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) Beatriz	Middle Name (if any) N/A	Family Name (Last Name) WYATT

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

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

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

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

USCIS
Attn: I-130
P.O. Box 4053
Carol Stream, IL 60197-4053

RE: Form I-130, Petition for Alien Relative
Petitioner: Beatriz Wyatt
Beneficiary: Mateus Assis de Oliveira (Brother)

Dear Sir or Madam,

This petition is filed by **Beatriz Wyatt**, a U.S. citizen over the age of 21, on behalf of her brother, **Mateus Assis de Oliveira**, pursuant to **INA § 203(a)(4)**.

The enclosed documentation establishes that the Petitioner and the Beneficiary are full siblings who share the same biological parents, **Samuel Batista de Oliveira** and **Denise Aparecida Assis de Oliveira**, as evidenced by their respective birth certificates and supporting civil records.

Accordingly, we respectfully request the approval of this I-130 petition.

The supporting documents are organized as follows:

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

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

- **Mateus Assis de Oliveira's Signed Forms**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

I. Petitioner Beatriz Wyatt's U.S. Citizenship and Identity Evidence
- Beatriz Wyatt's U.S. Valid Passport;
- Beatriz Wyatt's Certificate of Naturalization;
- Beatriz Wyatt's Marriage Certificate with English Translation;
- Beatriz Wyatt's Proof of Legal Name Change;

II. Beatriz Wyatt and Mateus Assis de Oliveira's Sibling Relationship Evidence
- Beatriz Wyatt's Birth Certificate with English Translation;
- Mateus Assis de Oliveira's Birth Certificate with English Translation;

III. Beneficiary Mateus Assis de Oliveira's Identity Documents
- Mateus Assis de Oliveira's Valid Passport;

IV. Petitioner's Parents' Marriage Certificate

- Samuel Batista de Oliveira's Marriage Certificate with English Translation;

V. Evidence of Death of Petitioner's Mother

- Denise Aparecida Assis de Oliveira's Death Certificate with English Translation;

VI. Form I-94 Arrival/Departure Record of Mateus Assis de Oliveira

- Mateus Assis de Oliveira's Copy of I-94

VII. Evidence of Current Residence of Beneficiary Mateus Assis de Oliveira

- Mateus Assis de Oliveira's Proof of Residence with English Translation

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

Sincerely,

_____ Date: 06/05/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

Beatriz Wyatt's Signed Forms

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130

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): WYATT

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

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 1 9 3 9 8 4 6 9

Client's Contact Information

10. Daytime Telephone Number

2407793816

11. Mobile Telephone Number (if any)

2407793816

12. Email Address (if any)

rp.beatrizoliveira@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 05/15/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 05/15/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): WYATT

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

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

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

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

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

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

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

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

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

1. I am filing this petition for my (Select **only one** box):
   ☐ Spouse ☐ Parent ☒ Brother/Sister ☐ Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
   ☐ Child was born to parents who were married to each other at the time of the child's birth
   ☐ Stepchild/Stepparent
   ☐ Child was born to parents who were not married to each other at the time of the child's birth
   ☐ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☒ No
4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- 2 1 9 3 9 8 4 6 9
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 8 8 3 1 4 1 7 1 2

Your Full Name

4.a. Family Name (Last Name): WYATT
4.b. Given Name (First Name): Beatriz
4.c. Middle Name: N/A

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

Other Names Used (if any)

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

5.a. Family Name (Last Name): ASSIS DE OLIVEIRA

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Campinas

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 05/06/1993

9. Sex ☐ Male ☒ Female

Mailing Address

(USPS ZIP Code Lookup)

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

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

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 6535 Ryanlynn Drive

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: Fairfax Satation

12.d. State: VA **12.e.** ZIP Code: 22039

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 09/30/2019

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

Physical Address 2

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

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: N/A

14.d. State: N/A **14.e.** ZIP Code: N/A

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: N/A

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

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

Your Marital Information

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

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 07/26/2019

Place of Your Current Marriage (if married)

19.a. City or Town: Fairfax

19.b. State: VA

19.c. Province: N/A

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): WYATT

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

20.c. Middle Name: Thedore

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): BATISTA DE OLIVEIRA

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

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 07/21/1963

26. Sex ☒ Male ☐ Female

27. Country of Birth: Brazil

28. City/Town/Village of Residence: Campinas

29. Country of Residence: Brazil

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): ASSIS DE OLIVEIRA

30.b. Given Name (First Name): Denise Aparecida

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 06/07/1965

32. Sex ☐ Male ☒ Female

33. Country of Birth: Brazil

34. City/Town/Village of Residence: Campinas

35. Country of Residence: Brazil

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: 45722944

39.b. Place of Issuance: Alexandria, VA

39.c. Date of Issuance (mm/dd/yyyy): 09/05/2024

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

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

40.a. Class of Admission: N/A

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

Place of Admission

40.c. City or Town: N/A

40.d State: N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company: Rational 360

43.a. Street Number and Name: 1666 K Street NW

43.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

43.c. City or Town: Washington

43.d. State: DC **43.e.** ZIP Code: 20006

43.f. Province: N/A

43.g. Postal Code: N/A

43.h. Country: USA

44. Your Occupation: Director of Public Relations

45.a. Date From (mm/dd/yyyy): 06/25/2025

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

Employer 2

46. Name of Employer/Company: Reingold

47.a. Street Number and Name: 1321 Duke St

47.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

47.c. City or Town: Alexandria

47.d. State: VA **47.e.** ZIP Code: 22314

47.f. Province: N/A

47.g. Postal Code: N/A

47.h. Country: USA

48. Your Occupation: Communications Associate II

49.a. Date From (mm/dd/yyyy): 06/09/2021

49.b. Date To (mm/dd/yyyy): 02/13/2025

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 10

4. Weight: Pounds 220

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** N/A

2. USCIS Online Account Number (if any)

► N/A

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

► N/A

Beneficiary's Full Name

4.a. Family Name (Last Name): ASSIS DE OLIVEIRA

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

4.c. Middle Name: N/A

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Campinas

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 01/31/2000

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: Rua Lotario Novaes 325

11.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

11.c. City or Town: Campinas

11.d. State: **11.e.** ZIP Code: N/A

11.f. Province: Sao Paulo

11.g. Postal Code: 13076150

11.h. Country: Brazil

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: 6535 Ryanlynn Drive

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: Fairfax Station

12.d. State: VA **12.e.** ZIP Code: 22039

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): 5519991186016

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
5519991186016

16. Email Address (if any)
samuelbo4048@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?
▶ N/A

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
N/A

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): N/A

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?

☒ Yes ☐ No

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

46.a. He or she arrived as a (Class of Admission):

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

► N / A

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

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: N/A

47. Passport Number: N/A

48. Travel Document Number: N/A

49. Country of Issuance for Passport or Travel Document: N/A

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

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Unemployed

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

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

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

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: Brazil

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

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?

