heartache for weeks. All our shared friends sing her praises and many of them consider her to be family, including myself.

She is deeply ingrained into the community here is San Francisco. She serves at her local church 3-4 times a week, every week. She makes it a priority to serve the community there and will often drop anything she is doing if someone is in trouble or needs her help. You will see from all the letters pouring in that she is, without a doubt, a cornerstone of the community and well regarded as a person of high moral character.

From observing her over the last 7 years, she has never broken the law and is always quick to do the right/moral thing, even if it is the hard thing to do. Her care for people in her community is a joy to watch and only impressively matched by her care for those that she may not know well – which is a special trait that speak to her compassion for others.

I and many others would like her back in the community, being selfless and serving those around her as she has always done. I hope the court will allow her to continue to contribute to the rich community around her.

With all sincerity,

DocuSigned by:
Adrian Tan
B5C7B437FCB548C...

Qi Hao Tan

Broker Associate, Sotheby's International Realty

415-662-8953

qihaotan@gmail.com

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

USA



UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 574465509

Surname / Nom / Apellidos
TAN

Given Names / Prénoms / Nombres
QI HAO

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
09 Jul 1985

Place of birth / Lieu de naissance / Lugar de nacimiento
MALAYSIA

Sex / Sexe / Sexo
M

Date of issue / Date de délivrance / Fecha de expedición
28 Jun 2017

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
27 Jun 2027

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USATAN<<QI<HAO<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
5744655095USA8507099M2706270283860277<642588

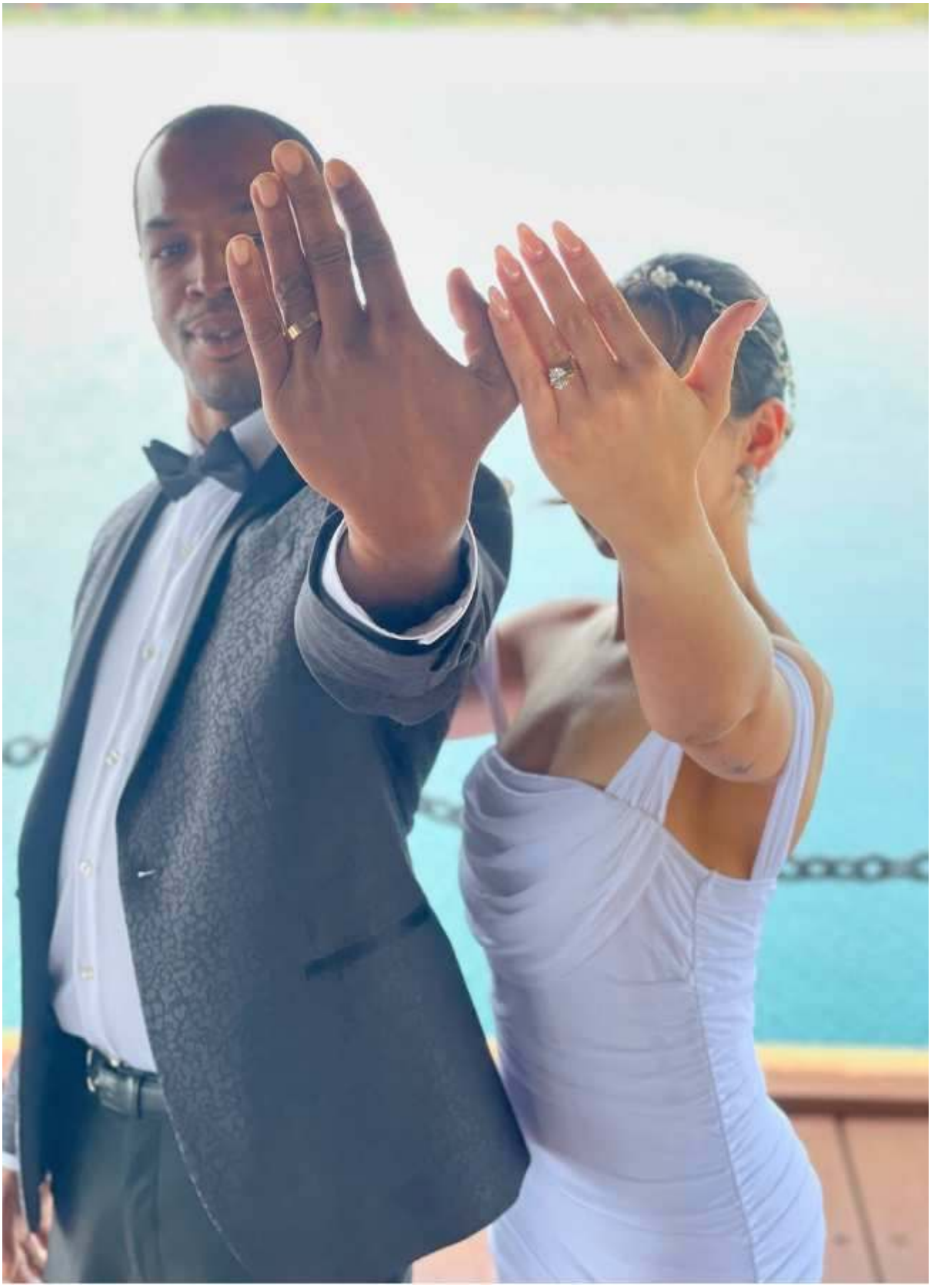
Exhibit 6 - Evidence of Bona Fide Marriage - Photographic Evidence of Relationship

