



# 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) <b>Sheyla</b>	Middle Name (if any)	Family Name (Last Name) <b>FOLI BAUMANN</b>	
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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ <b>675 .00</b>
Credit Card Expiration Date CVV Code (mm/yyyy)			



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

RE: I-130 Petition for Alien Relative  
Petitioner: Sheyla Foli Baumann                      A232-614-403  
Beneficiary: Nicolas Foli Cajé

Dear Sir or Madam:

Please find enclosed Form I-130, Petition for Alien Relative, filed on behalf of Sheyla Foli Baumann, a Lawful Permanent Resident of the United States, petitioning for her son, Nicolas Foli Cajé.

Enclosed please find supporting documentation establishing the Petitioner's lawful permanent resident status and the parent-child relationship between the Petitioner and the Beneficiary.

- Form G-1450, Authorization for Credit Card Transactions;
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative.

And the following documents:

1. Sheyla Foli Baumann's Permanent Resident Card (Green Card);
2. Sheyla Foli Baumann's Passport;
3. Sheyla Foli Baumann's Birth Certificate with English translation;
4. Sheyla Foli Baumann's and Michael Baumann's Marriage Certificate;
5. Sheyla Foli Baumann's and Aldo Vilela Cajé's Marriage Certificate with Divorce Annotation with English Translation;
6. Nicolas Foli Cajé's Birth Certificate with English translation;
7. Nicolas Foli Cajé's Passport;
8. Nicolas Foli Cajé's Form I-94;
9. Nicolas Foli Cajé's Form I-20.

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,



04/03/2026

\_\_\_\_\_  
Otavio Haverroth Silva (SBN: 343486)  
Attorney at Law  
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, disbaring, 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) FOLI BAUMANN

6.b. Given Name (First Name) Sheyla

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

N / A

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

A- 2 3 2 6 1 4 4 0 3

**Client's Contact Information**

10. Daytime Telephone Number

8139479480

11. Mobile Telephone Number (if any)

8139479480

12. Email Address (if any)

sheyla.foli@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  
➔
- 2.b. Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

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

- 1. a. Signature of Attorney or Accredited Representative
- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)







**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
<b>A-Number</b> A- <input style="width:100px;" type="text"/>		
<b>Initial Receipt</b> <b>Resubmitted</b>		
<b>Relocated</b> <b>Received</b>	<b>Section of Law/Visa Category</b>	
<input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 203(a)(1) Unm. S/D - F1-1 <input type="checkbox"/> 203(a)(2)(B) Unm. S/D - F2-4		
<b>Sent</b>	<input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(3) Married S/D - F3-1	
<b>Completed</b>	<input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1	
<b>Approved</b>	Petition was filed on (Priority Date mm/dd/yyyy):	<input type="checkbox"/> Field Investigation <input type="checkbox"/> Personal Interview <input type="checkbox"/> 204(a)(2)(A) Resolved
<b>Returned</b>	PDR request granted/denied - New priority date (mm/dd/yyyy):	<input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. A-File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously <input type="checkbox"/> 203(g) Resolved <input type="checkbox"/> Ben. A-File Reviewed <input type="checkbox"/> 204(g) Resolved
<b>Remarks</b>		
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).			
<input checked="" type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Volag Number</b> (if any) <input style="width:100%;" type="text"/>	<b>Attorney State Bar Number</b> (if applicable) <input style="width:100%; text-align:center;" type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <input style="width:100%; text-align:center;" type="text"/>

▶ **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)

- I am filing this petition for my (Select **only one** box):  
 Spouse     Parent     Brother/Sister     Child
- 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)
- If the beneficiary is your brother/sister, are you related by adoption?     Yes     No
- Did you gain lawful permanent resident status or citizenship through adoption?     Yes     No

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

- Alien Registration Number (A-Number) (if any)  
 ▶ A-
- USCIS Online Account Number (if any)  
 ▶
- U.S. Social Security Number (if any)  
 ▶

**Your Full Name**

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name



**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) **FERREIRA FOLI**  
5.b. Given Name (First Name) **Sheyla**  
5.c. Middle Name

**Other Information**

6. City/Town/Village of Birth **São Paulo**  
7. Country of Birth **Brazil**  
8. Date of Birth (mm/dd/yyyy) **02/25/1975**  
9. Sex  Male  Female

**Mailing Address** [\(USPS ZIP Code Lookup\)](#)

10.a. In Care Of Name **Otavio Haverroth Silva**  
10.b. Street Number and Name **PO Box 90487**  
10.c.  Apt.  Ste.  Flr.  
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 **3107 Windlass Ct**  
12.b.  Apt.  Ste.  Flr. **N/A**  
12.c. City or Town **Tampa**  
12.d. State **FL** 12.e. ZIP Code **33607**  
12.f. Province **N/A**  
12.g. Postal Code **N/A**  
12.h. Country **USA**  
13.a. Date From (mm/dd/yyyy) **11/15/2025**  
13.b. Date To (mm/dd/yyyy) **PRESENT**

**Physical Address 2**

14.a. Street Number and Name **16010 Eagle River Way**  
14.b.  Apt.  Ste.  Flr. **N/A**  
14.c. City or Town **Tampa**  
14.d. State **FL** 14.e. ZIP Code **33624**  
14.f. Province **N/A**  
14.g. Postal Code **N/A**  
14.h. Country **USA**  
15.a. Date From (mm/dd/yyyy) **08/21/2023**  
15.b. Date To (mm/dd/yyyy) **11/14/2025**

**Your Marital Information**

16. How many times have you been married? ▶ **2**  
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)

**Place of Your Current Marriage (if married)**

19.a. City or Town

19.b. State

19.c. Province

19.d. Country

**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)

20.b. Given Name (First Name)

20.c. Middle Name

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

**Spouse 2**

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Marriage Ended (mm/dd/yyyy)

**Information About Your Parents**

**Parent 1's Information**

Full Name of Parent 1

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

25. Date of Birth (mm/dd/yyyy)

26. Sex  Male  Female

27. Country of Birth

28. City/Town/Village of Residence

29. Country of Residence

**Parent 2's Information**

Full Name of Parent 2

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

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

32. Sex  Male  Female

33. Country of Birth

34. City/Town/Village of Residence

35. Country of Residence

**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

IR6

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

07/03/2025

Place of Admission

**40.c.** City or Town

Tampa

**40.d.** State

FL

**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

Citibank Group

**43.a.** Street Number and Name

3800 Citigroup Center

**43.b.**  Apt.  Ste.  Flr.

Building F 2 Floor

**43.c.** City or Town

Tampa

**43.d.** State

FL

**43.e.** ZIP Code

33610

**43.f.** Province

N/A

**43.g.** Postal Code

N/A

**43.h.** Country

USA

**44.** Your Occupation

Vice President

**45.a.** Date From (mm/dd/yyyy)

09/20/2018

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

PRESENT

**Employer 2**

**46.** Name of Employer/Company

N/A

**47.a.** Street Number and Name

N/A

**47.b.**  Apt.  Ste.  Flr.

N/A

**47.c.** City or Town

N/A

**47.d.** State

N/A

**47.e.** ZIP Code

N/A

**47.f.** Province

N/A

**47.g.** Postal Code

N/A

**47.h.** Country

N/A

**48.** Your Occupation

N/A

**49.a.** Date From (mm/dd/yyyy)

N/A

**49.b.** Date To (mm/dd/yyyy)

N/A

**Part 3. Biographic Information**

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

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

Hispanic or Latino

Not Hispanic or Latino

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

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**3.** Height

Feet

5

Inches

5

**4.** Weight

Pounds

1

3

5

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

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Pink

Unknown/Other



**Part 3. Biographic Information (continued)**

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

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

**Part 4. Information About Beneficiary**

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

▶ A-  /

2. USCIS Online Account Number (if any)

▶  /

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

▶  /

**Beneficiary's Full Name**

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

**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)

5.b. Given Name (First Name)

5.c. Middle Name

**Other Information About Beneficiary**

6. City/Town/Village of Birth

7. Country of Birth

8. Date of Birth (mm/dd/yyyy)

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

11.b.  Apt.     Ste.     Flr.

11.c. City or Town

11.d. State     11.e. ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

**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

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

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)



**Part 4. Information About Beneficiary**  
(continued)

15. Mobile Telephone Number (if any)  
8134993822
16. Email Address (if any)  
nicolasfoli@outlook.com

**Beneficiary's Marital Information**

17. How many times has the beneficiary been married?  
▶ 0
18. Current Marital Status  
 Single, Never Married    Married    Divorced  
 Widowed    Separated    Annulled
19. Date of Current Marriage (if currently married)  
(mm/dd/yyyy) N/A

**Place of Beneficiary's Current Marriage**  
(if married)

- 20.a. City or Town N/A
- 20.b. State
- 20.c. Province N/A
- 20.d. Country  
N/A

**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) N/A
- 21.b. Given Name (First Name) N/A
- 21.c. Middle Name N/A
22. Date Marriage Ended (mm/dd/yyyy) N/A

**Spouse 2**

- 23.a. Family Name (Last Name) N/A
- 23.b. Given Name (First Name) N/A
- 23.c. Middle Name N/A

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

**Information About Beneficiary's Family**

Provide information about the beneficiary's spouse and children.