☐ Yes ☒ No

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: N/A

55.b. State: N/A

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

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

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

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: N/A

59.d. State: N/A **59.e.** ZIP Code: N/A

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: N/A

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

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

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

61.a. City or Town: N/A

61.b. State: N/A

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

62.a. City or Town: Rio de Janeiro

62.b. Province: Rio de Janeiro

62.c. Country: Brazil

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

Part 5. Other Information

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

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

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

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

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

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

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

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

Relative 1

6.a. Family Name (Last Name): BATISTA DE OLIVEIRA

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

6.c. Middle Name: N/A

7. Relationship: Parent

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 2407793816

4. Petitioner's Mobile Telephone Number (if any): 2407793816

5. Petitioner's Email Address (if any): rp.beatrizoliveira@gmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy): 05/15/2026

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

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

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

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A,

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

Interpreter's Signature

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

N/A

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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

8.b. Date of Signature (mm/dd/yyyy) 05/01/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): WYATT

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 219398469

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Mateus Assis de Oliveira's Signed Forms

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130

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): ASSIS DE OLIVEIRA

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

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

19991186016

11. Mobile Telephone Number (if any)

19991186016

12. Email Address (if any)

rp.beatrizoliveira@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

➡ MATEUS ASSIS DE OLIVEIRA

2.b. Date of Signature (mm/dd/yyyy) 05/15/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 05/15/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): ASSIS DE OLIVEIRA

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

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

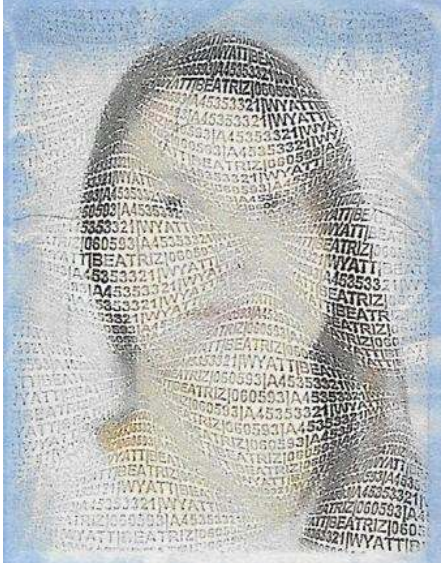
Exhibit list

Exhibit 7 – Evidence of Current Residence of Beneficiary Mateus Assis de Oliveira

Exhibit 1 – Petitioner Beatriz Wyatt’s U.S. Citizenship and Identity Evidence

Endorsements / Mentions Spéciales / Anotaciones

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



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A45353321

USA

Surname/Nom/Apellidos
WYATT

Given names/Prénoms/Nombres
BEATRIZ

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
06 MAY 1993

Sex/Sexe/Sexo
F

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

Date of issue/Date de délivrance/Fecha de expedición
26 SEP 2024

Date of expiration/Date d'expiration/Fecha de caducidad
25 SEP 2034

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAWYATT<<BEATRIZ<<<<<<<<<<<<<<<<<<<<<<<<

A453533214USA9305063F3409257196260785<105792

THE UNITED STATES OF AMERICA

No. 45722944

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: **MAY 06, 1993**

Sex: **FEMALE**

Height: **5** *feet* **10** *inches*

Marital status: **MARRIED**

Country of former nationality: **BRAZIL**

USCIS Registration No. **A219 398 469**

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **FAIRFAX, VIRGINIA**

The Secretary having found that:

BEATRIZ WYATT

residing at:

FAIRFAX STATION, VIRGINIA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

US DIST COURT FOR THE EASTERN DIST OF VA

at: **ALEXANDRIA, VIRGINIA** *on:* **SEPTEMBER 05, 2024**

such person is admitted as a citizen of the United States of America.

Ur M. Jaddou

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/17)

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

Certificate Of Marriage

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

Richard Theodore Wyatt ,

AND Beatriz Assis De Oliveira ,

ON July 26, 2019 IN Fairfax ,VIRGINIA,

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF

Fairfax ,VIRGINIA, DATED June 17, 2019

GIVEN UNDER MY HAND ON July 26, 2019

Kelly K Weaver
(Signature of Officiant)

Celebrant
(Title of Officiant)

VS 3B 08/14

THIS IS NOT A CERTIFIED CERTIFICATE

3

Seal No.: 1164592CE000000032184625C
Verify the Authenticity of the Digital Seal at
https://selodigital.tjsp.jus.br

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE TRANSCRIPTION CERTIFICATE

Registration:
116459 01 55 2025 7 00069 237 0033825 36

I certify that on page 237 verso, under No. 33825, of Book No. E-69 of Emancipations, Interdictions, and Absences, a **MARRIAGE TRANSCRIPTION** has been registered, the content of which is as follows: [COAT OF ARMS OF THE FEDERATIVE REPUBLIC OF BRAZIL]. MINISTRY OF FOREIGN AFFAIRS. CONSULATE GENERAL OF BRAZIL IN WASHINGTON. **MARRIAGE REGISTRATION CERTIFICATE**. I CERTIFY that, on page 72 of Book No. 10 of Deeds and Registration of Titles and Documents of this Office, under No. 2758, the marriage certificate of **BEATRIZ ASSIS DE OLIVEIRA** and **RICHARD THEODORE WYATT,** was registered, contracted on July 26, 2019 (07/26/2019) in Fairfax, Virginia, United States, before Anthony J. Weaver. BEATRIZ ASSIS DE OLIVEIRA, Brazilian, public relations, residing and domiciled at 6535 Ryanlynn Drive, Fairfax Station, Virginia, United States, ZIP Code 22039, born on 05/06/1993 in Campinas, São Paulo, Brazil, of whose legal capacity I certify, daughter of Samuel Batista de Oliveira and Denise Aparecida Assis de Oliveira. RICHARD THEODORE WYATT, American, IT technician, residing and domiciled at 6535 Ryanlynn Drive, Fairfax Station, Virginia, United States, ZIP Code 22039, born on 03/25/1993 in Rockville, Maryland, United States, of whose legal capacity I certify, son of John Richard Wyatt and Molly Ann Wyatt. Note: according to registration No. 2592, recorded on page 42 of Book E-18 of this Office, at the request of the spouses, I certify that: Beatriz Assis de Oliveira, after marriage, kept the name **BEATRIZ ASSIS DE OLIVEIRA**; Richard Theodore Wyatt, after marriage, kept the name **RICHARD THEODORE WYATT**; The foreign matrimonial property regime adopted is “established in accordance with Article 7, paragraph 4, of Decree-Law No. 4657/1942, pursuant to paragraph 4 of Article 13 of the Brazilian National Council of Justice (CNJ) Resolution No. 155/2012”. Legal basis: Article 18 of Decree-Law No. 4657/42, Article 32, caput, of Law 6015/73, and CNJ Resolution No. 155/2012. I drafted, reviewed, read, and conclude this act. I certify and sign it. [a] Washington, July twenty-first, two thousand twenty-three [a] Maria Sanae Araki, Deputy Consul. Note: “The provisions of Article 7, paragraph 4, of Decree-Law No. 4.657/1942 apply.” **ANNOTATION**: By virtue of a request dated 06/11/2025, filed at this Office under No. 2166/2025, I hereby include in this record the addition of the spouse’s surname during the marriage, pursuant to item II of Article 57 of Law 6015/73, so that the contracting party shall henceforth be known as: **BEATRIZ WYATT**. Campinas, 06/17/2025. I, [a] Mariana C. Firmino, clerk, typed and sign.

Transcription made on June 17, 2025.

I, MARIANA CARLOS FIRMINO-clerk, typed it. Exempt from seals

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address
Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The above is true and I certify.

Campinas, June 17, 2025.

-----//**Signature**//----

MARIANA CARLOS FIRMINO
Clerk

MARIANA CARLOS FIRMINO
Clerk

IA 000312827

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: April 29, 2026.