Christopher Jermaine Davis and Isabelle Kauany Bueno Ferreira Photographic Evidence of Relationship

July 1, 2024, Christopher and Isabelle’s wedding



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024 Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1,2024, Christopher and Isabelle’s wedding.



July 1 2024, Christopher and Isabelle’s wedding.



July 1,2024, Christopher and Isabelle’s wedding.



July 1,2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding



July 1, 2024, Christopher and Isabelle’s wedding





July 1, 2024, Christopher and Isabelle’s wedding





July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.



July 1, 2024, Christopher and Isabelle’s wedding.






















SAN
FRANCISCO


YOUR MOM

March 2, 2024
Our Marriage Proposal! She said YES!!
San Francisco, CA















Exhibit 7 - Evidence of Isabelle Kauany Bueno Ferreira's Good Moral Character

JUDICIARY

FEDERAL JUSTICE OF THE 4TH REGION

POLICE CLEARANCE CERTIFICATE

23045592

WE HEREBY CERTIFY, pursuant to law, that, upon consulting the procedural systems listed below, there are **NO RECORDS** of CRIMINAL CASES, as of the date and time hereof, against:

ISABELLE KAUANY BUENO FERREIRA
OR
CPF No. 108.421.399-07

Certificate issued on: 09/03/2026, at 3:46:26 PM (Brasília time)

Remarks:

a) The authenticity of this certificate may be verified, within 90 (ninety) days, by any interested party on the website of the FEDERAL REGIONAL COURT OF THE 4TH REGION at http://www.trf4.jus.br/autenticidade, using the validation code below;

b) The search conducted based on the CPF provided covers cases in which the holder or the holder's estate, if applicable, appears as a party;

c) In the cases set forth in § 1 of Article 4 of Resolution No. 680/2020 (CPF not provided), the name indicated for the search shall be the responsibility of the certificate applicant, and the interested party and recipient shall verify the identity of the holder;

d) Certificate issued free of charge pursuant to CNJ Resolution No. 121/2010 and CJF Resolution No. 680/2020;

e) Certificate issued based on a search of the following databases (Brasília date and time):