**Person 1**

- 25.a. Family Name (Last Name) N/A
- 25.b. Given Name (First Name) N/A
- 25.c. Middle Name N/A
26. Relationship N/A
27. Date of Birth (mm/dd/yyyy) N/A
28. Country of Birth  
N/A

**Person 2**

- 29.a. Family Name (Last Name) N/A
- 29.b. Given Name (First Name) N/A
- 29.c. Middle Name N/A
30. Relationship N/A
31. Date of Birth (mm/dd/yyyy) N/A
32. Country of Birth  
N/A

**Person 3**

- 33.a. Family Name (Last Name) N/A
- 33.b. Given Name (First Name) N/A
- 33.c. Middle Name N/A
34. Relationship N/A
35. Date of Birth (mm/dd/yyyy) N/A
36. Country of Birth  
N/A



**Part 4. Information About Beneficiary**  
(continued)

**Person 4**

37.a. Family Name (Last Name)

37.b. Given Name (First Name)

37.c. Middle Name

38. Relationship

39. Date of Birth (mm/dd/yyyy)

40. Country of Birth

**Person 5**

41.a. Family Name (Last Name)

41.b. Given Name (First Name)

41.c. Middle Name

42. Relationship

43. Date of Birth (mm/dd/yyyy)

44. Country of Birth

**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):

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

46.c. Date of Arrival (mm/dd/yyyy)

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

47. Passport Number

48. Travel Document Number

49. Country of Issuance for Passport or Travel Document

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

**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)

51.b. Street Number and Name

51.c.  Apt.  Ste.  Flr.

51.d. City or Town

51.e. State   
51.f. ZIP Code

51.g. Province

51.h. Postal Code

51.i. Country

52. Date Employment Began (mm/dd/yyyy)

**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

55.b. State

56. Date (mm/dd/yyyy)



**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)

57.b. Given Name (First Name)

57.c. Middle Name

58.a. Street Number and Name

58.b.  Apt.  Ste.  Flr.

58.c. City or Town

58.d. Province

58.e. Postal Code

58.f. Country

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

59.b.  Apt.  Ste.  Flr.

59.c. City or Town

59.d. State  59.e. ZIP Code

59.f. Province

59.g. Postal Code

59.h. Country

60.a. Date From (mm/dd/yyyy)

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

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

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

62.b. Province

62.c. Country

**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)

6.b. Given Name (First Name)

6.c. Middle Name

7. Relationship



**Part 5. Other Information (continued)**

**Relative 2**

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

9. Relationship

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

**Petitioner's Contact Information**

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

**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)

**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
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

**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)



**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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. Other names used:

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

4.d. Other Addresses:

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

5.d.

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

6.d.

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

7.d.





# 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, disbaring, 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.
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)  
▶  /
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)  
▶  /
- 9. Client's Alien Registration Number (A-Number) (if any)  
▶ A-  /

**Client's Contact Information**

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

**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
- 13.b.  Apt.    Ste.    Flr.
- 13.c. City or Town
- 13.d. State    13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**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)**

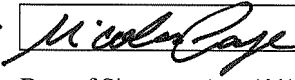
**Options Regarding Receipt of USCIS Notices and Documents**

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  
➔ 
- 2.b. Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

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

- 1. a. Signature of Attorney or Accredited Representative  

- 1.b. Date of Signature (mm/dd/yyyy)
- 2.a. Signature of Law Student or Law Graduate
- 2.b. Date of Signature (mm/dd/yyyy)





# Exhibit list

Exhibits:

Pages:

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## **Exhibit 1 - Sheyla Foli Baumann's Identification Documents**

Sheyla Foli Baumann's Permanent Resident Card (Green Card)	1-2
Sheyla Foli Baumann's Passport	3-19
Sheyla Foli Baumann's Birth Certificate with English translation	20-24

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## **Exhibit 2 - Evidence of Sheyla Foli Baumann's Marital Status**

Sheyla Foli Baumann's and Michael Baumann's Marriage Certificate	25
Sheyla Foli Baumann's and Aldo Vilela Cajé's Marriage Certificate with Divorce Annotation with English translation	26-29

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## **Exhibit 3 - Nicolas Foli Cajé's Identification Documents**

Nicolas Foli Cajé's Birth Certificate with English translation	30-32
Nicolas Foli Cajé's Passport	33-49
Nicolas Foli Cajé's Form I-94	50-52

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## **Exhibit 4 - Evidence of Legal Status**

Nicolas Foli Cajé's Form I-20	53-55
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**Exhibit 1 - Sheyla Foli  
Baumann's  
Identification  
Documents**



FORM I-551  
Rev (12-2021)

76708684



36L

If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002

C1USA2326144035I0E0927087567<<  
7502259F3507038BRA<<<<<<<<<<<<<3  
FOLI<BAUMANN<<SHEYLA<<<<<<<<<<<<

Este passaporte contém 32 páginas numeradas.  
Ce passeport contient 32 pages numérotées.  
This passport contains 32 numbered pages.  
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.  
Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.  
Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.  
Se ruega a las autoridades extranjeras que prestem al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.  
Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.  
This passport is valid for all countries with which Brazil maintains diplomatic relations.  
Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.



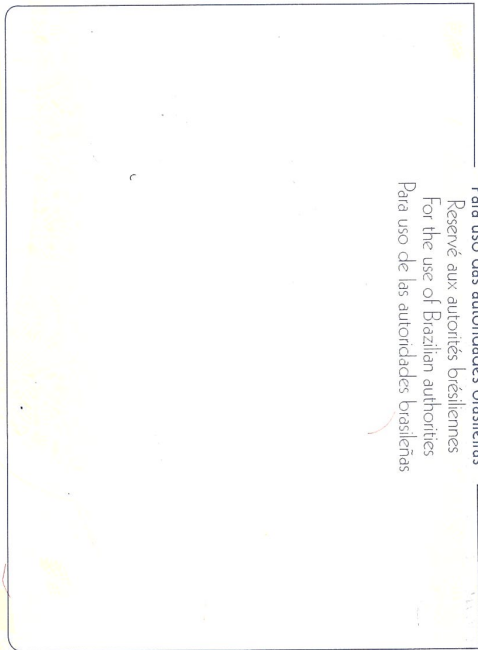
Este documento pertence à  
Ce document appartient à la  
This document is the property of the  
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE  
PASSEPORT  
PASSPORT  
PASAPORTE







Para uso das autoridades brasileiras  
Reserve aux autorités brésiliennes  
For the use of Brazilian authorities  
Para uso de las autoridades brasileñas



#### INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte  
[www.portalconsular.mre.gov.br](http://www.portalconsular.mre.gov.br) ou [www.pf.gov.br](http://www.pf.gov.br)







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U.S. DEPARTMENT OF HOMELAND SECURITY  
**PAROLED**  
 90040  
 Until 03-05-2018  
 Purpose: *DA/ADS*  
 2014 0507 MCG 2018  
 (Date) (Location) (Officer)  
 U.S. DEPARTMENT OF HOMELAND SECURITY

VISTOS  VISAS

F 00000000

U.S. DEPARTMENT OF HOMELAND SECURITY  
**PAROLED**  
 Until 02/05/2016  
 Purpose: CA-ADS  
 2/1/25 MIA 7199  
 (Date) (Location) (Officer)  
 U.S. DEPARTMENT OF HOMELAND SECURITY