Selo nº 1164592CE000000032184625C
Consulte a Autenticidade do Selo Digital em
https://selodigital.tjsp.jus.br/

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE TRANSCRIÇÃO DE CASAMENTO

Matrícula:
116459 01 55 2025 7 00069 237 0033825 36

Certifico que às fls. 237 verso, sob o n° 33825, do livro n° E-69 de Emancipações, Interdições e Ausências, está registrada a **TRANSCRIÇÃO DE CASAMENTO**, cujo teor é o seguinte: [BRASÃO DA REPÚBLICA FEDERATIVA DO BRASIL]. MINISTÉRIO DAS RELAÇÕES EXTERIORES. CONSULADO-GERAL DO BRASIL EM WASHINGTON. **CERTIDÃO DE REGISTRO DE CASAMENTO**. CERTIFICO que, as fls. 72 do Livro n. 10 de Escrituras e Registro de Títulos e Documentos desta Repartição, sob o n. 2758, foi registrada a certidão de casamento de **BEATRIZ ASSIS DE OLIVEIRA** e **RICHARD THEODORE WYATT**, contraído no dia 26 de julho de 2019 (26/07/2019) em Fairfax, Virgínia, Estados Unidos, perante Anthony J. Weaver. BEATRIZ ASSIS DE OLIVEIRA, brasileira, relações públicas, residente e domiciliada no(a) 6535 Ryanlynn Drive, Fairfax Station, Virgínia, Estados Unidos, Código Postal: 22039, nascida a 06/05/1993 em Campinas, São Paulo, Brasil, de cuja capacidade jurídica dou fé, filha de Samuel Batista de Oliveira e Denise Aparecida Assis de Oliveira. RICHARD THEODORE WYATT, norte-americano, técnico de informática, residente e domiciliado no(a) 6535 Ryanlynn Drive, Fairfax Station, Virgínia, Estados Unidos, Código Postal: 22039, nascido a 25/03/1993 em Rockville, Maryland, Estados Unidos, de cuja capacidade jurídica dou fé, filho de John Richard Wyatt e Molly Ann Wyatt. Observação: de acordo com registro n. 2592, lavrado as fls. 42 do Livro E-18, desta Repartição, a requerimento dos cônjuges, certifico que: Beatriz Assis de Oliveira, depois de casada, conservou o nome de **BEATRIZ ASSIS DE OLIVEIRA**; Richard Theodore Wyatt, depois de casado, conservou o nome de **RICHARD THEODORE WYATT**; O regime estrangeiro de bens adotado é o "estabelecido conforme o disposto no artigo 7º § 4º, do Decreto-Lei nº 4657/1942, nos termos do § 4º do Art.13 da Resolução CNJ nº 155/2012". Amparo legal: Art. 18 do Decreto-Lei n. 4657/42, Art.32, caput, da Lei 6015/73 e Resolução CNJ n. 155/2012. Lavrei, conferi, li e encerro o presente ato. Dou fé e assino. [a] Washington, vinte e um de julho de dois mil e vinte e três [a] Maria Sanae Araki, Vice-Cônsul. Observação: "Aplica-se o disposto no art. 7º, § 4º, do Decreto-Lei nº 4.657/1942". **AVERBAÇÃO:** Em virtude de requerimento datado de 11/06/2025, protocolado nesta serventia sob o nº 2166/2025, faço constar, do presente assento, a inclusão do sobrenome do cônjuge na constância do casamento, nos termos do inciso II, do art. 57, da Lei 6015/73, passando a contraente a chamar-se: **BEATRIZ WYATT**. Campinas, 17/06/2025. Eu [a] Mariana C Firmino, escrevente, digitei e assino..

Transcrição feita em 17 de junho de 2025.

Eu, MARIANA CARLOS FIRMINO-escrevente, digitei. Isento de selos

Nome do ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
CampinasSP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP 13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 17 de junho de 2025.

MARIANA CARLOS FIRMINO
escrevente

MARIANA CARLOS FIRMINO
Escrevente

IA 000312827

Industria Gráfica Brasileira ltda

Petition for Name Change

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

USCIS
Form N-662

19

U.S. District Court — Name of Court: Alexandria

Eastern District of Virginia

A-219398469

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete **Item Number lines 1 – 8.** (Type or print clearly.)

1. Full and Correct Name (Current Name)

Given Name (First Name)	Middle Name	Family Name (Last Name)
BEATRIZ		ASSIS DE OLIVEIRA

2. Mailing Address

Street Number and Name	City or Town	State	ZIP Code
6535 RYANLYNN DR	FAIRFAX STA	VA	22039-1517

3. Country of Citizenship or Nationality	4. Date of Birth (mm/dd/yyyy)	5. Alien Registration Number (A-Number)
Brazil	05/06/1993	A-219398469

6. ☒ I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

First Name	Middle Name	Last Name
BEATRIZ		WYATT

8. Signature and Date

Signature of Petition (Use your current name): Beatriz Wyatt — Date (mm/dd/yyyy): 05/03/2024

Certification of Name Change

I certify that the above petition was granted by the court on this date, SEP 05 2024 (mm/dd/yyyy).

Signature of Clerk: Fernando Galindo, Clerk

Signature of Deputy Clerk: Steven Green

Important Information

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.

Exhibit 2 – Beatriz Wyatt and Mateus Assis de Oliveira’s Sibling Relationship Evidence

Seal No.: 1164592CE000000010360921Q
Verify the Authenticity of the Digital Seal at
https://selodigital.tjsp.jus.br

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Birth Certificate

NAME:

BEATRIZ ASSIS DE OLIVEIRA

CPF
NO RECORD

REGISTRATION:
116459 01 55 1993 1 00265 258 0105945 72

DATE OF BIRTH (IN FULL)	DAY	MONTH	YEAR
May sixth, nineteen ninety-three.	06	05	1993

TIME OF BIRTH	CITY OF BIRTH
8:20 AM	CAMPINAS-SP

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
Campinas - São Paulo	CAMPINAS-SP	Female

FILIATION
SAMUEL BATISTA DE OLIVEIRA and DENISE APARECIDA ASSIS DE OLIVEIRA

GRANDPARENTS
JOSIAS RODRIGUES DE OLIVEIRA and VILMA BATISTA DE OLIVEIRA (paternal) and ANTONIO MOREIRA DE ASSIS and GENI MENEGAZO DE ASSIS (maternal)

TWIN	NAME AND REGISTRATION NUMBER OF TWINS
No	No Record

DATE OF REGISTRATION (IN FULL)	NUMBER OF LIVE BIRTH CERTIFICATE
May seventh, nineteen ninety-three.	No record

NOTES/ ANNOTATIONS TO BE ADDED
Act recorded in Book A-265, at page 258, under No. 105945. Registration date: May 7, 1993.
Date of birth of the registered: May 6, 1993.

Nothing further was required of me to certify.
Fees: To the Registrar: R$ 29.00; ISS: R$ 1.52; To IPESP: R$ 5.80. Total: R$ 36.32

REGISTRATION NOTES

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address
Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.
Campinas, May 3, 2021.

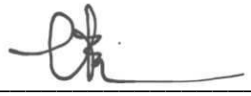
----//signature//----

ISILDA APARECIDA FERNANDES DE SOUZA
Clerk

Isilda Aparecida Fernandes de Souza
Clerk

116459 - AA000156595 01/21

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: April 28, 2026.

Selo nº 1164592CE000000010360921Q
Consulte a Autenticidade do Selo Digital em
https://selodigital.tjsp.jus.br/

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Certidão de Nascimento

NOME:

BEATRIZ ASSIS DE OLIVEIRA

CPF
SEM INFORMAÇÃO

MATRÍCULA:
116459 01 55 1993 1 00265 258 0105945 72

DATA DE NASCIMENTO (POR EXTENSO)	DIA	MÊS	ANO
Seis de maio de mil novecentos e noventa e três.	06	05	1993

HORA DE NASCIMENTO	NATURALIDADE
08h20min	CAMPINAS-SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL, MUNICÍPIO DE NASCIMENTO E UF	SEXO
Campinas - São Paulo	CAMPINAS-SP	Feminino

FILIAÇÃO
SAMUEL BATISTA DE OLIVEIRA e DENISE APARECIDA ASSIS DE OLIVEIRA

AVÓS
JOSIAS RODRIGUES DE OLIVEIRA e VILMA BATISTA DE OLIVEIRA (paternos) e ANTONIO MOREIRA DE ASSIS e GENI MENEGAZO DE ASSIS (maternos)

GÊMEOS	NOME E MATRÍCULA DO(S) GÊMEO(S)
Não	Nada consta

DATA DE REGISTRO (POR EXTENSO)	NÚMERO DA DNV/DECLARAÇÃO DE NASCIDOS VIVOS
Sete de maio de mil novecentos e noventa e três.	Não informado

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
Ato registrado no livro A-265, às folhas 258, sob o nº 105945. Data do registro: 07 de maio de 1993. Data de nascimento da registrada: 06 de maio de 1993.

Nada mais me cumpria certificar. .
Custas: Ao Oficial: R$ 29,00; ISS: R$ 1,52; Ao Ipesp: R$ 5,80Total: R$ 36,32

ANOTAÇÕES DE CADASTRO

Nome do ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
Campinas/SP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP 13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.
Campinas, 03 de maio de 2021.

ISILDA APARECIDA FERNANDES DE SOUZA
escrevente

Isilda Aparecida Fernandes de Souza
escrevente

116459 - AA000156595 01/21

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Seal No.: 1164592CE000000009976921V
Verify the Authenticity of the Digital Seal at
https://selodigital.tjsp.jus.br

Birth Certificate

NAME:

MATEUS ASSIS DE OLIVEIRA

CPF
NO RECORD

REGISTRATION:
116459 01 55 2000 1 00298 176 0126791 11

DATE OF BIRTH (IN FULL)	DAY	MONTH	YEAR
January thirty-first, two thousand.	31	01	2000

TIME OF BIRTH	CITY OF BIRTH
11:12 AM	Campinas-SP

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
Campinas - São Paulo	at Casa de Saúde Campinas Campinas-SP	Male

FILIATION
SAMUEL BATISTA DE OLIVEIRA, born in Campinas - 1st Subdistrict-SP and DENISE APARECIDA ASSIS DE OLIVEIRA, born in Campinas - 2nd Subdistrict-SP

GRANDPARENTS
JOSIAS RODRIGUES DE OLIVEIRA and VILMA BATISTA DE OLIVEIRA (paternal) and ANTONIO MOREIRA DE ASSIS and GENI MENEGAZO DE ASSIS (maternal)

TWIN	NAME AND REGISTRATION NUMBER OF TWINS
No	No record

DATE OF REGISTRATION (IN FULL)	NUMBER OF LIVE BIRTH CERTIFICATE
February first, two thousand.	No record

NOTES/ ANNOTATIONS TO BE ADDED
Act recorded in Book A-298, at page 176, under No. 126791. Registration date: February 1, 2000.
Date of birth of the registered: January 31, 2000.

Nothing further was required of me to certify.
Fees: To the Registrar: R$ 29.00; ISS: R$ 1.52; To IPESP: R$ 5.80. Total: R$ 36.32

REGISTRATION NOTES

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address
Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.
Campinas, April 1, 2021.

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

ANDRÉ LUIZ ARIELO
Deputy Registrar

ANDRÉ LUIZ ARIELO
Deputy Registrar

116459 - AA000154527 01/21

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: April 28, 2026.

Selo nº 1164592CE000000009976921V
Consulte a Autenticidade do Selo Digital em
https://selodigital.tjsp.jus.br/

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Certidão de Nascimento

NOME:

MATEUS ASSIS DE OLIVEIRA

CPF
SEM INFORMAÇÃO

MATRÍCULA:
116459 01 55 2000 1 00298 176 0126791 11

DATA DE NASCIMENTO (POR EXTENSO)	DIA	MÊS	ANO
Trinta e um de janeiro de dois mil.	31	01	2000

HORA DE NASCIMENTO	NATURALIDADE
11h12min	Campinas-SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL, MUNICÍPIO DE NASCIMENTO E UF	SEXO
Campinas - São Paulo	em à Casa de Saúde Campinas Campinas-SP	Masculino

FILIAÇÃO
SAMUEL BATISTA DE OLIVEIRA, natural de Campinas - 1° Subdistrito-SP e DENISE APARECIDA ASSIS DE OLIVEIRA, natural de Campinas - 2° Subdistrito-SP

AVÓS
JOSIAS RODRIGUES DE OLIVEIRA e VILMA BATISTA DE OLIVEIRA (paternos) e ANTONIO MOREIRA DE ASSIS e GENI MENEGAZO DE ASSIS (maternos)

GÊMEOS	NOME E MATRÍCULA DO(S) GÊMEO(S)
Não	Nada consta

DATA DE REGISTRO (POR EXTENSO)	NÚMERO DA DNV/DECLARAÇÃO DE NASCIDOS VIVOS
Um de fevereiro de dois mil.	Não informado

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
Ato registrado no livro A-298, às folhas 176, sob o nº 126791. Data do registro: 01 de fevereiro de 2000. Data de nascimento do registrado: 31 de janeiro de 2000.

Nada mais me cumpria certificar. .
Custas: Ao Oficial: R$ 29,00; ISS: R$ 1,52; Ao Ipesp: R$ 5,80Total: R$ 36,32

ANOTAÇÕES DE CADASTRO

Nome do ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
Campinas/SP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP 13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.
Campinas, 01 de abril de 2021.

ANDRE LUIZ ARIELO
substituto do oficial

ANDRÉ LUIZ ARIELO
Substituto do Oficial

116459 - AA000154527 01/21

Exhibit 3 – Beneficiary Mateus Assis de Oliveira’s Identity Documents


AA008QQLB2
Assis de Oliveira, Mateus
2019/03/29 10:00 -03
Sao Paulo
B1/B2
CAMPINAS
Correios
FX327378
CSRA ID: 1030963156
REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE
MERCOSUL

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

MATEUS A. DE OLIVEIRA

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

FX327378

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

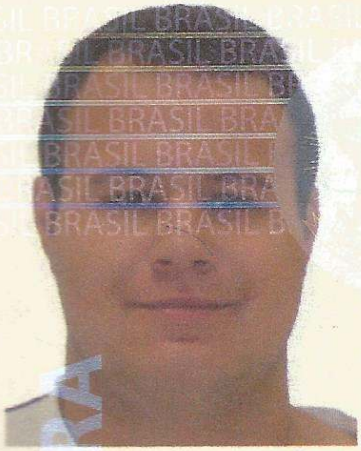
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE	PAÍS EMISSOR / ISSUING COUNTRY	PASSAPORTE Nº / PASSPORT No
P	BRA	FX327378

SOBRENOME / SURNAME
ASSIS DE OLIVEIRA

NOME / GIVEN NAMES
MATEUS

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
31 JAN/JAN 2000

IDENTIDADE Nº / PERSONAL No

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
CAMPINAS/SP

FILIAÇÃO / FILIATION
SAMUEL BATISTA DE OLIVEIRA

DENISE APARECIDA ASSIS DE OLIVEIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
30 OUT/OCT 2018

AUTORIDADE / AUTHORITY
DPF/CAS/SP

VÁLIDO ATÉ / DATE OF EXPIRY
29 OUT/OCT 2028

P<BRAASSIS<DE<OLIVEIRA<<MATEUS<<<<<<<<<<<<<<
FX327378<8BRA0001317M2810294<<<<<<<<<<<<<<04

BRASIL

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

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

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

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

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

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

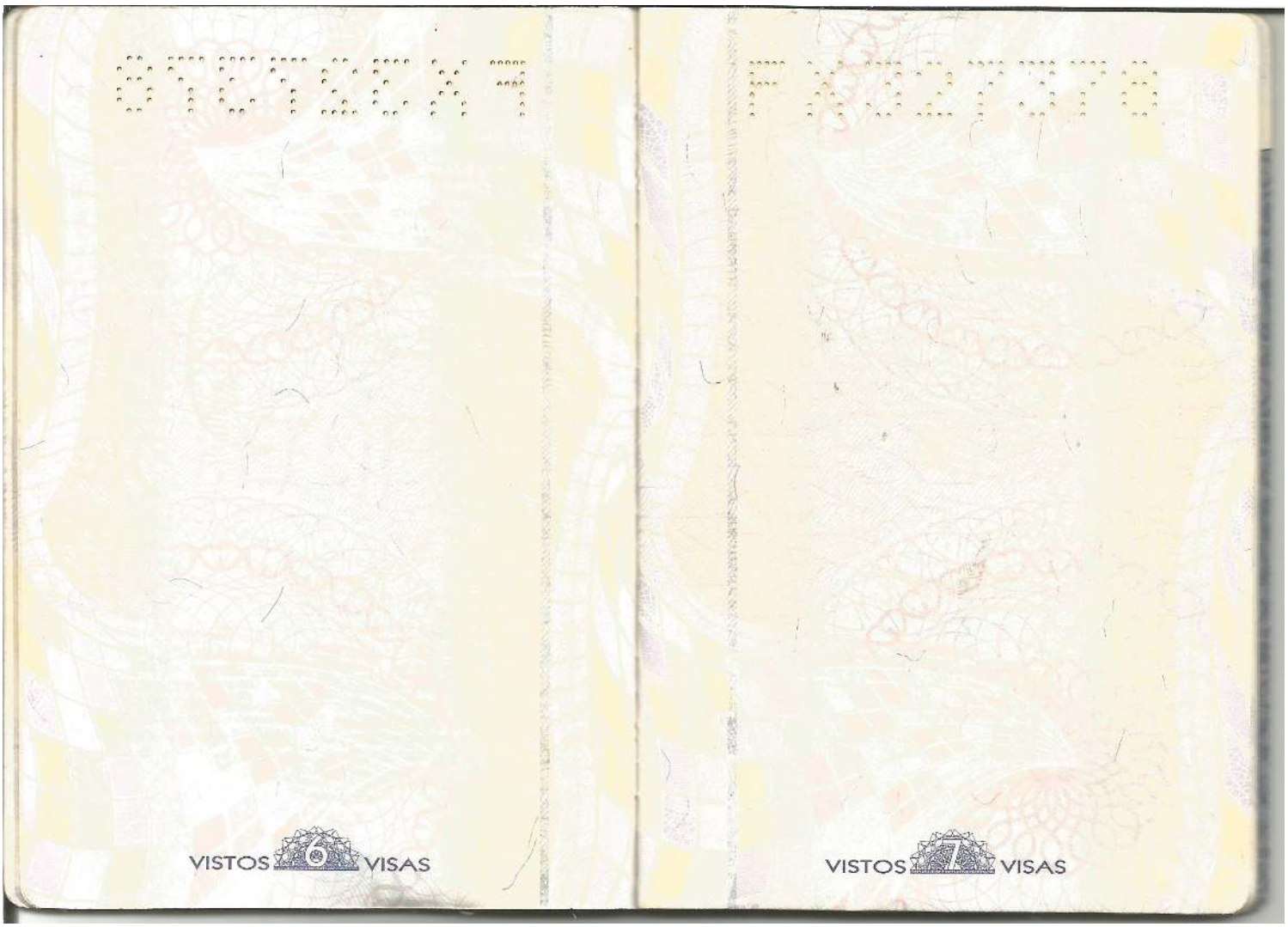
O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

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

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

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

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br


VISTOS 6 VISAS
VISTOS 7 VISAS

VISTOS VISAS

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
SAO
NOV 17 2021
2612
MAY 16 2022

VISA

UNITED STATES OF AMERICA

Issuing Post Name
SAO PAULO

Control Number
20190878230001

Surname
ASSIS DE OLIVEIRA

Given Name
MATEUS

Visa Type /Class
R B1/B2

Passport Number
FX327378

Sex
M

Birth Date
31JAN2000

Nationality
BRZL

Entries
M

Issue Date
01APR2019

Expiration Date
27MAR2029

Annotation

N9278465

*

VNUSAASSIS<DE<OLIVEIRA<<MATEUS<<<<<<<<<<<<<<

FX327378<8BRA0001317M2903275B3SPL312GQ252384

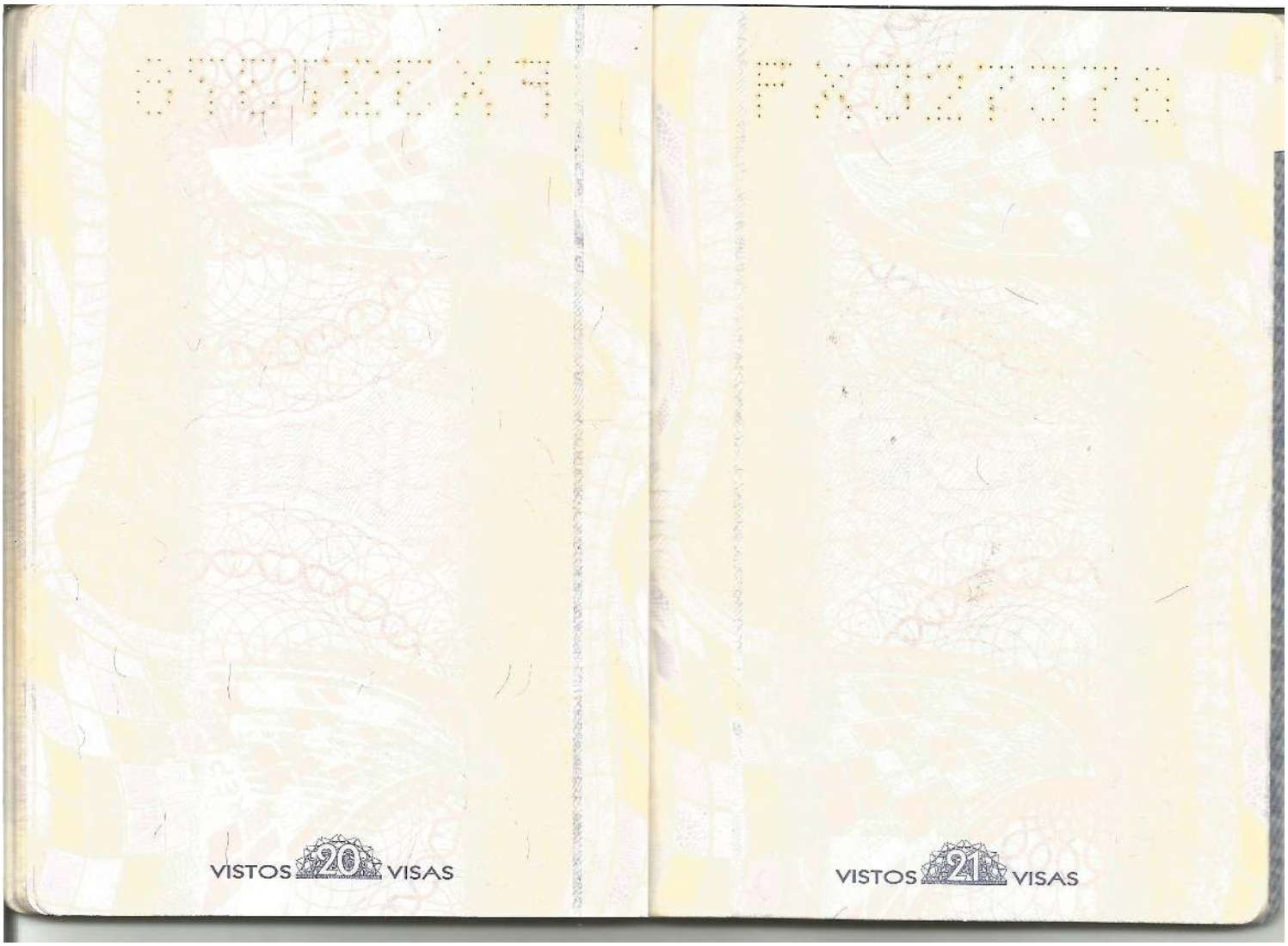

VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 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 (ou) excessivos campos eletromagnéticos intensos ou substâncias químicas.

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

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 4 – Petitioner's Parents' Marriage Certificate

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Seal No.: 1164592CE000000010088821J
Verify the Authenticity of the Digital Seal at

https://selodigital.tjsp.jus.br

RELIGIOUS MARRIAGE CERTIFICATE WITH CIVIL EFFECT

NAMES

SAMUEL BATISTA DE OLIVEIRA	CPF NO RECORD
DENISE APARECIDA ASSIS DE OLIVEIRA	CPF NO RECORD

REGISTRATION:
116459 01 55 1990 3 00014 222 0004396 43

FULL BIRTH NAMES, DATES OF BIRTH, PLACE OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

SAMUEL BATISTA DE OLIVEIRA, Brazilian, born in Campinas - 1st Subdistrict-SP, born on July 21, 1963, son of JOSIAS RODRIGUES DE OLIVEIRA and VILMA BATISTA DE OLIVEIRA

DENISE APARECIDA DE ASSIS, Brazilian, born in Campinas - 2nd Subdistrict-SP, born on June 7, 1965, daughter of ANTONIO MOREIRA DE ASSIS and GENI MENEGAZO DE ASSIS

DATE OF MARRIAGE REGISTRATION IN FULL	DAY	MONTH	YEAR
December twenty-eighth, nineteen ninety.	28	12	1990

MARITAL PROPERTY REGIME
Partial Community Property

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)
DENISE APARECIDA ASSIS DE OLIVEIRA

NOTES/ ANNOTATIONS TO BE ADDED
Act recorded in Book B AUX-14, on page 222, under No. 4396. Registration date: December 28, 1990. Date of celebration of the Religious Marriage with civil effect: December 14, 1990. **Annotation**: The contracting party died on 04/06/2021, death recorded in this registry office, Book C-153, page 81v, No. 51132. Campinas, 04/12/2021. Clerk: [a.]. From this annotation... R$ 18.16. Nothing further was required of me to certify. Fees: To the Registrar: R$ 29.00; ISS: R$ 1.52; To IPESP: R$ 5.80; Total: R$ 36.32

REGISTRATION NOTES

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address
Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.

Campinas, April 12, 2021.

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

ISILDA APARECIDA FERNANDES DE SOUZA
Clerk

Isilda Aparecida Fernandes de Souza
Clerk

116459 - AA000155177 01/21

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: April 28, 2026.

Selo nº 1164592CE000000010088821J
Consulte a Autenticidade do Selo Digital em

https://selodigital.tjsp.jus.br/

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

RELIGIOSO COM EFEITO CIVIL

NOMES

	CPF
SAMUEL BATISTA DE OLIVEIRA	SEM INFORMAÇÃO
DENISE APARECIDA ASSIS DE OLIVEIRA	SEM INFORMAÇÃO

MATRÍCULA:

116459 01 55 1990 3 00014 222 0004396 43

NOMES COMPLETOS DE SOLTEIRO, DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÃO DOS CÔNJUGES

SAMUEL BATISTA DE OLIVEIRA, nacionalidade brasileira, natural de Campinas - 1° Subdistrito-SP, nascido no dia 21 de julho de 1963, filho de JOSIAS RODRIGUES DE OLIVEIRA e VILMA BATISTA DE OLIVEIRA

DENISE APARECIDA DE ASSIS, nacionalidade brasileira, natural de Campinas - 2° subdistrito-SP, nascida no dia 07 de junho de 1965, filha de ANTONIO MOREIRA DE ASSIS e GENI MENEGAZO DE ASSIS

DATA DE REGISTRO DO CASAMENTO POR EXTENSO	DIA	MÊS	ANO
Vinte e oito de dezembro de mil novecentos e noventa.	28	12	1990

REGIME DE BENS DO CASAMENTO
Comunhão Parcial de Bens

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)
DENISE APARECIDA ASSIS DE OLIVEIRA

AVERBAÇÕES/ANOTAÇÕES A ACRESCER

Ato registrado no livro B AUX-14, às folhas 222, sob o nº 4396. Data do registro: 28 de dezembro de 1990. Data de celebração do Casamento Religioso com efeito civil: 14 de dezembro de 1990. **Anotação:** A contraente faleceu aos 06.04.2021, óbito registrado neste cartório, L.C.153 fls.81v n.51132. Cps. 12.04.2021 Esc. [a.]. Desta anotação...R$18,16 Nada mais me cumpria certificar. Custas: Ao Oficial: R$ 29,00; ISS: R$ 1,52; Ao Ipesp: R$ 5,80; Total: R$ 36,32.

ANOTAÇÕES DE CADASTRO

Nome do Ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial Registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
Campinas/SP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP 13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 12 de abril de 2021.

ISILDA APARECIDA FERNANDES DE SOUZA
escrevente

Isilda Aparecida Fernandes de Souza
escrevente

116459 - AA000155177 01/21

Exhibit 5 – Evidence of Death of Petitioner's Mother

Seal No.: 1164592PV0000000100719211
Verify the Authenticity of the Digital Seal at

https://selodigital.tjsp.jus.br

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

DEATH CERTIFICATE

NAME:

DENISE APARECIDA ASSIS DE OLIVEIRA

CPF
102.123.058-83

REGISTRATION:
116459 01 55 2021 4 00153 081 0051132 19

SEX	SKIN	MARITAL STATUS AND AGE
Female	White	Married, 55 years old

CITY OF BIRTH	IDENTIFICATION DOCUMENT	REGISTERED VOTER
Campinas-SP	CPF nº 102.123.058-83, ID No. 18.137.575-8 SSP/SP	Yes

FILIATION AND RESIDENCE
Daughter of ANTONIO MOREIRA DE ASSIS, deceased, and GENI MENEGAZO DE ASSIS, divorced, state public servant. Residence of the deceased: Rua Lotário Novaes No. 325, Taquaral, Campinas-SP

DATE AND TIME OF DEATH	DAY	MONTH	YEAR
April sixth, two thousand twenty-one, at 9:42 p.m.	06	04	2021

PLACE OF DEATH
Vera Cruz - Casa de Saúde Hospital, Campinas-SP

CAUSE OF DEATH
refractory shock, complications of COVID-19, obesity, systemic arterial hypertension

BURIAL / CREMATION	DECLARANT
Parque das Acácias Cemetery, Valinhos/SP	SAMUEL BATISTA DE OLIVEIRA

NAME AND DOCUMENT NUMBER OF THE PHYSICIAN WHO CERTIFIED THE DEATH
DAVID RATTS BARBOSA COUTINHO, CRM (*Regional Medical Council*) 179968

NOTES/ ANNOTATIONS TO BE ADDED

Act recorded in Book C-153, on page 81v, under No. 51132. Registration date: April 10, 2021. Date of birth of the deceased: June 7, 1965. She left no assets, left no will, and was a registered voter in Campinas-SP. She was married to SAMUEL BATISTA DE OLIVEIRA, the marriage having been celebrated in Campinas-SP (1st Subdistrict, Book BAux-14, page 222, No. 4396). She left the children: Beatriz and Mateus, both of legal age. Registration drawn up in accordance with Death Certificate No. 210703 of the Funeral Service of the Municipality of Campinas-SP.

Nothing further was required of me to certify.

REGISTRATION NOTES

DOCUMENT TYPE	NUMBER	DATE OF ISSUE	ISSUING AUTHORITY	VALIDITY DATE
ID	18.137.575-8		SSP/SP	

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address
Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.

Campinas, April 10, 2021.

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

MARIANA CARLOS FIRMINO - Clerk

MARIANA CARLOS FIRMINO
Clerk

116459 - AA000155028 01/21

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: April 28, 2026.

Selo nº 1164592PV0000000100719211
Consulte a Autenticidade do Selo Digital em
https://selodigital.tjsp.jus.br/

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE ÓBITO

NOME:

DENISE APARECIDA ASSIS DE OLIVEIRA

CPF
102.123.058-83

MATRÍCULA:
116459 01 55 2021 4 00153 081 0051132 19

SEXO	COR	ESTADO CIVIL E IDADE
Feminino	Branca	Casada, 55 anos

NATURALIDADE	DOCUMENTO DE IDENTIFICAÇÃO	ELEITOR
Campinas-SP	CPF nº 102.123.058-83, RG nº 18.137.575-8 SSP/SP	Sim

FILIAÇÃO E RESIDÊNCIA
Filha de ANTONIO MOREIRA DE ASSIS, falecido e de GENI MENEGAZO DE ASSIS, divorciada, func. pub. estadual. Residência da falecida: Rua Lotário Novaes, nº 325, Taquaral, Campinas-SP

DATA E HORA DE FALECIMENTO	DIA	MÊS	ANO
Seis de abril de dois mil e vinte e um, às 21h42min.	06	04	2021

LOCAL DE FALECIMENTO
Hospital Vera Cruz - Casa de Saúde, Campinas-SP

CAUSA DA MORTE
choque refratário, complicações do covid - 19, obesidade, hipertensão arterial sistêmica

SEPULTAMENTO / CREMAÇÃO	DECLARANTE
Cemitério Parque das Acácias, Valinhos/SP	SAMUEL BATISTA DE OLIVEIRA

NOME E Nº DE DOCUMENTO DO(S) MÉDICO(S) QUE ATESTOU(ARAM) O ÓBITO
DAVID RATTS BARBOSA COUTINHO, CRM 179968

AVERBAÇÕES / ANOTAÇÕES À ACRESCER
Ato registrado no livro C-153, às folhas 81v, sob o nº 51132. Data do registro: 10 de abril de 2021. Data de nascimento da falecida: 07 de junho de 1965. Não deixou bens, não deixou testamento e era eleitora por Campinas-SP. Era casada com SAMUEL BATISTA DE OLIVEIRA, casamento realizado em Campinas-SP (1º Subdistrito, L. BAux-14, fls. 222, nº 4396). Deixou os filhos: Beatriz e Mateus, ambos maiores de idade. Registro lavrado de acordo com a Declaração de Óbito n. 210703 do Serviço Funerário do Município de Campinas-SP

Nada mais me cumpria certificar.

ANOTAÇÕES DE CADASTRO

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ÓRGÃO EXPEDIDOR	DATA DE VALIDADE
RG	18.137.575-8		SSP/SP	

Nome do Ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial Registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
Campinas/SP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP 13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 10 de abril de 2021.

MARIANA CARLOS FIRMINO - escrevente

MARIANA CARLOS FIRMINO
Escrevente

116459 - AA000155028 01/21

Exhibit 6 – Form I-94 Arrival/Departure Record of Mateus Assis de Oliveira

For: **MATEUS ASSIS DE OLIVEIRA**

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

Most Recent I-94

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

Admission I-94 Record Number: 838129674A4

Arrival/Issued Date: 2025 December 06

Class of Admission: B2

Admit Until Date: 2026 June 05

Details provided on the I-94 Information form:

Last/Surname: ASSIS DE OLIVEIRA

First (Given) Name: MATEUS

Birth Date: 2000 January 31

Document Number: FX327378

Country of Citizenship: Brazil

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

OMB No. 1651-0111
Expiration Date: 05/31/2026

Exhibit 7 – Evidence of Current Residence of Beneficiary Mateus Assis de Oliveira

CPFL ENERGIA

DANF3E – AUXILIARY DOCUMENT OF THE ELECTRONIC ELECTRICITY INVOICE

Companhia Paulista de Força e Luz (CPFL)
Rua Jorge de Figueiredo Corrêa, 1632 – Jardim Prof. Tarcília – Campinas – SP
ZIP Code: 13087-397 - State Registration: 244.163.955.115 - CNPJ: 33.050.196/0001-88

MATEUS ASSIS DE OLIVEIRA
R LOTARIO NOVAES, 325
TAQUARAL
13076-150 CAMPINAS/SP

FOR CPFL USE ONLY

LOT	Meter Reading Route	Meter No.	Pages	Issue Date	Next Month's Reading	Due Date
02	CAMBU114-00000048	213252481	01/01	03/10/2026	04/02/2026	03/18/2026

Classification: Conventional B1 – Residential | Type of Supply - Two-phase

NOMINAL VOLTAGE IN VOLTS Available: 127 Min. Limit: 117 Max. Limit: 133

MATEUS ASSIS DE OLIVEIRA
R LOTARIO NOVAES,325
TAQUARAL
13076-150 - CAMPINAS - /SP
CPF: *.***.988-****

Installation Code
8752214

Meter Reading Dates

Current Reading	Previous Reading	No. of Days
03/05/2026	02/03/2026	30

Next Reading: 04/02/2026

Ref.: Month/Year	Due Date	Total Amount Due
MAR/2026	03/18/2026	R$ 327.64

Invoice No.: 026746769 – Series 0 / Issue Date: 03/05/2026
Access via verification key at:
https://dfe-portal.svrs.rs.gov.br/NF3E/Consulta
Access Key:
35260333050196000188660000267467691075320098
Authorization Protocol: 3352600047323252 – 03/06/2026 at 03:03:07 AM

Access your invoice XML here

Important Notice

Your installation code will be changed starting in June 2026 to comply with ANEEL Resolution REN 1095/2024. Learn more at: www.cpfl.com.br/seunumerodauc.

CDE Water Scarcity Charge (TUSD): R$ 1.89. Energy Tariff Adjustment (TE): R$ -8.26

In compliance with Complementary Law 214/2025, this bill has included, since 12/28/2025, simulated amounts of: IBS (0.10%): R$ 0.24 and CBS (0.90%): R$ 2.14. No charge to the customer

Operation Description No.: 90635 4907832	Meter Unit	Billed Quantity	ANEEL Tariff	Tariff with Taxes (R$)	Total Operation Amount (R$)	ICMS Tax Base	ICMS Rate (%)	ICMS	PIS 0,91%	COFINS 4,27%
Sys. Usage Consumption (kWh) -TUSD (MAR/26)	kWh	353,000	0,3881500	0,4920380	176,22	176,22	18,00	31,72	1,31	6,17
Energy Consumption – TE (MAR/26)	kWh	353,000	0,2873800	0,3643217	130,48	130,48	18,00	23,49	0,97	4,57
Total Distributed Amount			0,2873800		306,70					
Other Service Charges										
Public Lighting Contribution (CIP) – MAR/26					20,94					
Total Amount Due					327,64	306,70		55,21	2,28	10,74

Tax	Calculation Base (R$)	Rate (%)	Amount (R$)
ICMS	306,70	18,00	55,21
PIS/PASEP	251,49	0,91	2,28
COFINS	251,49	4,27	10,74

Electricity Consumption (kWh)

Billed Consumption		No. of days
MAR/26	353	30
FEB	296	28
JAN	139	29
DEC/25	318	33
NOV	334	29
OCT	360	33

Meter	Measured Qty.	Time-of-Use Periods	Previous Reading	Current Reading	Meter Constant	Consumption (kWh)
21325 2481	Active Energy (kWh)	flat rate	87693	88046	1,00	353

Reserved for Tax Authorities

Time Band Tariff
Green 25 days
Green 05 days

Loss Rate (%):

Energy supply continuity indicators: To check service continuity indicators, visit: www.cpfl.com.br

PIX – Pay Here
Practical, fast, and secure

DANF3E / Invoice
Electricity Bill
No. 026746769 – Series 0

Auto. Debit Code - Bank	Total Amount Due (R$)	Due Date
310147894600	327.64	03/18/2026

This bill may be paid at the nearest authorized payment location.

SUPERMERCADO TAQUARAL LTDA	AV. NOSSA SENHORA DE FATIMA 586 - TAQUARAL
FAVAROSSI CONFECCOES E COMERCIO LTDA	R ARTUR PAIOLI 31 - JARDIM NOSSA SENHORA AUXI
MERCADO CRISTO REI	R MARIO DE ARAUJO NAVAIS 445 - JARDIM ITAGUACU I

836900000032 276400403107 936450446039 101478946003

Mechanical Authentication

cpfl paulista

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

Marina Viana **Date: April, 28 2026**

CPFL ENERGIA

DANF3E - DOCUMENTO AUXILIAR DA NOTA FISCAL DE ENERGIA ELETRÔNICA
Companhia Paulista de Força e Luz
Rua Jorge de Figueiredo Correa, 1632 - Jd. Prof. Tarcília - Campinas - SP
CEP: 13087-397 – Inscrição Estadual: 244.163.955.115 - Inscrição no CNPJ: 33.050.196/0001-88

MATEUS ASSIS DE OLIVEIRA
R LOTARIO NOVAES, 325
TAQUARAL
13076-150 CAMPINAS/SP

USO EXCLUSIVO CPFL

LOTE	Roteiro de Leitura	Nº. Medidor	Páginas	Data de Apresentação	Leitura Próximo Mês	Data Vencimento
02	CAMBU114-00000048	213252481	01/01	10/03/2026	02/04/2026	18/03/2026

Classificação: Convencional B1 Residencial
Tipo de Fornecimento -Bifásico
TENSÃO NOMINAL EM VOLTS Disp.: 127 Lim. mín.: 117 Lim. máx.: 133

Código da Instalação
8752214

Datas de leituras		
Leitura atual	Leitura anterior	Nº de dias
05/03/2026	03/02/2026	30

Próxima Leitura 02/04/2026

MATEUS ASSIS DE OLIVEIRA
R LOTARIO NOVAES,325
TAQUARAL
13076-150 - CAMPINAS - /SP
CPF: *.***.988-****

ACESSE AQUI O XML DA SUA NF

NOTA FISCAL Nº 026746769 - SÉRIE 0 / DATA DE EMISSÃO: 05/03/2026
Consulte pela chave de Acesso em:
https://dfe-portal.svrs.rs.gov.br/NF3E/Consulta
chave de acesso:
35260333050196000188660000267467691075320098
Protocolo de autorização: 335260004732325 2 - 06/03/2026 às 03:03:07

Ref: mês/ano	Vencimento	Total a pagar
MAR/2026	18/03/2026	R$ 327,64

Aviso importante

Seu código de instalação será alterado a partir de jun/26 para atender a REN ANEEL 1095/24. Saiba mais em www.cpfl.com.br/seunumerodauc.

CDE Escassez Hídrica TUSD R$ 1,89 TE R$ -8,26

Em cumprimento à LC 214/2025, esta fatura apresenta, desde 28/12/2025, os valores simulados de IBS (0,10%) R$0,24 e CBS (0,90%) R$2,14. Sem cobrança ao cliente.

Descrição da operação Nº 906354907832	Unid. Med.	Quant. Faturada	Tarifa ANEEL	Tarifa com tributos R$	Valor total da operação R$	Base Cálc. ICMS	Alíq. ICMS %	ICMS	PIS 0,91%	COFINS 4,27%
Consumo Uso Sistema (kWh)-TUSD MAR26	kWh	353,000	0,3815000	0,4930068	173,99	173,99	18,00	31,32	1,16	5,45
Consumo - TE MAR26	kWh	353,000	0,2573000	0,3686917	130,14	130,14	18,00	23,43	0,87	4,09
Total Distribuidora			0,2573000		304,13					
DÉBITOS DE OUTROS SERVIÇOS										
Contribuição Custeio IlCiP MAR26					20,04					
Total consolidado					324,17	304,13		54,75	2,03	9,54

Tributo	Base de Cálc. (R$)	Alíquota (%)	Valor (R$)
ICMS	304,13	18,00	54,75
PIS/PASEP	221,49	0,91	2,03
COFINS	221,49	4,27	9,54

Consumo / kWh

Consumo faturado	Nº dias
MAR/26 353	30
FEV/ 296	28
JAN/ 139	29
DEZ/25 316	33
NOV/ 334	29
OUT/ 360	33

Medidor	Grandezas	Postos horários	Leitura Anterior	Leitura Atual	Const. Medidor	Consumo kWh
213252481	Energia Ativa-kWh	único	87693	88046	1,00	353

Reservado ao Fisco

Bandeiras Tarifárias
Verde 25 Dias
Verde 05 Dias
Taxa de Perdas %

Indicadores de continuidade de fornecimento de energia: Para consulta dos indicadores acesse nosso site www.cpfl.com.br

DANF3E / Nota Fiscal
Conta de Energia Elétrica
026746769 Série 0

CódDebAuto-Banco	Total a Pagar (R$)	Data de Vencimento
310147894600	327,64	18/03/2026

Essa conta poderá ser paga no credenciado mais perto de você

SUPERMERCADO TAQUARAL LTDA	AV. NOSSA SENHORA DE FATIMA 586 - TAQUARAL
FAVAROSSI CONFECCOES E COMERCIO LTDA	R ARTUR PAIOLI 31 - JARDIM NOSSA SENHORA AUXI
MERCADO CRISTO REI	R MARIO DE ARAUJO NAVAIS 445 - JARDIM ITAGUACU I

PIX - Pague Aqui
Prático, rápido e seguro

836900000032 276400403107 936450446039 101478946003

Autenticação Mecânica

cpfl paulista