Federal Regional Court of the 4th Region (Electronic Proceedings) through 09/02/2026, at 10:00 PM
Federal Regional Court of the 4th Region (Paper Proceedings) through 09/02/2026, at 10:00 PM
Federal Justice of Paraná (Electronic Proceedings) through 09/02/2026, at 10:00 PM
Federal Justice of Paraná (Paper Proceedings) through 09/03/2026, at 00:30 AM
Federal Justice of Rio Grande do Sul (Electronic Proceedings) through 09/03/2026, at 03:10 AM
Federal Justice of Rio Grande do Sul (Paper Proceedings) through 09/02/2026, at 08:00 PM
Federal Justice of Santa Catarina (Electronic Proceedings) through 09/02/2026, at 10:30 PM
Federal Justice of Santa Catarina (Paper Proceedings) through 09/02/2026, at 11:30 PM
SEEU through 09/03/2026, at 3:46:26 PM

f) Unified certificate of the 1st and 2nd levels of the Federal Justice of the 4th Region.

CONTROL NUMBER: 23045592
VALIDATION CODE: 1804865186

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: September, 3 2026

PODER JUDICIÁRIO

JUSTIÇA FEDERAL DA 4ª REGIÃO

CERTIDÃO JUDICIAL CRIMINAL NEGATIVA

23045592

CERTIFICAMOS, na forma da lei, que, consultando os sistemas processuais abaixo indicados, **NÃO CONSTAM,** até a presente data e hora, PROCESSOS de classes CRIMINAIS contra:

ISABELLE KAUANY BUENO FERREIRA
OU
CPF n. 108.421.399-07

Certidão emitida em: 03/09/2026 às 15:46:26 (data e hora de Brasília)

Observações:

a) A autenticidade desta certidão poderá ser verificada, no prazo de 90 (noventa) dias, por qualquer interessado no site do TRIBUNAL REGIONAL FEDERAL DA 4ª REGIÃO endereço http://www.trf4.jus.br/autenticidade, por meio do código de validação abaixo;

b) A pesquisa realizada com base no CPF informado abrange processos em que o titular ou seu eventual espólio figure como parte;

c) Nos casos do § 1º do art. 4º da Resolução n. 680/2020 (CPF não informado), o nome indicado para a consulta será de responsabilidade do solicitante da certidão, devendo a titularidade ser conferida pelo interessado e destinatário;

d) Certidão expedida gratuitamente e nos termos da Resolução CNJ n. 121/2010 e da Resolução CJF n. 680/2020;

e) Certidão emitida em consulta às seguintes bases de dados (data e hora de Brasília):

Tribunal Regional Federal da 4ª Região (Processo Eletrônico) até 02/09/2026 às 22:00
Tribunal Regional Federal da 4ª Região (Processo Papel) até 02/09/2026 às 22:00
JF Paraná (Processo Eletrônico) até 02/09/2026 às 22:00
JF Paraná (Processo Papel) até 03/09/2026 às 00:30
JF Rio Grande do Sul (Processo Eletrônico) até 03/09/2026 às 03:10
JF Rio Grande do Sul (Processo Papel) até 02/09/2026 às 20:00
JF Santa Catarina (Processo Eletrônico) até 02/09/2026 às 22:30
JF Santa Catarina (Processo Papel) até 02/09/2026 às 23:30
SEEU até 03/09/2026 às 15:46:26

f) Certidão unificada do 1º e 2º graus da Justiça Federal da 4ª Região.

NÚMERO DE CONTROLE: 23045592
CÓDIGO DE VALIDAÇÃO: 1804865186

JUDICIARY
COURT OF JUSTICE OF THE STATE OF PARANÁ

In response to the request submitted through the website of the Court of Justice of the State of Paraná under Protocol No. 20260903-oUq7-dgHG-q3jp.

THIS IS TO CERTIFY that, upon consultation of the electronic case-record systems of the Court of Justice of the State of Paraná, there are **NO CRIMINAL** appeals or original actions within the jurisdiction of the Second Instance recorded under the name of **ISABELLE KAUANY BUENO FERREIRA**, child of SILVANA BUENO JARDIM and ALEXANDRE RICARDO FERREIRA, registered under CPF No. 108.421.399-07.