VISTOS  VISAS

928705V9

FU207692

VISTOS  VISAS

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VISTOS  VISAS

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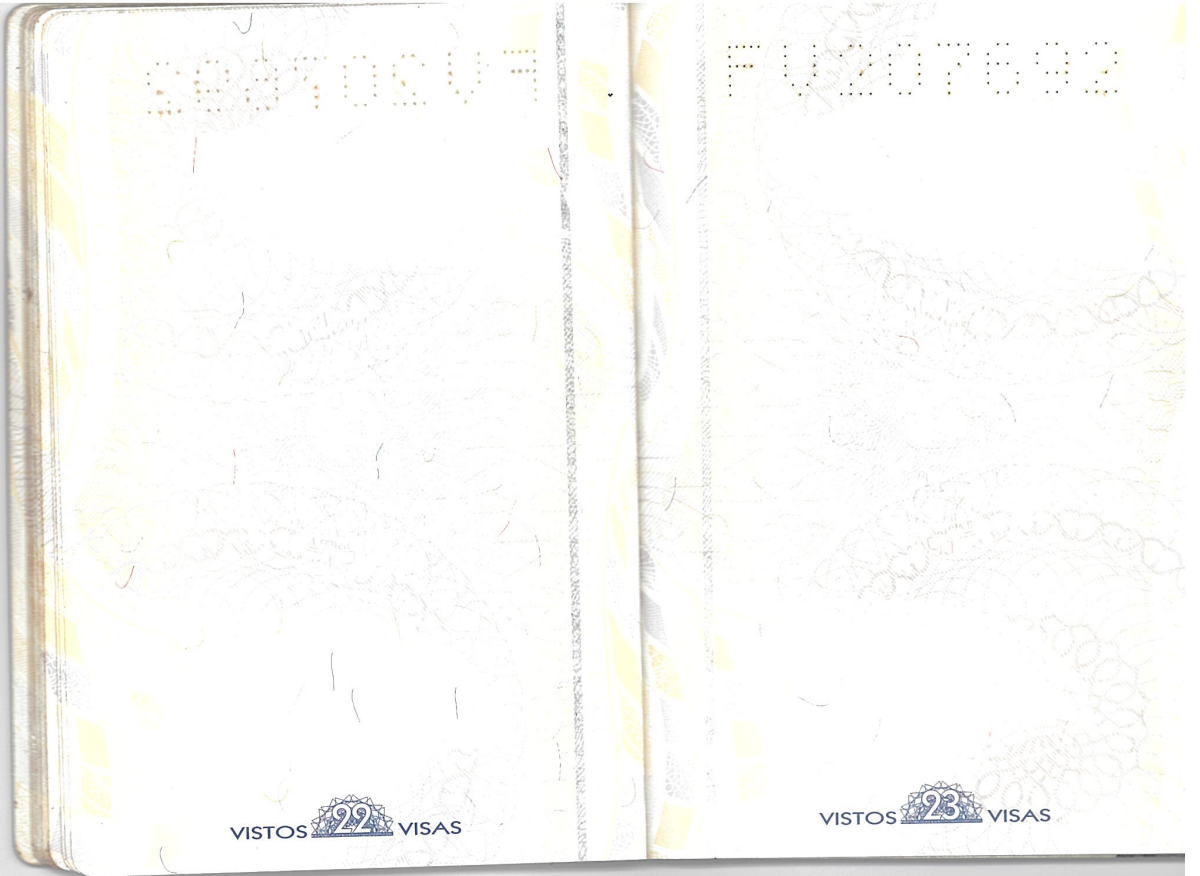


SEASIDE

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VISTOS  VISAS



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VISTOS  VISAS

VISTOS  VISAS





30840507

FU207692

VISTOS  VISAS

VISTOS  VISAS

Os campos abaixo devem ser preenchidos pelo titular.  
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.  
ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE  
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:  
En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:  
In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:  
En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name:	_____
Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

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CASA DA MOEDA DO BRASIL



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FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

**BIRTH CERTIFICATE**  
**SHEYLA FERREIRA FOLI**

CPF

151.830.958-50

REGISTRATION

115139 01 55 1975 1 00263 146 0255693-51

DATE OF BIRTH IN FULL

DAY

MONTH

YEAR

FEBRUARY TWENTY-FIFTH, NINETEEN SEVENTY-FIVE

25

02

1975

TIME OF BIRTH

CITY OF BIRTH

8:30 PM

SÃO PAULO - STATE OF SÃO PAULO

CITY OF REGISTRATION AND STATE

PLACE, CITY OF BIRTH AND STATE

SEX

SÃO PAULO - SÃO PAULO

HOSPITAL / SÃO PAULO - SÃO PAULO

FEMALE

FILIACTION

RENIRDO JOSE FOLI, born in the State of Rio de Janeiro  
DALVA APARECIDA FOLI, born in the State of Minas Gerais

GRANDPARENTS

LINO GERALDO FOLI and JULIA DE ANDRADE FOLI  
MARIA DAS DORES FERREIRA.

TWIN

NAME AND REGISTRATION NUMBER OF TWINS

NO

NO RECORD

DATE OF REGISTRATION IN FULL

LIVE BIRTH REGISTRATION NUMBER

FEBRUARY TWENTY-SEVENTH, NINETEEN SEVENTY-FIVE

NO RECORD

NOTES/ ANNOTATIONS TO BE ADDED

Was born at the Belém Maternity Hospital, in this Subdistrict. THIS CERTIFICATE CONTAINS ELEMENTS OF ANNOTATION/NOTES ENTERED IN THE MARGIN OF THE RECORD. SEE REVERSE.

REGISTRATION NOTES

NO RECORD

\*The registration notes above do not exempt the interested party from presenting the original document when required by the requesting authority or when necessary for identification of its holder.

CIVIL REGISTRY OF NATURAL PERSONS OF THE 10th SUBDISTRICT - BELENZINHO

Jessé Alves dos Santos - Registrar

Rua Fernandes Vieira, 265 - São Paulo - SP, ZIP Code: 03059-023

Phone/Fax: (11) 2694-4328

Email: cartoriodobelezinho@terra.com.br

The content of this certificate is true. I certify.  
São Paulo, March 31, 2023

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

JOSÉ APARECIDO CAUDURO JUNIOR  
CLERK

To the Registrar: R\$ 68.32; To the Department of Finance: R\$ 13.67;  
ISS: R\$ 1.37 - Total: R\$ 83.36  
Paid under allocation No. 074/23.

VERIFIED BY: ----//signature//----



(Book 264, page 16). São Paulo, 11/06/2015. I, Elizete Pires da Costa, authorized clerk. I ALSO CERTIFY that the following is recorded in the margin of the registry entry: The registrant is enrolled with the CPF under No. 151.830.958-50, according to a consultation carried out on this date with the database of the Brazilian Federal Revenue Service, made available by the Civil Registry Information Center (CRC). São Paulo, 03/31/2023. Authorized Clerk.

The content of this certificate is true. I certify.

São Paulo, March 31, 2023

-----//Signature//-----

JOSE APARECIDO CAUDURO JUNIOR

CLERK

**10TH CIVIL REGISTRY - BELENZINHO**  
 Rua: Fernandes Vieira, 265  
 São Paulo - SP - Phone: (11) 2695-9133  
 José Aparecido Cauduro Junior  
 Clerk

REGISTRATION DETAILS		Book number	Sheet number	Term Number	Check Digit
Registration	0018830155 1987 1 0003 050 0000533 31	### (0003)	999 (050)	hhhhhh (0000533)	# (31)
Standard	aaaaaabccc dddd e fff ggg hhhhhh ii				
<b>DETAILS</b>					
aaaaaa (00188-3)	National Service Code (Unique identification of the registry office)	cc (55) Type of Service Provided, being: 55: Civil Registration Service for Natural Persons			
bb (01)	Collection Code, being: 01 - Own Collection Other Incorporated Collections	dddd (1987) Year of Registration			
		e (1) Type of book, being: 1: Book A (Birth) 2: Book B (Marriage) 3: Auxiliary Book B (Record of Religious marriage for civil purposes) 4: Book C (Death) 5: Book C (Stillborn Registry) 6: Book D (Publication of Banns) 7: Book E (Other Acts Related to Civil Registration)			

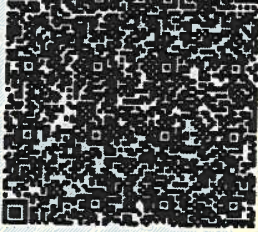
Exclusive use for issuing civil registration certificates for natural persons



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



\_\_\_\_\_ Date: February 11, 2026.



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

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**CERTIDÃO DE NASCIMENTO**  
**SHEYLA FERREIRA FOLI**

CPF  
151.830.958-50

MATRÍCULA  
115139 01 55 1975 1 00263 146 0255693-51

DATA DE NASCIMENTO POR EXTENSO  
VINTE E CINCO DE FEVEREIRO DE MIL NOVECENTOS E SETENTA E CINCO

DIA 25 MÊS 02 ANO 1975

HORA DE NASCIMENTO 20:30 NATURALIDADE SÃO PAULO-SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO SÃO PAULO - SP LOCAL, MUNICÍPIO DE NASCIMENTO E UF HOSPITAL/ SÃO PAULO - SP SEXO FEMININO

FILIAÇÃO  
RENIRDO JOSE FOLI, natural do Estado do Rio de Janeiro  
DALVA APARECIDA FOLI, natural do Estado de Minas Gerais

AVÓS  
LINO GERALDO FOLI e JULIA DE ANDRADE FOLI  
MARIA DAS DORES FERREIRA.

GÊMEOS NÃO NOME E MATRÍCULA DOS GÊMEOS SEM INFORMAÇÃO

DATA DO REGISTRO POR EXTENSO VINTE E SETE DE FEVEREIRO DE MIL NOVECENTOS E SETENTA E CINCO NÚMERO DA DNV/DECLARAÇÃO DE NASCIDO VIVO NÃO CONSTA

AVERBAÇÕES/ANOTAÇÕES A ACRESCEM  
Nasceu na Maternidade do Belém, neste Subdistrito. A PRESENTE CERTIDÃO ENVOLVE ELEMENTOS DE AVERBAÇÃO/ANOTAÇÃO À MARGEM DO TERMO. VIDE VERSO.

ANOTAÇÕES DE CADASTRO  
SEM INFORMAÇÃO.  
\* As anotações de cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

OFICIAL REG. CIVIL P. N. DO 10. SUBDISTRITO - BELENZINHO  
Jessé Alves dos Santos - Oficial  
Rua Fernandes Vieira 265 - São Paulo - SP CEP: 03059-023  
Tel/Fax: (11) 2694-4328  
E-mail: cartoriodobelenzinho@terra.com.br

O conteúdo da certidão é verdadeiro. Dou fé.  
São Paulo, 31 de março de 2023

*Jose Aparecido Cauduro Junior*  
JOSE APARECIDO CAUDURO JUNIOR  
ESCREVENTE

Ao Oficial: R\$ 68,32; A SEC. FAZ.: R\$ 13,67; ISS: R\$ 1,37 - TOTAL R\$83,36  
Pago por verba nº 074/23  
CONFERIDO POR: *J*

**10º REGISTRO CIVIL - BELENZINHO**  
R: Fernandes Vieira, 265  
S. Paulo - SP Tel: (11) 2695-9133  
José Aparecido Cauduro Junior  
Escrevente

115139 - AA000208341




115139 - AA000208341 01/23

CERTIFICO que na margem do termo consta o seguinte: Casou-se no Distrito de Itaquera, nesta Capital em 11/09/1999, com Aldo Vilela Cajé passou a adotar o nome SHEYLA FERREIRA FOLI CAJÉ, conforme assento 78311 e comunicação do Oficial responsável. São Paulo, 29/09/1999. Eu, , escrevente autorizada. CERTIFICO MAIS que na margem do termo consta o seguinte: Divorciou-se consensualmente conforme averbação feita a margem do seu casamento acima anotado, nos termos da comunicação de Oficial respectivo passando a mulher assinar o nome de solteira (LB. 264, fls. 16). São Paulo, 06/11/2015. Eu, Elizete Pires da Costa, escrevente autorizada. CERTIFICO AINDA que na margem do termo consta o seguinte: A registrada está inscrita no CPF sob nº 151.830.958-50, conforme consulta realizada nesta data junto à base de dados da Receita Federal do Brasil disponibilizada pela Central de Informações do Registro Civil - CRC. São Paulo, 31/03/2023. Escrevente Autorizado.

O conteúdo da certidão é verdadeiro. Dou fé

São Paulo, 31 de março de 2023

  
 JOSE APARECIDO CAUDURO JUNIOR  
 ESCRIVENTE

**10º REGISTRO CIVIL - BELENZINHO**  
 R: Fernandes Vieira, 265  
 S. Paulo - SP Tel: (11) 2695-9133  
 José Aparecido Cauduro Junior  
 Escrevente



<b>DETALHAMENTO DA MATRÍCULA</b>		cc (55)	Tipo de Serviço Prestado, sendo: 55: Serviço de Registro Civil das Pessoas Naturais	ffff (0003)	Número do livro
Matrícula	0018830155 1987 1 0003 050 0000533 31	dddd (1987)	Ano do Registro	999 (050)	Número da folha
Padrão	aaaaabccc dddd e ffff ggg hhhhhh ii	e (1) Tipo de livro, sendo: 1: Livro A (Nascimento) 2: Livro B (Casamento) 3: Livro B Auxiliar (Registro de casamento outorgado para fins civis) 4: Livro C (Óbito) 5: Livro C Auxiliar (Registro de Nulteração) 6: Livro D (Registro de Proclamação) 7: Livro E (Demais atos relativos ao Registro Civil)		hhhhhh (0000533)	Número do Termo
aaaaa (00188-3)	Código Nacional da Serventia (identificação única do cartório)			ii (31)	Índice Verificador
bb (01)	Código do Acervo, sendo: 01 - Acervo Próprio Outros - Acervos incorporados				

Use exclusivo para emissão de certidões de registro civil das pessoas naturais

**Exhibit 2 - Evidence  
of Sheyla Foli  
Baumann's Marital  
Status**

Department of Health • Office of Vital Statistics

**STATE OF FLORIDA  
 MARRIAGE RECORD**

TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

**2023 ML 5716309**

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. NAME OF SPOUSE (First, Middle, Last) <b>MICHAEL DUANE BAUMANN</b>		1b. MAIDEN SURNAME (If applicable) <b>BAUMANN</b>	2. DATE OF BIRTH (Month, Day, Year) <b>09/21/1965</b>
3a. RESIDENCE - CITY, TOWN OR LOCATION <b>CLEARWATER</b>	3b. COUNTY <b>PINELLAS</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>MINNESOTA</b>
5a. NAME OF SPOUSE (First, Middle, Last) <b>SHEYLA FERREIRA FOLI</b>		5b. MAIDEN SURNAME (If applicable) <b>FOLI</b>	6. DATE OF BIRTH (Month, Day, Year) <b>02/25/1975</b>
7a. RESIDENCE - CITY, TOWN OR LOCATION <b>ROCKY POINT</b>	7b. COUNTY <b>HILLSBOROUGH</b>	7c. STATE <b>FLORIDA</b>	8. Birthplace (State or Foreign Country) <b>BRAZIL</b>

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>02/17/2023</b>
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>02/17/2023</b>
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>PINELLAS</b>	18. DATE LICENSE ISSUED <b>02/17/2023</b>	18a. DATE LICENSE EFFECTIVE <b>02/20/2023</b>	19. EXPIRATION DATE <b>04/18/2023</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>	20b. TITLE <b>CLERK OF THE CIRCUIT COURT AND COMPTROLLER</b>	20c. BY D.C. <b>MC</b>	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>February 26, 2023</b>	22. CITY, TOWN OR LOCATION OF MARRIAGE <b>Clearwater Beach, FL</b>
23. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) <b>11420 OVAL DR. W. LARGO, FL 33774</b>
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary state) <b>Rev. KATRISTE Minister # 66-148528</b>	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

**INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED**

STATE OF FLORIDA-PINELLAS COUNTY

I hereby certify that the foregoing is a true copy as recorded in the official records of Pinellas County.

The 28 day of February, 2023  
 KEN BURKE  
 Clerk of the Circuit Court & Comptroller

By: *[Signature]*  
 Deputy Clerk



**TRANSLATION OF "MARRIAGE CERTIFICATE"**

**Federal Republic of Brazil**  
**Civil Registry of Natural Persons**  
**MARRIAGE CERTIFICATE**

Names

**\*\*ALDO VILELA CAJE\*\***

**\*\*SHEYLA FERREIRA FOLI\*\***

Certified Registration Number

**\*\* 118026 01 55 1999 2 00264 016 0078311-21 \*\***

FULL NAMES, DATES AND PLACES OF BIRTH, NATIONALITY AND PARENTS OF THE SPOUSES

**ALDO VILELA CAJE**, born on August twenty-second, 1971 (08/22/1971), in Penedo, State of Alagoas, Brazilian nationality, single marital status, son of **ALMIR JOSE CAJE** e de **DARCY VILELA CAJE**. \*\*\*

**SHEYLA FERREIRA FOLI**, born on February twenty-fifth, 1975 (02/25/1975), in Sao Paulo, State of Sao Paulo, Brazilian nationality, single marital status, son of **RENRIDO JOSE FOLI** e de **DALVA APARECIDA FOLI**. \*\*\*

DATE OF MARRIAGE REGISTRATION IN FULL

mm / dd / yyyy

SEPTEMBER ELEVEN, NINETEEN NINETY-NINE

(09/11/1999)

MARRIAGE PROPERTY REGIME

PARTIAL COMMUNITY PROPERTY\*\*\*

NAME THAT EACH OF THE SPOUSES STARTED USING (WHEN THERE IS A CHANGE)

ALDO VILELA CAJE\*\*

SHEYLA FERREIRA FOLI CAJE\*\*

OBSERVATIONS

Entry drawn up in book B No. 0264, FLS No. 016 and term No. 78311. See back page

ANNOTATIONS/CORRECTIONS AMMENDMENTS:

REGISTRATION: FULFILLING THE MANDATORY OF THE MM. DR. JOSE WALTER CHACON CARDOSO, IN FILES No. 1069757.36.2015.8.26.0100, I AGREE THE COUPLE'S CONSENSUAL DIVORCE, DECREETED BY JUDGMENT DATED 09/18/2015, TRANSPORTED IN JUDGMENT ON 09/18/2015, THE PARTIES SIGNED THE NAMES OF: ALDO VILELA CAJE e **SHEYLA FERREIRA FOLI**, AS WRITTEN CONFIRMED BY CODE 152A4C0. IN GOOD FAITH. SAO PAULO, 10/17/2015. THE AUTHORIZED SCRIBE A) ALINE SOUZA NOVAIS. FREE JUSTICE. JUST IT.

1. Birth Date:

mm / dd / yyyy

**OFFICIAL CIVIL REGISTRATION OF NATURAL PERSONS OF AND NOTARY PUBLIC OF THE DISTRICT OF ITAQUERA -**

**Francisco Marcio Ribas - Official**

**MUNICIPALITY AND COMMERCE OF SAO PAULO-SP**

**Rua Americo Salvador Novelli, 389 - CEP: 08210-090**

**Itaquera - Capital-SP - Telephone/Fax: +55 (11) 2944-9688**

**E-mail: [cartoriодоitaquera@terra.com.br](mailto:cartoriодоitaquera@terra.com.br)**

**The Contents of this Certificate are truthful. In good faith,**

**Sao Paulo, October 17, 2015.**

**REGISTRATION OF NATURAL PERSONS OF AND NOTARY PUBLIC OF THE DISTRICT OF ITAQUERA  
ALINE SOUZA NOVAIS. Authorized Scribe**

**CERTIFICATE OF TRANSLATOR'S COMPETENCE**

I, **NICOLAS FOLI CAJE** certify that I am competent to translate from *[fill in the language of the document]* to English and that the above translation of the original "Birth Certificate" is a complete and accurate translation to the best of my knowledge and belief.

Signed:

*Print: Nicolas Foli Cajé*

Address: 7015 Bonaventure Dr, Tampa FL 33607

Telephone: (813) 499 3822

Date: 04/04/2023



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

# CERTIDÃO DE CASAMENTO

NOMES:

**\*\* ALDO VILELA CAJÉ \*\***  
**\*\* SHEYLA FERREIRA FOLI \*\***

MATRÍCULA:

**\*\* 118026 01 55 1999 2 00264 016 0078311-21 \*\***

NOMES COMPLETOS, DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES

**ALDO VILELA CAJÉ**, nascido no dia vinte e dois de agosto de mil novecentos e setenta e um (22/08/1971), em Penedo, Estado de Alagoas, nacionalidade brasileira, estado civil solteiro, filho de **ALMIR JOSÉ CAJÉ** e de **DARCY VILELA CAJÉ**.\*\*\*

**SHEYLA FERREIRA FOLI**, nascida no dia vinte e cinco de fevereiro de mil novecentos e setenta e cinco (25/02/1975), no Subdistrito Belenzinho, nesta Capital, nacionalidade brasileira, estado civil solteira, filha de **RENIRDO JOSÉ FOLI** e de **DALVA APARECIDA FOLI**.\*\*\*

DATA DO REGISTRO DO CASAMENTO POR EXTENSO

DIA MÊS ANO

ONZE DE SETEMBRO DE MIL NOVECENTOS E NOVENTA E NOVE

11

09

1999

REGIME DE BENS DO CASAMENTO

COMUNHÃO PARCIAL DE BENS \*\*\*

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)

**ALDO VILELA CAJÉ\*\*\***  
**SHEYLA FERREIRA FOLI CAJÉ.\*\*\***

OBSERVAÇÕES

Assento lavrado no Livro B nº 0264, fls. nº 016 e termo nº 78311. VIDE VERSO.

OFICIAL DE REGISTRO CIVIL DAS PESSOAS NATURAIS  
E TABELIÃO DE NOTAS DO DISTRITO DE ITAQUERA  
Francisco Marcio Ribas - Oficial e Tabelião  
MUNICÍPIO E COMARCA DE SÃO PAULO - SP  
Rua Américo Salvador Novelli, 389-CEP 08210-090  
Itaquera - Capital/SP - Fone/Fax:(11) 2944-9688  
E-mail:cartorioitaquera@terra.com.br

O conteúdo da certidão é verdadeiro. Dou fé

São Paulo, 17 de outubro de 2015

REGISTRO CIVIL E TABELIÃO DE NOTAS  
DO DISTRITO DE ITAQUERA - SP  
Aline Souza Novais  
Escrivente Autorizada

11802-6-AA 000099271



**AVERBAÇÕES/ANOTAÇÕES**

**AVERBAÇÃO:** CUMPRINDO MANDADO DO MM. JUIZ DE DIREITO DA 9ª VARA DA FAMÍLIA E SUCESSÕES DO FORO CENTRAL CÍVEL, DESTA CAPITAL, DR. JOSÉ WALTER CHACON CARDOSO, NOS AUTOS Nº 1069757-36.2015.8.26.0100, AVERBO O DIVÓRCIO CONSENSUAL DO CASAL, DECRETADO POR SENTENÇA DATADA DE 18/09/2015, TRANSITADA EM JULGADO AOS 18/09/2015, ASSINANDO AS PARTES OS NOMES DE: ALDO VILELA CAJÉ E SHEYLA FERREIRA FOLI, CONFORME MANDADO CONFIRMADO MEDIANTE O CÓDIGO 152A4C0. DOU.FÉ. SÃO PAULO, 17/10/2015. A ESCRIVENTE AUTORIZADA A.) ALINE SOUZA NOVAIS. JUSTIÇA GRATUITA. NADA MAIS.

**EM BRANCO**

O conteúdo da certidão é verdadeiro. Dou fé  
São Paulo, 17 de outubro de 2015



REGISTRO CIVIL E TABELÃO DE NOTAS  
DO DISTRITO DE ITAQUERA - SP  
Aline Souza Novais  
Escrivente Autorizada

**EM BRANCO**

**EM BRANCO**

DETALHAMENTO DA MATRÍCULA		ffff (0003)	Número do livro
Matrícula	0018830155-1987-1-0003-050-0000533-31	999 (050)	Número da folha
Padrão	aaaaabccc dddd e ffff ggg hhhhhh ii	hhhhhh (0000533)	Número do Termo
aaaaa (00188-3)	Código Nacional da Unidade (identificação única do cartório)	ii (31)	Índice Verificador
bb (01)	Código do Acrevo - sendo: 01 - Acrevo Próprio Outros - Acrevos Incorporados		

Uso exclusivo para emissão de certidões de registro civil das pessoas naturais



**Exhibit 3 - Nicolas  
Foli Cajé's  
Identification  
Documents**



Federative Republic of Brazil  
Civil Registry Office of Natural Persons  
17th Subdistrict - Bela Vista - São Paulo - Capital



*Flávia Benito Teixeira*  
Registrar

## **BIRTH CERTIFICATE**

I **CERTIFY** that, in Book **A-361**, on page No. **084**, under entry number **15433**, the birth record of **NICOLAS FOLI CAJÉ**, is registered: male, born on March fifteenth, two thousand four (03/15/2004), at 8:20 p.m., in this subdistrict, at Santa Catarina Hospital and Maternity, in São Paulo, State of São Paulo.

Son of **ALDO VILELA CAJÉ**, born in Penedo, State of Alagoas, Brazilian, and **SHEYLA FERREIRA FOLI CAJÉ**, born in São Paulo, State of São Paulo, Brazilian.

**Paternal grandparents:** Almir José Cajé e Darcy Vilela Cajé.

**Maternal grandparents:** Renirdo José Foli e Dalva Aparecida Foli.

The declarants were: **the parents**.

Registration made on March sixteenth, two thousand four (03/16/2004).

The above is true and I certify.

São Paulo, March 17, 2004.

-----//Signature//-----

Eduardo Cortez da Fonseca  
Authorized Clerk

**1st Copy of the Registration Certificate**  
**Exempt from Fees**  
**Typed by: JOÃO**



**Avenida Brigadeiro Luís Antônio, 1.058 - ZIP Code 01318-001 - Phone: (11) 3106-5634 - São Paulo - Capital**



0230G - AA 007266

**VALID THROUGHOUT THE ENTIRE NATIONAL TERRITORY WITHOUT ERASURES AND/OR ALTERATIONS**

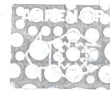
I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



\_\_\_\_\_ Date: February 11, 2026.



República Federativa do Brasil  
Oficial de Registro Civil das Pessoas Naturais  
17.º Subdistrito - Bela Vista - São Paulo - Capital



**Flávia Benito Teixeira**  
Oficial

**CERTIDÃO DE NASCIMENTO**

**CERTIFICO** que, no livro A-361, às folhas nº 084, sob número de termo 15433, está registrado o assento de nascimento de NICOLAS FOLI CAJÉ, sexo masculino, nascido no dia quinze de março de dois mil e quatro (15/03/2004), às vinte horas e vinte minutos, neste subdistrito, no Hospital e Maternidade Santa Catarina, em São Paulo, SP.

Filho de ALDO VILELA CAJÉ, natural de Penedo, AL, de nacionalidade brasileira e de SHEYLA FERREIRA FOLI CAJÉ, natural de São Paulo, SP, de nacionalidade brasileira.

**São avós paternos:** Almir José Cajé e Darcy Vilela Cajé.

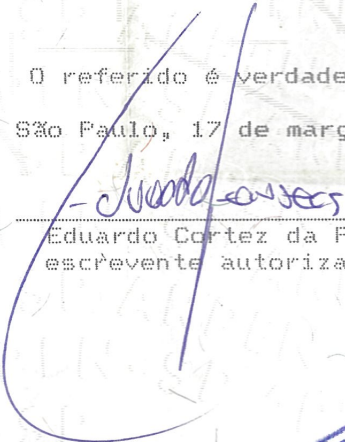
**São avós maternos:** Renildo José Foli e Dalva Aparecida Foli.

Foram declarantes os pais.

Registro feito em dezesseis de março de dois mil e quatro (16/03/2004).

O referido é verdade e dou fé.

São Paulo, 17 de março de 2004.

  
Eduardo Cortez da Fonseca  
escrivente autorizado

1ª Certidão do registro  
Isenta de Emolumentos  
Digitado por: JOAO



Av. Brigadeiro Luís Antônio, 1.058 - CEP 01318-001 - Fone: (11) 3106-5634 - São Paulo - Capital



0230G-AA 007266

VÁLIDO EM TODO O TERRITÓRIO NACIONAL SEM EMENDAS E/OU RASURAS

Este passaporte contém 32 páginas numeradas.  
Ce passeport contient 32 pages numérotées.  
This passport contains 32 numbered pages.  
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.  
Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.  
Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.  
Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.  
Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.  
This passport is valid for all countries with which Brazil maintains diplomatic relations.  
Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

**BRA**

Este documento pertence à  
Ce document appartient à la  
This document is the property of the  
Este documento pertenece a la

**REPÚBLICA FEDERATIVA DO BRASIL**

**PASSAPORTE  
PASSEPORT  
PASSPORT  
PASAPORTE**





### INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

○ extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

○ brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

○ menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

○ cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte  
[www.portalconsular.mre.gov.br](http://www.portalconsular.mre.gov.br) ou [www.pf.gov.br](http://www.pf.gov.br)



2008

2008

VISTOS  VISAS

VISTOS  VISAS

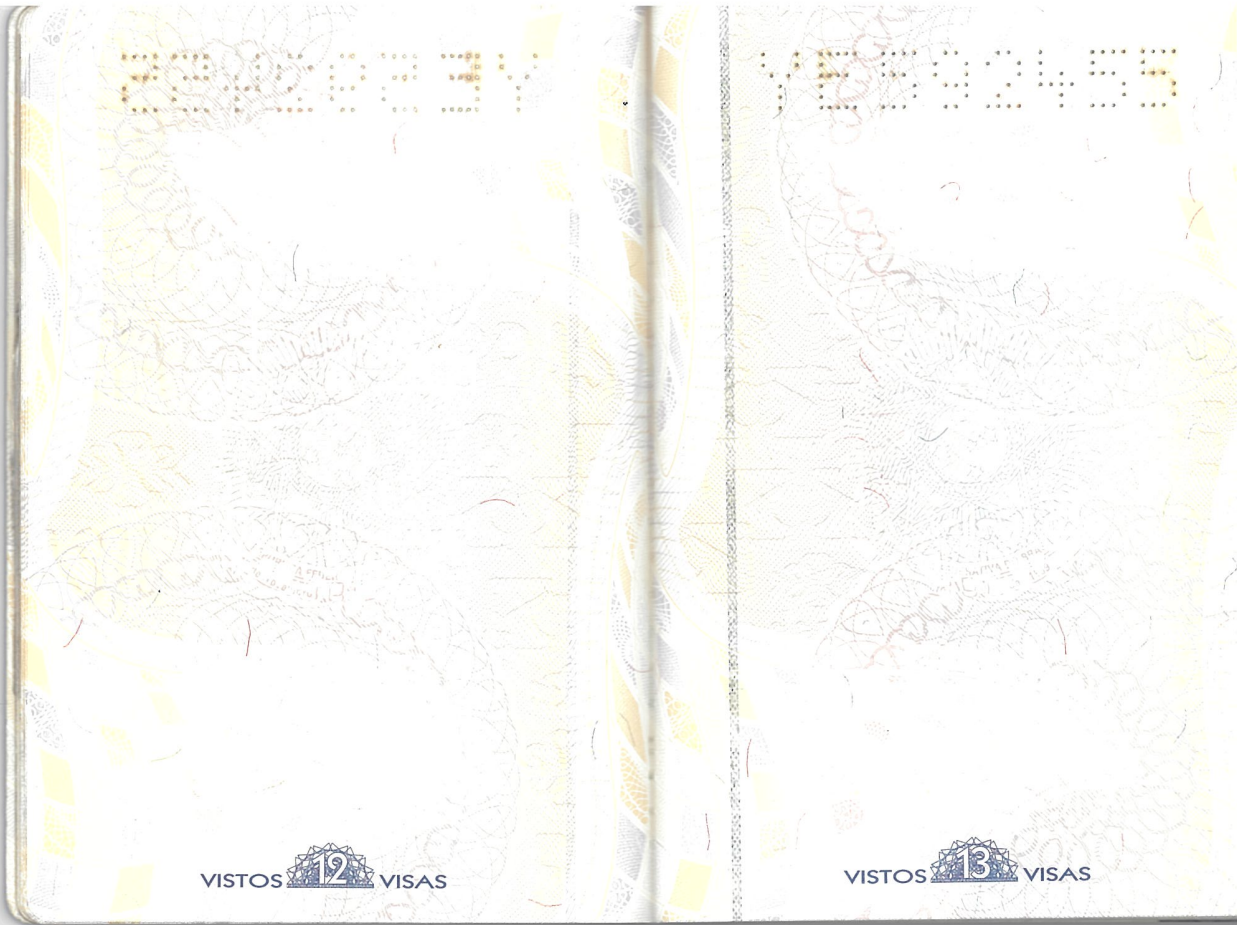


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VISTOS  VISAS

VISTOS  VISAS



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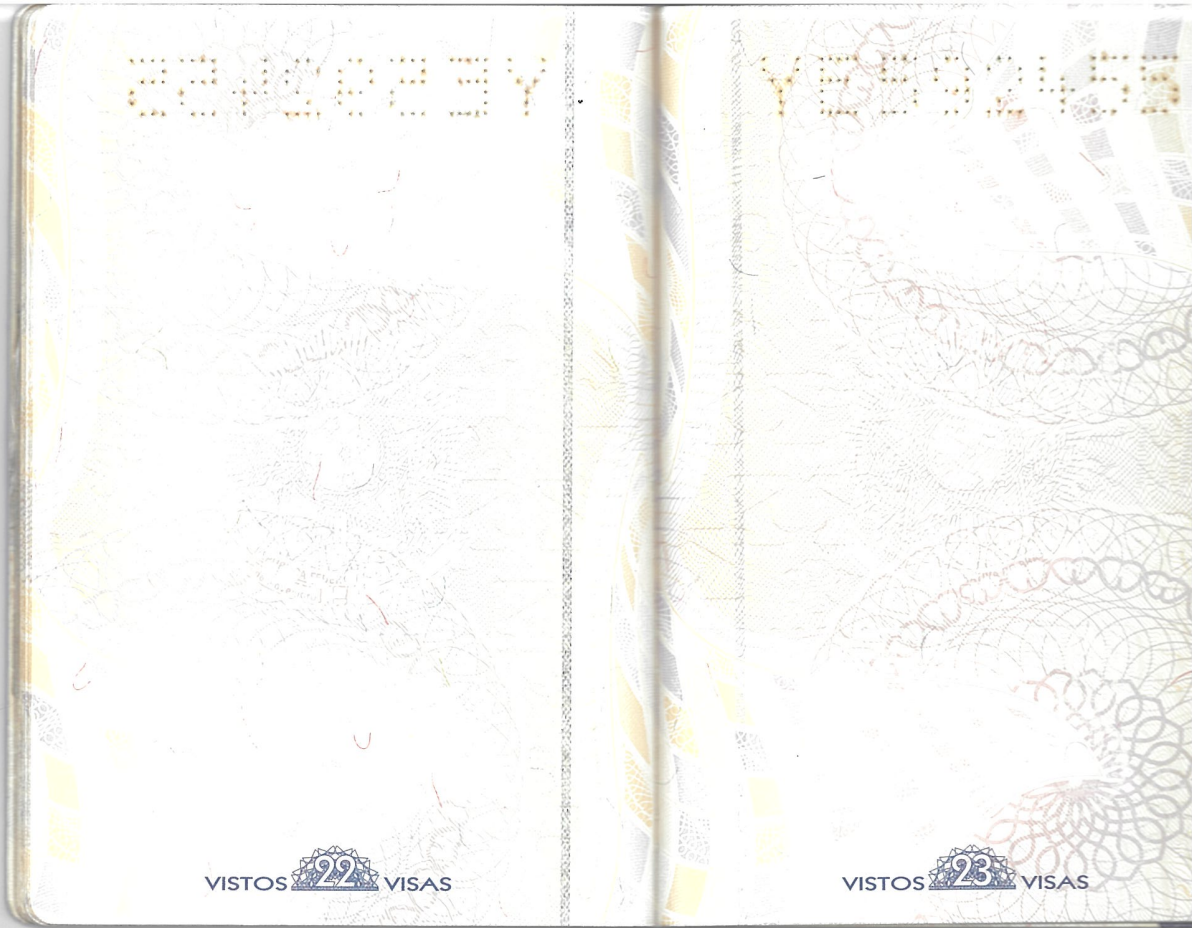
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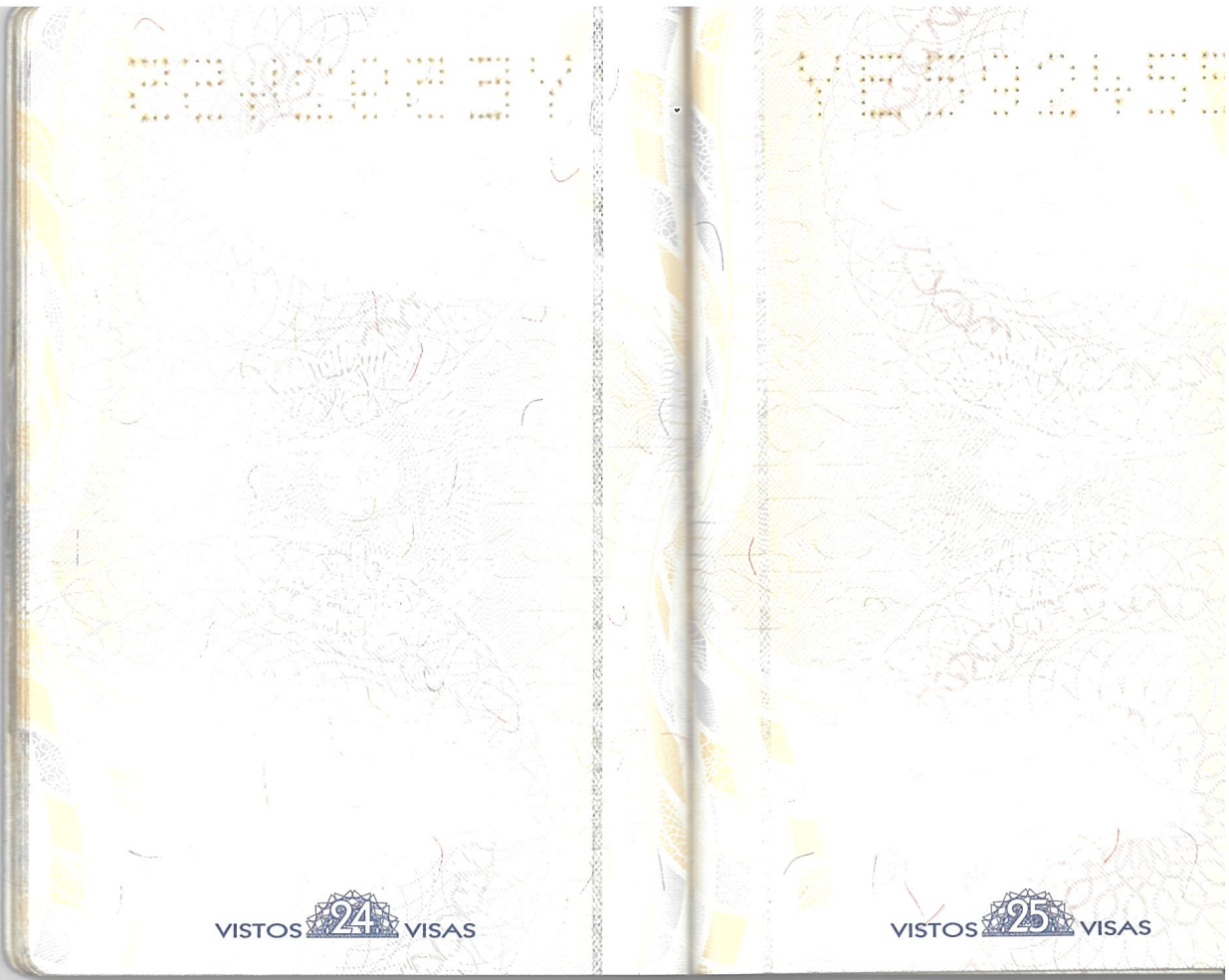
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VISTOS  VISAS

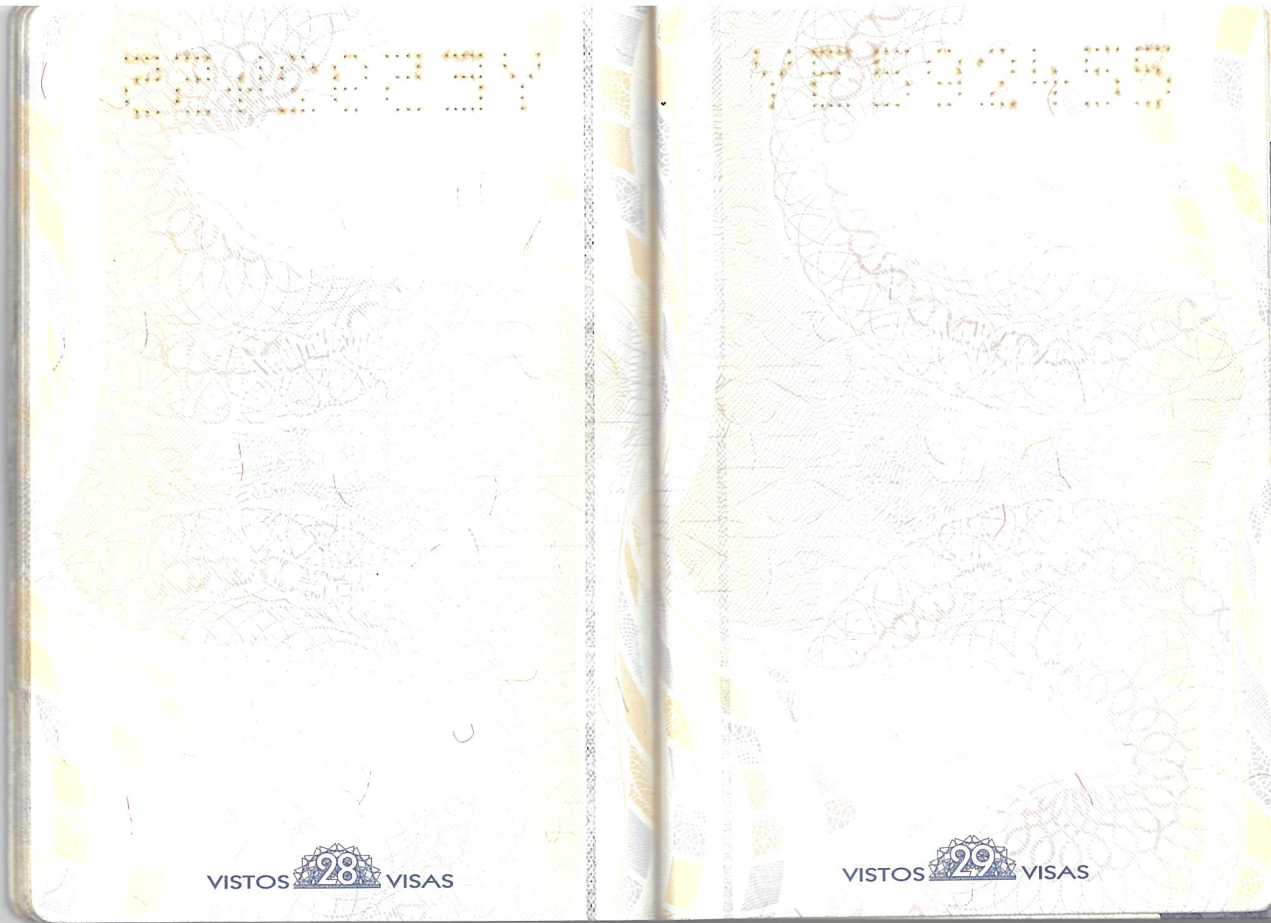
VISTOS  VISAS

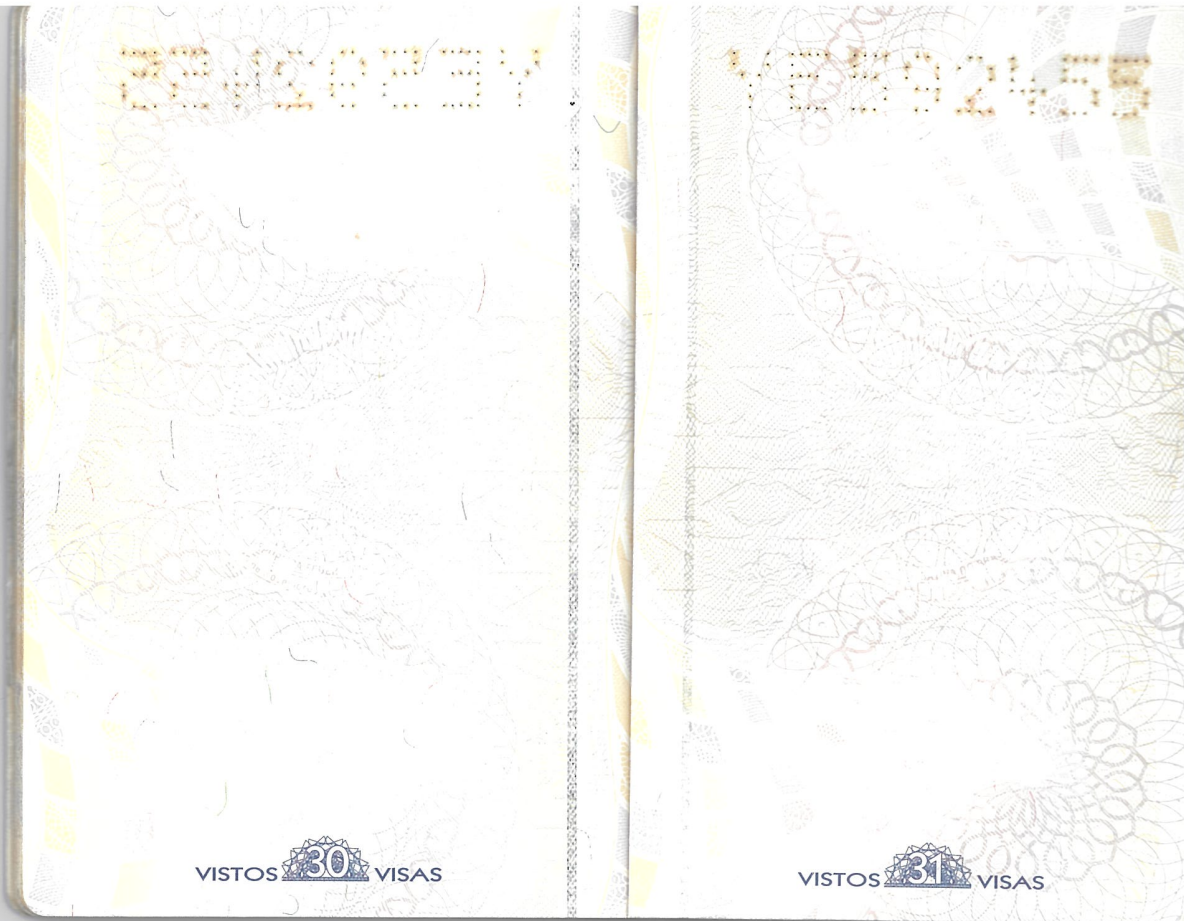












Os campos abaixo devem ser preenchidos pelo titular.  
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.  
ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE  
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name:	_____
Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAPER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



Símbolo Internacional do Passaporte Eletrônico



CASA DA MOEDA DO BRASIL

 For: **NICOLAS FOLI CAJE**



## U.S. Customs and Border Protection

Securing America's Borders

### Most Recent I-94

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**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:** 899545938A4

**Arrival/Issued Date:** 2026 January 13

**Class of Admission:** F1

**Admit Until Date:** D/S

**Details provided on the I-94 Information form:**

**Last/Surname:** FOLI CAJE

**First (Given) Name:** NICOLAS

**Birth Date:** 2004 March 15

**Document Number:** YE592455

**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.

OMB No. 1651-0111  
Expiration Date: 02/28/2026

# View Travel History

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

## Travel History Results

Document Number: **YE592455**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2026-01-13	Arrival	TAM
2	2025-12-09	Departure	TAM
3	2025-08-04	Arrival	MIA
4	2025-07-15	Departure	DAL
5	2023-12-31	Arrival	WAS
6	2023-11-22	Departure	HOU
7	2022-12-31	Arrival	MIA
8	2022-12-08	Departure	TAM
9	2022-03-27	Arrival	ORL
10	2022-03-11	Departure	ORL
11	2022-01-11	Arrival	ATL
12	2021-12-22	Departure	MIA
13	2020-04-20	Arrival	HOU

Row	DATE	TYPE	LOCATION
14	2020-03-10	Departure	ATL
15	2019-07-28	Arrival	ORL
16	2019-06-18	Departure	ORL
17	2019-03-16	Arrival	DCB
18	2019-03-16	Departure	453
19	2019-01-03	Arrival	MIA
20	2018-12-19	Departure	MIA
21	2018-08-19	Arrival	WAS

OMB No. 1651-0111 Expiration Date: 02/28/2026

# **Exhibit 4 - Evidence of Legal Status**

**SEVIS ID: N0035083635**

<b>SURNAME/PRIMARY NAME</b> Foli Cajé	<b>GIVEN NAME</b> Nicolas	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> Nicolas Foli Cajé	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> BRAZIL	<b>COUNTRY OF CITIZENSHIP</b> BRAZIL	
<b>CITY OF BIRTH</b> Sao Paulo	<b>DATE OF BIRTH</b> 15 MARCH 2004	
<b>FORM ISSUE REASON</b> CONTINUED ATTENDANCE	<b>ADMISSION NUMBER</b>	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> University of Florida University of Florida	<b>SCHOOL ADDRESS</b> 300 SW 13TH ST, PO Box 113150, GAINESVILLE, FL 32601
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Yanina Morero Coordinator of Management Analysis	<b>SCHOOL CODE AND APPROVAL DATE</b> MIA214F00115000 25 JANUARY 2003

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> BACHELOR'S	<b>MAJOR 1</b> Business Administration and Management, General 52.0201	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 09 DECEMBER 2023
<b>START OF CLASSES</b> 08 JANUARY 2024	<b>PROGRAM START/END DATE</b> 08 JANUARY 2024 - 08 JANUARY 2028	

**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 28,658	Personal Funds	\$ 0
Living Expenses	\$ 27,193	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 55,851
Other	\$	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 55,851</b>	<b>TOTAL</b>	<b>\$ 55,851</b>

**REMARKS**

**SCHOOL ATTESTATION**

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	<i>Yanina Morero</i>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>
<b>SIGNATURE OF:</b> Yanina Morero, Coordinator of Management Analysis		18 January 2024	GAINESVILLE, FL

**STUDENT ATTESTATION**

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<input checked="" type="checkbox"/>	<i>Nicolas Foli Cajé</i>	<b>DATE</b>
<b>SIGNATURE OF:</b> Nicolas Foli Cajé		01/21/2024
<input checked="" type="checkbox"/>		
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country)</b>
		<b>DATE</b>

SEVIS ID: N0035083635 (F-1)  
EMPLOYMENT AUTHORIZATIONS

NAME: Nicolas Foli Cajé

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

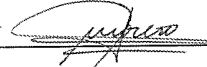
CURRENT SESSION DATES

CURRENT SESSION START DATE  
08 JANUARY 2024

CURRENT SESSION END DATE  
10 MAY 2024

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Yanina Morero	DSO	X 	01/18/2024	Gainesville, FL
		X		
		X		
		X		

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**INSTRUCTIONS TO STUDENTS**

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**STUDENT ATTESTATION.** You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

**FORM I-20.** The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

**VISA APPLICATION.** You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

**ADMISSION.** When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

**REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA.** Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

**EMPLOYMENT.** Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

**PERIOD OF STAY.** You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

**EXTENSION OF PROGRAM.** If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

**SCHOOL TRANSFER.** To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

**NOTICE OF ADDRESS.** When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

**REENTRY.** F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

**AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL.** DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

**PENALTY.** To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

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**INSTRUCTIONS TO SCHOOLS**

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Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

**ISSUANCE OF FORM I-20.** DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

**ENDORSEMENT OF PAGE 2 FOR REENTRY.** If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

**RECORDKEEPING.** DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

**AUTHORITY FOR COLLECTING INFORMATION.** Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

**REPORTING BURDEN.** U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 1 Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.