Curitiba, September 3, 2026

Certificate issued on 09/03/2026, at 3:51 PM (Brasília date and time)

To verify the validity of this certificate, visit https://www.tjpr.jus.br/certidoes and click on the Individual Certificate menu. Then, access the Verify Certificate tab and enter the Validation Code located on the right-hand side of this document.

Validation of this certificate using the Identifier: CACG.0001.81CBFIBB.10003

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: September, 3 2026

PODER JUDICIÁRIO
TRIBUNAL DE JUSTIÇA DO ESTADO DO PARANÁ

Em atendimento à solicitação efetuada no site do Tribunal de Justiça do Estado do Paraná sob o protocolo nº 20260903-oUq7-dgHG-q3jp.

CERTIFICA-SE que, em consulta aos sistemas eletrônicos de registros processuais do Tribunal de Justiça do Estado do Paraná, NÃO CONSTAM em nome de **ISABELLE KAUANY BUENO FERREIRA**, filho(a) de SILVANA BUENO JARDIM e ALEXANDRE RICARDO FERREIRA, inscrito(a) no CPF nº 108.421.399-07, recursos ou ações originárias CRIMINAIS, de competência do 2º Grau de Jurisdição.

Curitiba, 3 de setembro de 2026

Certidão emitida em 03/09/2026 às 15:51 (data e hora de Brasília)

Validação deste com o Identificador: CACG.0001.81CBFIBB.10003

Para verificar a validade desta certidão acesse https://www.tjpr.jus.br/certidoes e clique no menu da Certidão de Pessoa Física. Após, acesse a guia Verificar Certidão e informe o Código Validador localizado na lateral direita deste documento.

Exhibit 8 - Janessa Rozalyn Davis' Birth Certificate (Petitioners' Daughter)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

1201507001719

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD: FIRST	1B. MIDDLE	1C. LAST
JANESSA	ROZALYN	DAVIS

2. SEX	3A. THIS BIRTH (SINGLE, TWIN, ETC.)	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH (MM/DD/CCYY)	4B. HOUR (24 HOUR CLOCK) TIME
FEMALE	SINGLE	-	03/01/2015	0953

PLACE OF BIRTH

5A. PLACE OF BIRTH: NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS: STREET AND NUMBER OR LOCATION
JOHN MUIR MEDICAL CENTER	1601 YGNACIO VALLEY RD
5C. CITY	5D. COUNTY
WALNUT CREEK	CONTRA COSTA

FATHER/PARENT

6A. NAME OF FATHER/PARENT: FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE: STATE/COUNTRY	8. DATE OF BIRTH (MM/DD/CCYY)
CHRISTOPHER	JERMAINE	DAVIS	CA	07/22/1984

MOTHER/PARENT

9A. NAME OF MOTHER/PARENT: FIRST	9B. MIDDLE	9C. LAST: BIRTH NAME	10. BIRTHPLACE: STATE/COUNTRY	11. DATE OF BIRTH (MM/DD/CCYY)
JENNIFER	ROSE	SIGG	KS	12/24/1984

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

12A. PARENT OR OTHER INFORMANT: SIGNATURE

12B. RELATIONSHIP TO CHILD: MOTHER

12C. DATE SIGNED (MM/DD/CCYY): 03/02/2015

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE STATED HOUR AND PLACE STATED.

13A. ATTENDANT/CERTIFIER: SIGNATURE AND DEGREE OR TITLE: Rachelle Menconi-Shipp RNC

13B. LICENSE NUMBER: A68399

13C. DATE SIGNED (MM/DD/CCYY): 03/02/2015

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: NADINE HANNA, MD, 112 LA CASA VIA, WALNUT CREEK

14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: RACHELLE MENCONI-SHIPP, RNC

LOCAL REGISTRAR

15A. DATE OF DEATH (MM/DD/CCYY)	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR: SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION (MM/DD/CCYY)
		WENDEL BRUNNER, M.D.	03/04/2015

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } ss

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST:

DATE ISSUED: MAY 22 2015

JOSEPH E. CANCIAMILLA
CONTRA COSTA COUNTY RECORDER

000851428

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE