Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

I-130, Petition for Alien Relative

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

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

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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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.

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I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Elvis	Middle Name (if any) Miguel	Family Name (Last Name) SALADO PLEITEZ
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: Elvis Miguel Salado Pleitez
Beneficiary: Marli Jorge Fernandes (Spouse) (A-241-676-535);
Beneficiary: Pietro Augusto Fernandes (Stepchild) (A-241-676-536).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Marli Jorge Fernandes and Pietro Augusto Fernandes**.

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

- **Elvis Miguel Salado Pleitez' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130, Petition for Alien Relative
- Form I-130A, Supplemental Information for a Spouse Beneficiary

- **Marli Jorge Fernandes' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

- **Pietro Augusto Fernandes' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

I. Elvis Miguel Salado Pleitez' Identification Documents
- Elvis Miguel Salado Pleitez' Birth certificate;
- Elvis Miguel Salado Pleitez' Valid Passport;
- Elvis Miguel Salado Pleitez' Driver's License;

II. Marli Jorge Fernandes' Identification Documents:
- Marli Jorge Fernandes' Birth certificate with English Translation;
- Marli Jorge Fernandes' Valid Passport;
- Marli Jorge Fernandes' Driver's License;
- Marli Jorge Fernandes' Notice to Appear Document;

III. Pietro Augusto Fernandes' Identification Documents:
- Pietro Augusto Fernandes' Birth certificate with English Translation;
- Pietro Augusto Fernandes' Valid Passport
- Pietro Augusto Fernandes' Notice to Appear Document;

IV. Elvis Miguel Salado Pleitez and Marli Jorge Fernandes Marriage Certificate;

V. Evidence of Bona Fide Marriage

- Elvis Miguel Salado Pleitez' Declaration;
- Marli Jorge Fernandes' Personal Declaration with English Translation;
- Joint Bank Account Statements;
- Residential Lease Agreement;
- Landlord's Affidavit of Residency;
- School Emergency Contact for Pietro Augusto Fernandes: Elvis Miguel Salado Pleitez, Stepfather;
- Joint Cell Phone Bill;

Letters of Support

- Letter of Support Delivered by William Fajardo-Doss;
- Letter of Support Delivered by Marta Pleitez;
- Letter of Support Delivered by Lael Damasceno;
- Letter of Support Delivered by Natania Jorge Fernandes with English Translation;

Photographic Evidence of Relationship

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: 05/15/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

ELVIS MIGUEL SALADO PLEITEZ'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)

► 007492625438

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130 I-130A

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) SALADO PLEITEZ

6.b. Given Name (First Name) Elvis

6.c. Middle Name Miguel

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

7743689340

11. Mobile Telephone Number (if any)

7743689340

12. Email Address (if any)

elvissalado46@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

➡ Elvis Salado

2.b. Date of Signature (mm/dd/yyyy) 04/03/2026

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) 04/03/2026

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

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

1.a Family Name (Last Name): SALADO PLEITEZ

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

1.c. Middle Name: Miguel

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

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

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

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

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

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

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- N/A
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 030869322

Your Full Name

4.a. Family Name (Last Name): SALADO PLEITEZ
4.b. Given Name (First Name): Elvis
4.c. Middle Name: Miguel

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Barnstable

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 07/24/2003

9. Sex ☒ Male ☐ Female

Mailing Address

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

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

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: 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: 185 Ridgewood Ave

12.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit G

12.c. City or Town: Barnstable

12.d. State: MA **12.e.** ZIP Code: 02601

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

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

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

Physical Address 2

14.a. Street Number and Name: 21 Pram Rd

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: Barnstable

14.d. State: MA **14.e.** ZIP Code: 02601

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 01/01/2018

15.b. Date To (mm/dd/yyyy): 12/31/2023

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) 02/06/2025

Place of Your Current Marriage (if married)

19.a. City or Town Barnstable

19.b. State MA

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) JORGE FERNANDES SALADO

20.b. Given Name (First Name) Marli

20.c. Middle Name N/A

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) ABDY PLEITEZ

24.b. Given Name (First Name) Norma

24.c. Middle Name N/A

25. Date of Birth (mm/dd/yyyy) 01/16/1984

26. Sex ☐ Male ☒ Female

27. Country of Birth El Salvador

28. City/Town/Village of Residence Metapan

29. Country of Residence El Salvador

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) ANGEL SALADO GARCIA

30.b. Given Name (First Name) Miguel

30.c. Middle Name N/A

31. Date of Birth (mm/dd/yyyy) 02/09/1983

32. Sex ☒ Male ☐ Female

33. Country of Birth Mexico

34. City/Town/Village of Residence Tecoanapa

35. Country of Residence Mexico

Additional Information About You (Petitioner)

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

☒ U.S. Citizen ☐ Lawful Permanent Resident

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

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

☒ Birth in the United States

☐ Naturalization

☐ Parents

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

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

39.a. Certificate Number N/A

39.b. Place of Issuance N/A

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

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Alliance Mobile Atnt

43.a. Street Number and Name 769 Iyannough Rd Space N 187

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town Barnstable

43.d. State MA **43.e.** ZIP Code 02601

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Sales Person

45.a. Date From (mm/dd/yyyy) 11/01/2023

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

Employer 2

46. Name of Employer/Company

TruGreen

47.a. Street Number and Name 6 New Venture Dr

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town Dennis

47.d. State MA **47.e.** ZIP Code 02660

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Pesticide Applicator

49.a. Date From (mm/dd/yyyy) 10/01/2022

49.b. Date To (mm/dd/yyyy) 10/31/2023

Part 3. Biographic Information

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

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

3. Height Feet 6 Inches 0

4. Weight Pounds 1 7 5

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** 2 4 1 6 7 6 5 3 5

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): JORGE FERNANDES SALADO

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

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): JORGE FERNANDES

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Santa Maria do Suacui

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 11/14/1987

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: 185 Ridgewood Ave

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: Unit G

11.c. City or Town: Barnstable

11.d. State: MA **11.e.** ZIP Code: 02601

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.:

12.c. City or Town:

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: 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): 7743680211

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

7743680211

16. Email Address (if any)

marlifernandes@icloud.com

Beneficiary's Marital Information

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

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 02/06/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Barnstable

20.b. State: MA

20.c. Province: N/A

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): SALADO PLEITEZ

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

21.c. Middle Name: Miguel

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

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): SALADO PLEITEZ

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

25.c. Middle Name: Miguel

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 07/24/2003

28. Country of Birth: USA

Person 2

29.a. Family Name (Last Name): AUGUSTO FERNANDES

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

29.c. Middle Name: N/A

30. Relationship: Child

31. Date of Birth (mm/dd/yyyy): 12/15/2014

32. Country of Birth: Brazil

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): EWI - ENTRY WITHOUT INSPECTION

46.b. Form I-94 Arrival-Departure Record Number: ► N/A

46.c. Date of Arrival (mm/dd/yyyy): 07/03/2022

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

47. Passport Number: YE524192

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 11/08/2026

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): House Cleaning - Cleaner

51.b. Street Number and Name: Multiple addresses

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: Barnstable

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

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 05/16/2024

Additional Information About Beneficiary

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

☐ Yes ☒ No

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: 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: 185 Ridgewood Ave

59.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit G

59.c. City or Town: Barnstable

59.d. State: MA **59.e.** ZIP Code: 02601

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

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

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

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

61.a. City or Town: N/A

61.b. State: 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): AUGUSTO FERNANDES

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

6.c. Middle Name: N/A

7. Relationship: Stepchild

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: 7743689340

4. Petitioner's Mobile Telephone Number (if any): 7743689340

5. Petitioner's Email Address (if any): elvissalado46@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): Elvis Salado

6.b. Date of Signature (mm/dd/yyyy): 04/06/2026

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: **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) 04/06/2026

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): SALADO PLEITEZ

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

1.c. Middle Name: Miguel

2. A-Number (if any) ► A- N/A

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

3.d.
Vanguard - Moving Services
74 Ferndoc St, Barnstable, MA 02601
Mover/Packer
From 04/01/2021 to 12/01/2021

4.a. Page Number: 7 **4.b.** Part Number: 4 **4.c.** Item Number: 51.a

4.d.
Sarku Japan
132 Iyannough Rd, Space F107
Barnstable MA, 02601
Kitchen Assistant
From 10/02/2023 to 05/15/2024

House cleannig - Cleaner
Multiple addresses
Barnstable MA - USA
From 09/30/2021 to 04/03/2023

The daily paper - Kitechen Assistant
664 West Main St.
Barnstable MA, 02601
From 07/16/2022 to 03/31/2023

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

Petition for Alien Relative

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

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

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

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

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

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

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

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

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

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

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

☐ Spouse ☐ Parent ☐ Brother/Sister ☒ Child

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

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

☒ Stepchild/Stepparent

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

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

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

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

Part 2. Information About You (Petitioner)

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

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

3. U.S. Social Security Number (if any)
► 030869322

Your Full Name

4.a. Family Name (Last Name): SALADO PLEITEZ

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

4.c. Middle Name: Miguel

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Barnstable

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 07/24/2003

9. Sex ☒ Male ☐ Female

Mailing Address

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

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

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: 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: 185 Ridgewood Ave

12.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit G

12.c. City or Town: Barnstable

12.d. State: MA **12.e.** ZIP Code: 02601

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

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

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

Physical Address 2

14.a. Street Number and Name: 21 Pram Rd

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: Barnstable

14.d. State: MA **14.e.** ZIP Code: 02601

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 01/01/2018

15.b. Date To (mm/dd/yyyy): 12/31/2023

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) 02/06/2025

Place of Your Current Marriage (if married)

19.a. City or Town Barnstable

19.b. State MA

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) JORGE FERNANDES SALADO

20.b. Given Name (First Name) Marli

20.c. Middle Name N/A

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) ABDY PLEITEZ

24.b. Given Name (First Name) Norma

24.c. Middle Name N/A

25. Date of Birth (mm/dd/yyyy) 01/16/1984

26. Sex ☐ Male ☒ Female

27. Country of Birth El Salvador

28. City/Town/Village of Residence Metapan

29. Country of Residence El Salvador

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) ANGEL SALADO GARCIA

30.b. Given Name (First Name) Miguel

30.c. Middle Name N/A

31. Date of Birth (mm/dd/yyyy) 02/09/1983

32. Sex ☒ Male ☐ Female

33. Country of Birth Mexico

34. City/Town/Village of Residence Tecoanapa

35. Country of Residence Mexico

Additional Information About You (Petitioner)

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

☒ U.S. Citizen ☐ Lawful Permanent Resident

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

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

☒ Birth in the United States

☐ Naturalization

☐ Parents

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

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

39.a. Certificate Number N/A

39.b. Place of Issuance N/A

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

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Alliance Mobile Atnt

43.a. Street Number and Name 769 Iyannough Rd Space N 187

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town Barnstable

43.d. State MA **43.e.** ZIP Code 02601

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Sales Person

45.a. Date From (mm/dd/yyyy) 11/01/2023

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

Employer 2

46. Name of Employer/Company

TruGreen

47.a. Street Number and Name 6 New Venture Dr

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town Dennis

47.d. State MA **47.e.** ZIP Code 02660

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Pesticide Applicator

49.a. Date From (mm/dd/yyyy) 10/01/2022

49.b. Date To (mm/dd/yyyy) 10/31/2023

Part 3. Biographic Information

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

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

3. Height Feet 6 Inches 0

4. Weight Pounds 1 7 5

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** 2 4 1 6 7 6 5 3 6

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): AUGUSTO FERNANDES

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

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: Santa Maria do Suacui

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 12/15/2014

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: 185 Ridgewood Ave

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: Unit G

11.c. City or Town: Barnstable

11.d. State: MA **11.e.** ZIP Code: 02601

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.:

12.c. City or Town:

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: 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): 7743680211

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

7743680211

16. Email Address (if any)

marlifernades@icloud.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ► 0

18. Current Marital Status

☒ Single, Never Married ☐ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) N/A

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town N/A

20.b. State 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): EWI - ENTRY WITHOUT INSPECTION

46.b. Form I-94 Arrival-Departure Record Number: ► N/A

46.c. Date of Arrival (mm/dd/yyyy): 07/03/2022

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

47. Passport Number: YF434355

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/26/2031

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: N/A

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): JORGE FERNANDES SALADO

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

6.c. Middle Name: N/A

7. Relationship: Spouse

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: 7743689340

4. Petitioner's Mobile Telephone Number (if any): 7743689340

5. Petitioner's Email Address (if any): elvissalado46@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) ➡ Elvis Salado

6.b. Date of Signature (mm/dd/yyyy): 04/06/2026

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: **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.

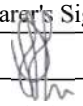
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

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) 04/06/2026

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): SALADO PLEITEZ

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

1.c. Middle Name: Miguel

2. A-Number (if any) ► A-: N/A

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

3.d.
Vanguard - Moving Services
74 Ferndoc St, Barnstable, MA 02601
Mover/Packer
From 04/01/2021 to 12/01/2021

4.a. Page Number: 7 **4.b.** Part Number: 4 **4.c.** Item Number: 51.a

4.d.
The beneficiary is 11 years old and is a student. Because of his age, he has never worked.

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

MARLI JORGE FERNANDES' 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)

► 007492625438

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130, I-130A

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): FERNANDES

6.b. Given Name (First Name): Marli Jorge

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- 2 4 1 6 7 6 5 3 5

Client's Contact Information

10. Daytime Telephone Number

7743680211

11. Mobile Telephone Number (if any)

7743680211

12. Email Address (if any)

marlifernades@icloud.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

➡ Mari Jorge Fernandes

2.b. Date of Signature (mm/dd/yyyy) 04/03/2026

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) 04/03/2026

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

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

1.a Family Name (Last Name): FERNANDES

1.b. Given Name (First Name): Marli Jorge

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Supplemental Information for Spouse Beneficiary

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

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

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

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

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

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

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)
► **A-** 241676535

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

Your Full Name

3.a. Family Name (Last Name): JORGE FERNANDES SALADO

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

3.c. Middle Name: N/A

Address History

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

Physical Address 1

4.a. Street Number and Name: 185 Ridgewood Ave

4.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit G

4.c. City or Town: Barnstable

4.d. State: MA **4.e.** ZIP Code: 02601

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

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

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

Physical Address 2

6.a. Street Number and Name: 21 Pram Rd

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Barnstable

6.d. State: MA **6.e.** ZIP Code: 02601

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 04/01/2023

7.b. Date To (mm/dd/yyyy): 12/31/2023

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Prof. Conceicao Flexa, 121

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: Santa Maria do Suacui

8.d. Province: N/A

8.e. Postal Code: 39780-000

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 01/01/2010

9.b. Date To (mm/dd/yyyy): 06/28/2022

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): FERNANDES DA COSTA

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

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 05/02/1951

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth: Santa Maria do Suacui

14. Country of Birth: Brazil

15. City/Town/Village of Residence: Santa Maria do Suacui

16. Country of Residence: Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name): JORGE FERNANDES

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

17.c. Middle Name: N/A

18. Date of Birth (mm/dd/yyyy): 03/10/1958

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth: Jose Raydan

21. Country of Birth: Brazil

22. City/Town/Village of Residence: Santa Maria do Suacui

23. Country of Residence: Brazil

Part 2. Information About Your Employment

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

Employment History

Employer 1

1. Name of Employer/Company: House Cleaning

2.a. Street Number and Name: Multiple addresses

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: Barnstable

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

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: USA

3. Your Occupation: Cleaner

4.a. Date From (mm/dd/yyyy): 05/16/2024

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

Employer 2

5. Name of Employer/Company: Sarku Japan

6.a. Street Number and Name: 132 Iyannough Rd

6.b. ☐ Apt. ☐ Ste. ☐ Flr.: Space F107

6.c. City or Town: Barnstable

6.d. State: MA **6.e.** ZIP Code: 02601

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

Part 2. Information About Your Employment (continued)

7. Your Occupation: Kitchen Assistant

8.a. Date From (mm/dd/yyyy): 10/02/2023

8.b. Date To (mm/dd/yyyy): 05/15/2024

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company: Santa Maria do Suacui City Hall

2.a. Street Number and Name: Rua Conego Lafayete 12

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: Santa Maria do Suacui

2.d. State: MG

2.e. ZIP Code: 39780000

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: Brazil

3. Your Occupation: Community Health Agent

4.a. Date From (mm/dd/yyyy): 07/15/2019

4.b. Date To (mm/dd/yyyy): 05/20/2022

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 7743680211

4. Spouse Beneficiary's Mobile Telephone Number (if any): 7743680211

5. Spouse Beneficiary's Email Address (if any): marlifernandes@icloud.com

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink) ➡ Marli Jorge Fernandes

6.b. Date of Signature (mm/dd/yyyy): 04/07/2026

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

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

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

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 04/07/2026

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

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

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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

8.b. Date of Signature (mm/dd/yyyy) 04/07/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): JORGE FERNANDES SALADO

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 2 4 1 6 7 6 5 3 5

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

3.d.
01 Fresh Holes Rd, Barnstable
MA 02601, USA
From 07/16/2022 to 03/31/2023

Rua Prof. Conceicao Flexa, 121
Cruzeiro, Santa Maria do Suaçui
MG, 39780-000 - Brazil
From 01/01/2010 to 07/15/2022

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 1

4.d.
House Cleaning, Multiple addresses, Barnstable, MA - USA
Cleaner
From 04/03/2023 to 09/30/2023

The Daily Paper
664 West Main St., Barnstable, MA 02601, USA
Kitchen Assistant
From 07/16/2022 to 03/31/2023

5.a. Page Number: 2 **5.b.** Part Number: 2 **5.c.** Item Number: 1

5.d.
Santa Maria do Suacui City Hall
Rua Conego Lafayete, 12, Santa Maria do Suacui
Minas Gerais, 39780000, Brazil
Community Health Agent
From 07/15/2019 to 05/20/2022

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

PIETRO AUGUSTO FERNANDES' 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)

► 007492625438

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130

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) AUGUSTO FERNANDES

6.b. Given Name (First Name) Pietro

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- 2 4 1 6 7 6 5 3 6

Client's Contact Information

10. Daytime Telephone Number

7743680211

11. Mobile Telephone Number (if any)

7743680211

12. Email Address (if any)

marlifernades@icloud.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

➡ Mari Jorge Fernandes

2.b. Date of Signature (mm/dd/yyyy) 04/03/2026

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) 04/03/2026

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

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

1.a Family Name (Last Name): AUGUSTO FERNANDES

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

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Exhibit list

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Photographic Evidence of Relationship	104-139

Exhibit 1 - Elvis Miguel Salado Pleitez' Identification Documents

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

CT 5804175

Commonwealth of Massachusetts
Registry of Vital Records and Statistics

RECORD OF BIRTH

07012019

REGISTERED NUMBER: **542**
STATE FILE NUMBER: 046010

CHILD

NAME: **ELVIS MIGUEL SALADO PLEITEZ**
SEX: **MALE** PLURALITY **SINGLE**
DATE OF BIRTH: **JULY 24, 2003** TIME: **12:10 AM**
PLACE OF BIRTH: **BARNSTABLE, MASSACHUSETTS**

PARENT

NAME: **NORMA ABDY PLEITEZ**
SURNAME AT BIRTH OR ADOPTION: **PLEITEZ**
BIRTHPLACE: **METAPAN-SANTA ANA, EL SALVADOR**
AGE OR DATE OF BIRTH: **JANUARY 16, 1984**

PARENT

NAME: **MIGUEL ANGEL SALADO GARCIA**
SURNAME AT BIRTH OR ADOPTION: ---
BIRTHPLACE: **TECOANAPA, MEXICO**
AGE OR DATE OF BIRTH: **FEBRUARY 09, 1983**

AT-BIRTH RESIDENCE: **BARNSTABLE, MASSACHUSETTS**

DATE OF RECORD: **JULY 30, 2003**

DATE ISSUED: **SEPTEMBER 13, 2023**

I, the undersigned, hereby certify that I am the Town Clerk for the Town of Barnstable that, as such, I have custody of the records of births, marriages and deaths, required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.
WITNESS: My hand and the SEAL OF THE TOWN OF BARNSTABLE
A TRUE COPY ATTEST: at Barnstable, Massachusetts

Ann M. Quirk, Town Clerk, Barnstable

(If the Seal is not raised, this document has been illegally copied – do not accept it.)

ILLEGAL TO ALTER OR REPRODUCE

VOID IF ALTERED OR ERASED

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

O say does that Star
spangled banner yet wave
O'er the Land of the free
& the Home of the Brave?

THE UNITED STATES OF AMERICA

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

–ABRAHAM LINCOLN

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

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

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

A 85430783

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo
P

Code/Code/Código
USA

Passport No./No. du Passeport/No. de Pasaporte
A85430709

USA

Surname/Nom/Apellidos
SALADO PLEITEZ

Given names/Prénoms/Nombres
ELVIS MIGUEL

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
24 JUL 2003

Sex/Sexe/Sexo
M

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

Date of issue/Date de délivrance/Fecha de expedición
10 MAR 2026

Date of expiration/Date d'expiration/Fecha de caducidad
09 MAR 2036

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USASALADO<PLEITEZ<<ELVIS<MIGUEL<<<<<<<<<<<<

A85430709 4USA0307248M3603099465044041<781192

SECURITY INFORMATION

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

BEARER'S IMAGE
An image of the document holder is printed over security artwork.

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

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

PASSPORT NUMBER
The passport number is perforated throughout the passport.

COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.

P<USASMITH<<JOHN<A<<<<<<<<<<<<<<
A05430709

IMPORTANT TRAVEL AND SAFETY DATA

travel.state.gov/new

Scan for important passport information and travel requirements.

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

It is recommended to renew your passport at least one year prior to the expiration date of the passport.

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

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

This passport is not valid unless signed by the bearer in the area designated on page three.

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

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

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

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

IMPORTANT INFORMATION

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

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

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

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

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

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

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

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

8
We have a great dream. It started way back in 1776.
Visas
8
9
and God grant that America will be true to her dream.
Martin Luther King, Jr.
Visas
9
IN CONGRESS, JULY 4, 1776.
Declaration
States of America

10

Let every nation know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe, in order to assure the survival and the success of liberty.
John F. Kennedy

11

Visas

10

Visas

11

12

This is a new nation, based on a mighty continent, of boundless possibilities.
Theodore Roosevelt

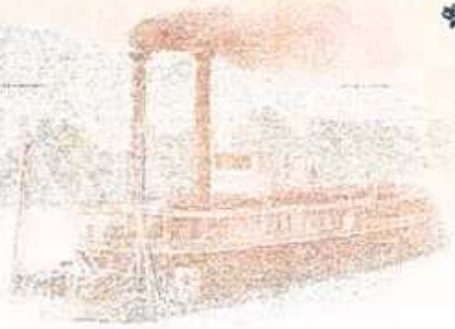
13

Visas

12

Visas

13



14

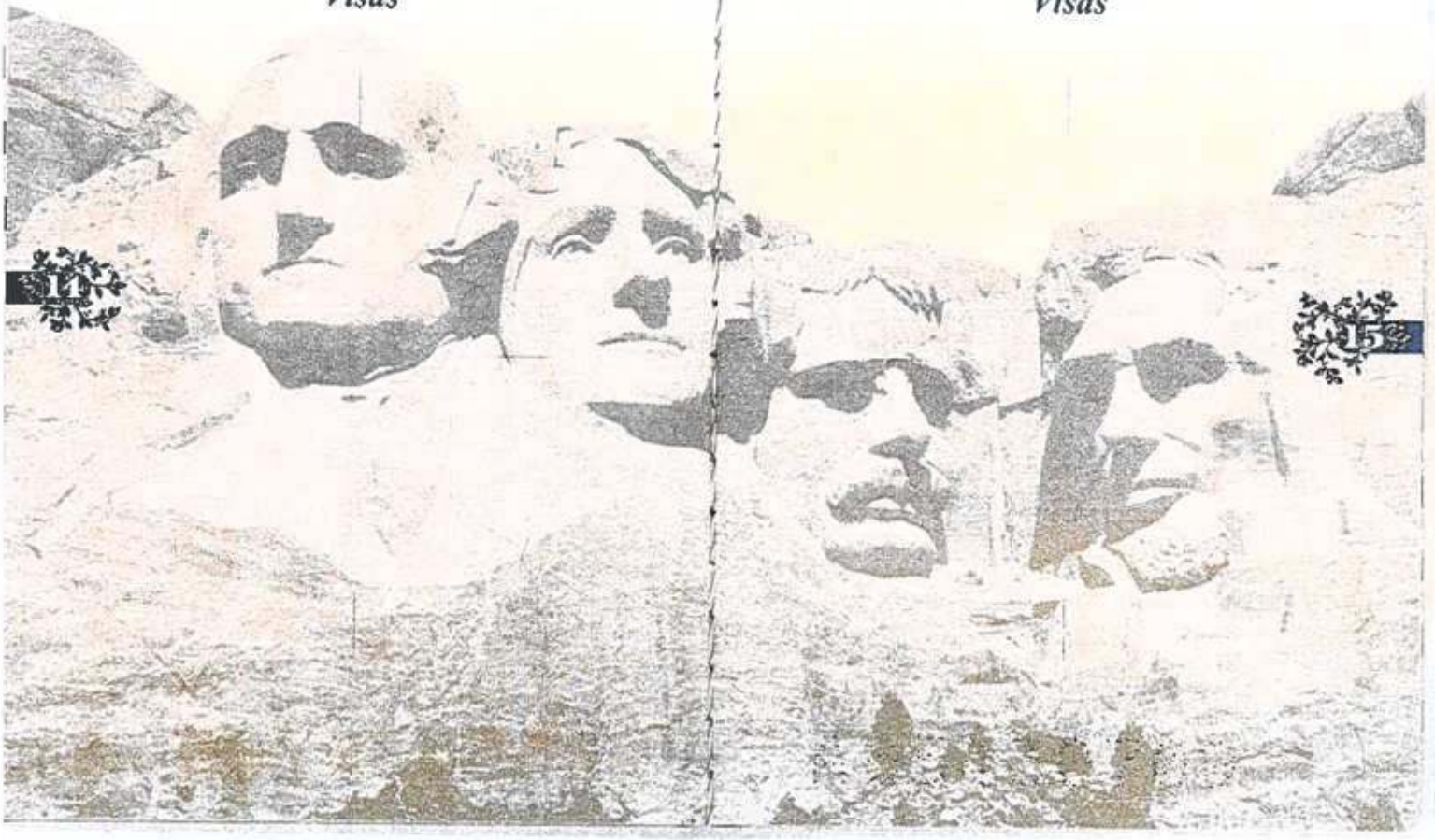
Let us raise a standard to which

the wise and honest can repair...
George Washington

15

Visas

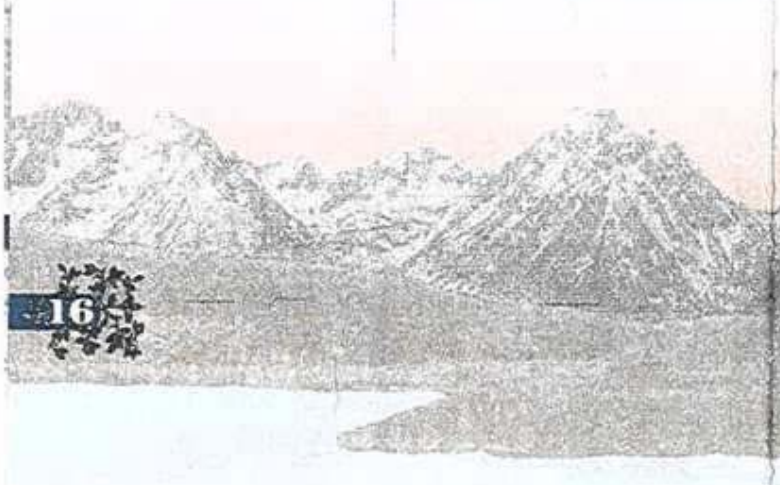
Visas



16

The principle of free governments
It is bedded in it,

Visas

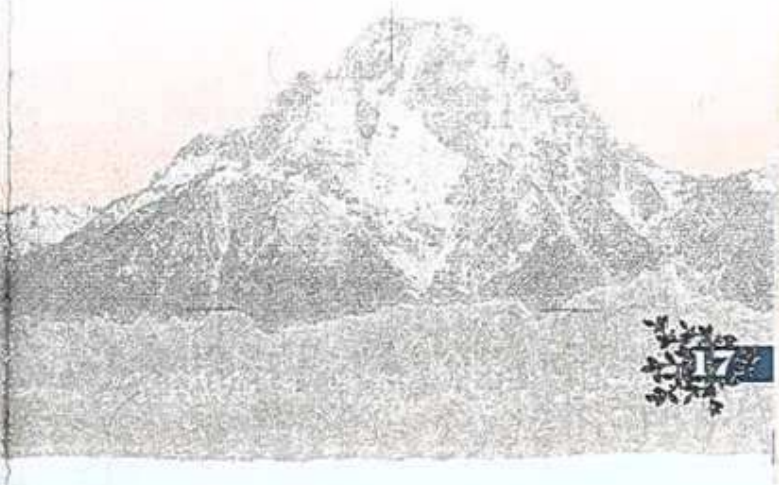


16

17

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

Visas



17

18

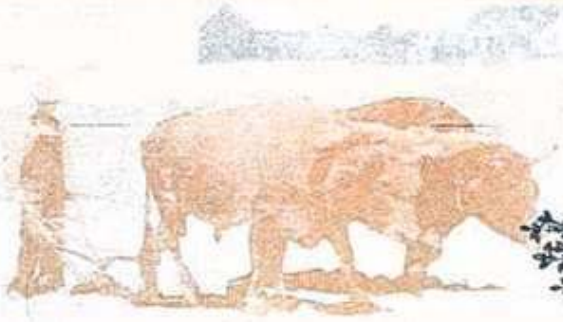
Whatever America hopes to bring to pass in the world must first come to pass in the heart of America
Dwight D. Eisenhower

19

Visas

18

Visas



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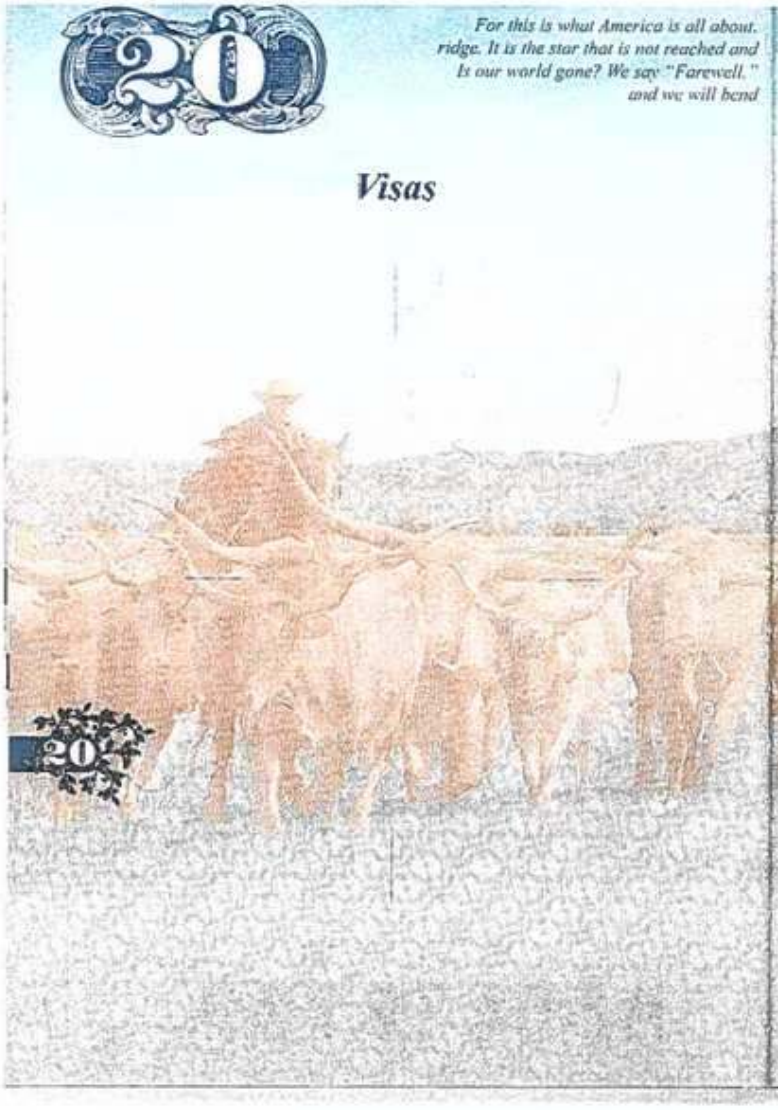
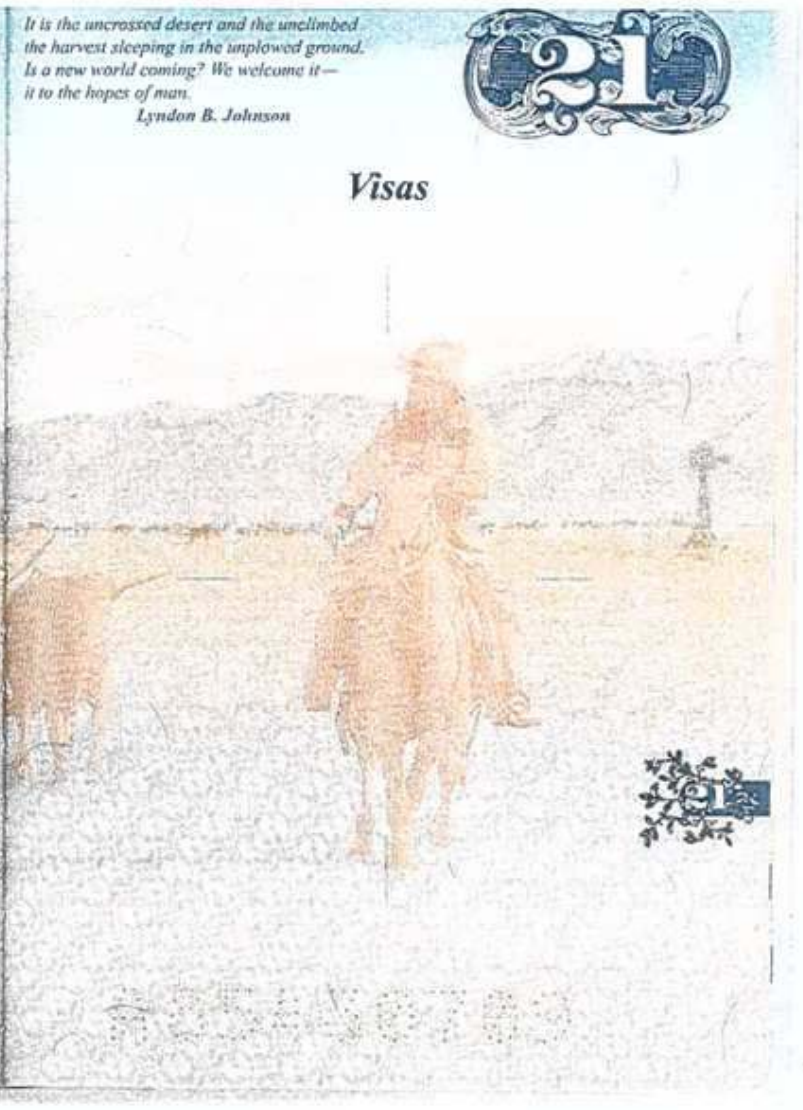
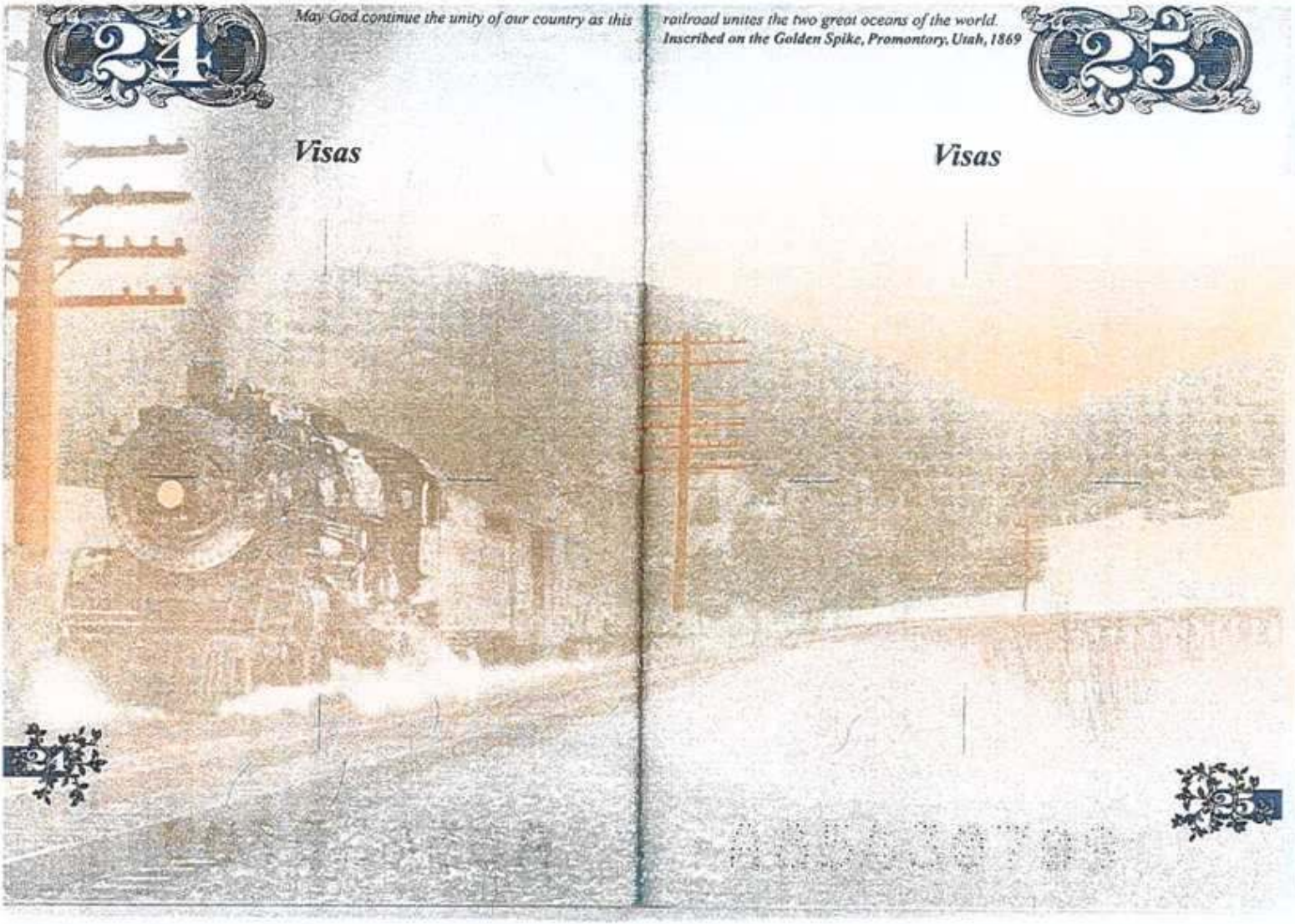
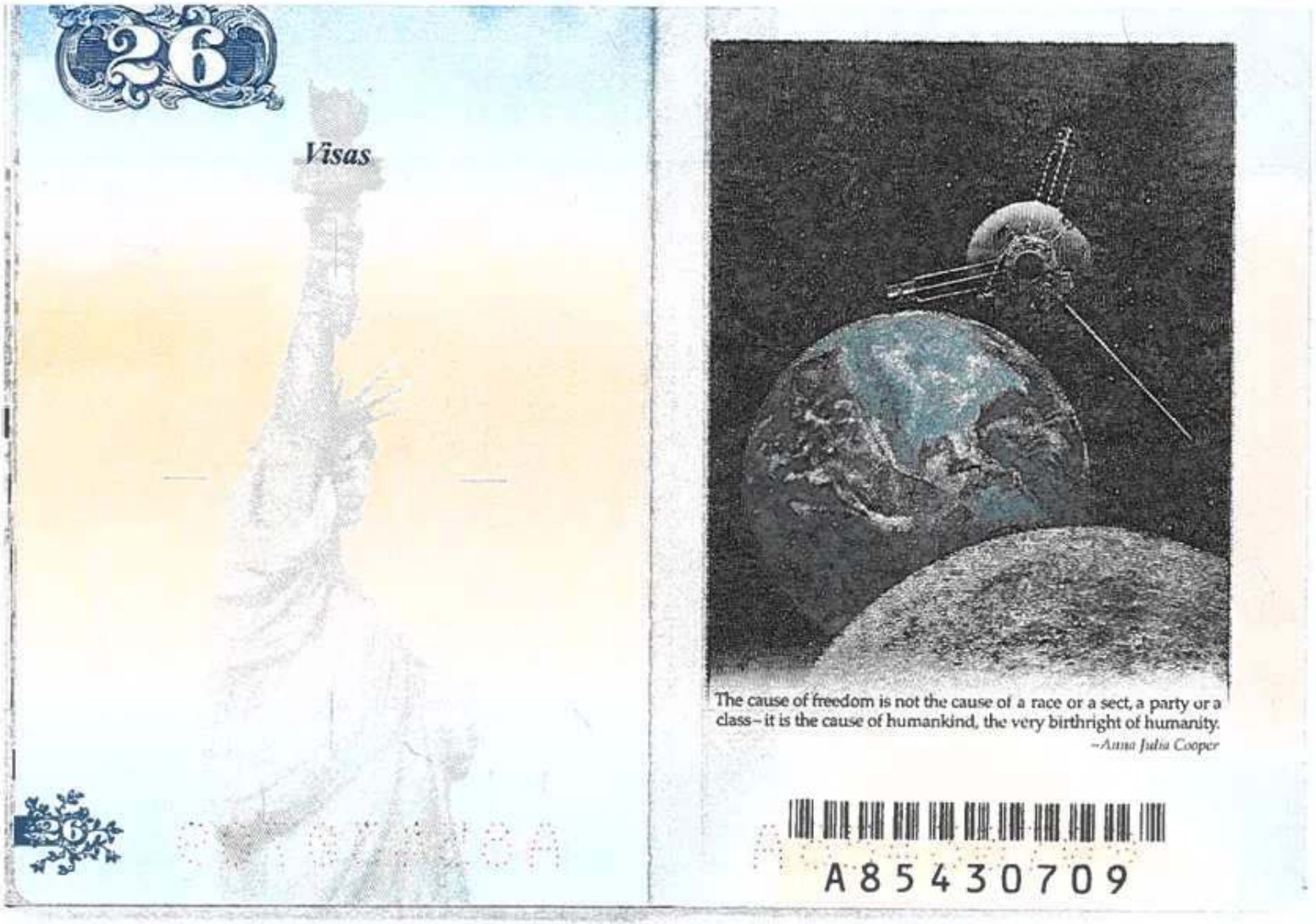

20
For this is what America is all about. ridge. It is the star that is not reached and Is our world gone? We say "Farewell," and we will bend
Visas
20


21
It is the uncrossed desert and the unclimbed the harvest sleeping in the unplowed ground. Is a new world coming? We welcome it— it to the hopes of man.
Lyndon B. Johnson
Visas
21

22
Every generation has the obligation to look out from a higher
Visas
to free men's minds for a look at new worlds... plateau than the last generation
Ellison S. Onizuka
23
Visas


24
May God continue the unity of our country as this
Visas
25
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
Visas


26
Visas
26
AMERICA
The cause of freedom is not the cause of a race or a sect, a party or a class – it is the cause of humankind, the very birthright of humanity.
–Anna Julia Cooper
A85430709

25307SA41
700100601

www.mass.gov/rmv
MA 02/22/2016
07/24/2003
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.

ENDORSEMENTS -
NONE

RESTRICTIONS -
NONE

CHANGE OF ADDRESS. PRINT BELOW. PERMANENT

MASSACHUSETTS
DRIVER'S LICENSE
NOT FOR FEDERAL ID

4a ISS 11/03/2025
4b EXP 07/24/2031
4d NUMBER SA4170010
3 DOB 07/24/2003
9 CLASS D
12 REST NONE
9a END NONE

1 SALADO PLEITEZ
2 ELVIS MIGUEL
8 185 RIDGEWOOD AVE
UNIT G
HYANNIS, MA 02601-3078
18 EYES BRO
15 SEX M 16 HGT 6'-00"
5 DD 11/03/2025 Rev 02/22/2016

07/24/03

Exhibit 2 - Marli Jorge Fernandes' Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL

MINAS GERAIS

CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Registry Stamp
----//signature//----

NAME:

MARLI JORGE FERNANDES

REGISTRATION

0509300155 1987 1 00033 116 0008238 19

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
November fourteen, one thousand nine hundred eighty-seven	14	11	1987

TIME	CITY OF BIRTH AND STATE
4:00 p.m.	Santa Maria do Suaçui – MG./-***

CITY OF REGISTRATION AND STATE	PLACE OF BIRTH	SEX
Santa Maria do Suaçui – MG./-***	./-***	Female

FILIATION

Idelfonso Fernandes da Costa./-***
Maria Jorge Fernandes./-***

GRANDPARENTS

Francisco Paulino./-***
Januária Felícia da Costa./-***

José Jorge Maciel./-***
Francisca Pimenta de Oliveira./-***

Registry Stamp

Inspection Seal
01143

TWIN	NAME AND REGISTRATION OF THE TWINS
No./-***	./-***

DATE OF REGISTRATION IN FULL	LIVE REGISTRATION No.
November twenty-eighth, one thousand nine hundred eighty-seven	No record./-***

NOTES AND ANNOTATIONS

No record./-***
***
***
***

CIVIL REGISTRY OFFICE
REGISTRAR: ERLON GARCIA

SANTA MARIA DO SUAÇUÍ – MG
Avenida Rodrigo Lacerda, No. 60
Centro – ZIP Code: 39780-000

The content of this certificate is true. I certify.
September 2, 2010 – Santa Maria do Suaçuí – MG.

----//signature//----
Registrar's Signature

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

Date: September 25, 2025.

REPÚBLICA FEDERATIVA DO BRASIL

MINAS GERAIS

REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:

MARLI JORGE FERNANDES

MATRICULA:
0509300155 1987 1 00033 116 0008238 19

DATA DE NASCIMENTO POR EXTENSO	DIA	MES	ANO
Quatorze de novembro de mil novecentos e oitenta e sete./-***	14	11	1987

HORA	MUNICIPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
16:00	Santa Maria do Suaçuí -MG./-***

MUNICIPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL DE NASCIMENTO	SEXO
Santa Maria do Suaçuí – MG./-***	./-***	Feminino

FILIAÇÃO

Idelfonso Fernandes da Costa./-***
Maria Jorge Fernandes./-***

AVÓS

Francisco Paulino./-***
Januária Felícia da Costa./-***

José Jorge Maciel./-***
Francisca Pimenta de Oliveira./-***

GÊMEO	NOME E MATRÍCULA DO(S) GÊMEO(S)
Não./-***	./-***

DATA DO REGISTRO POR EXTENSO	Nº DECLARAÇÃO DE NASCIDO VIVO
Vinte e oito de novembro de mil novecentos e oitenta e sete.	Não consta./-***

OBSERVAÇÕES AVERBAÇÕES

Não há./-***
***
***
***

Selo de Fiscalização ISENTO 01143

CARTÓRIO DE REGISTRO CIVIL
OFICIAL ERLON GARCIA

O conteúdo da certidão é verdadeiro. Dou fé.
02/setembro/2010 – Santa Maria do Suaçuí –MG.

SANTA MARIA DO SUAÇUÍ – MG
Avenida Rodrigo Lacerda, Nº.60
Centro – CEP: 39780-000

Assinatura do Oficial

Ord. 535/5 SÃO DOMINGOS

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

Marli Jorge Fernandes

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

YE524192

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE	PAÍS EMISSOR / ISSUING COUNTRY	PASSAPORTE Nº / PASSPORT No.
P	BRA	YE524192

SOBRENOME / SURNAME
FERNANDES

NOME / GIVEN NAMES
MARLI JORGE

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH — IDENTIDADE Nº / PERSONAL No.
14 NOV/NOV 1987

SEXO / SEX — NATURALIDADE / PLACE OF BIRTH
F — SANTA MARIA DO SUACUI, MG, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE — AUTORIDADE / AUTHORITY
09 NOV/NOV 2022 — BOSTON CG

VÁLIDO ATÉ / DATE OF EXPIRY
08 NOV/NOV 2026

P<BRAFERNANDES<<MARLI<JORGE<<<<<<<<<<<<<<<<<<<<
YE524192<1BRA8711142F2611088<<<<<<<<<<<<<<<04

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.000
YE524192

09 NOV/NOV 2022
HENRIQUE DE SOUSA MONTEIRO
VICE-CÔNSUL

BRA

BRA

164674MR

CONSULADO-GERAL DO BRASIL EM BOSTON

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

FILIAÇÃO/PARENTS: MARIA JORGE FERNANDES
IDELFONSO FERNANDES DA COSTA

4

YE524192

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.

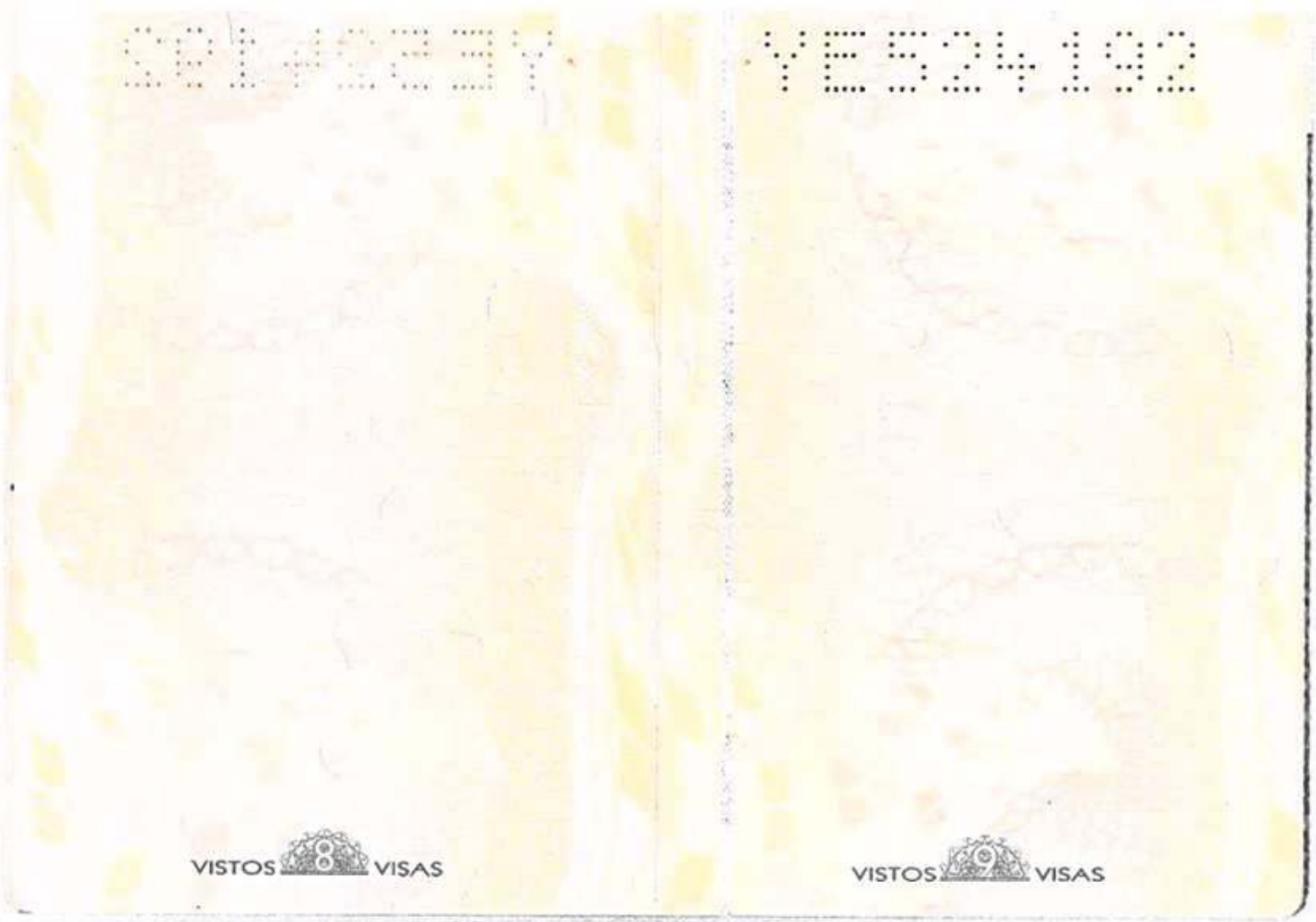
O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

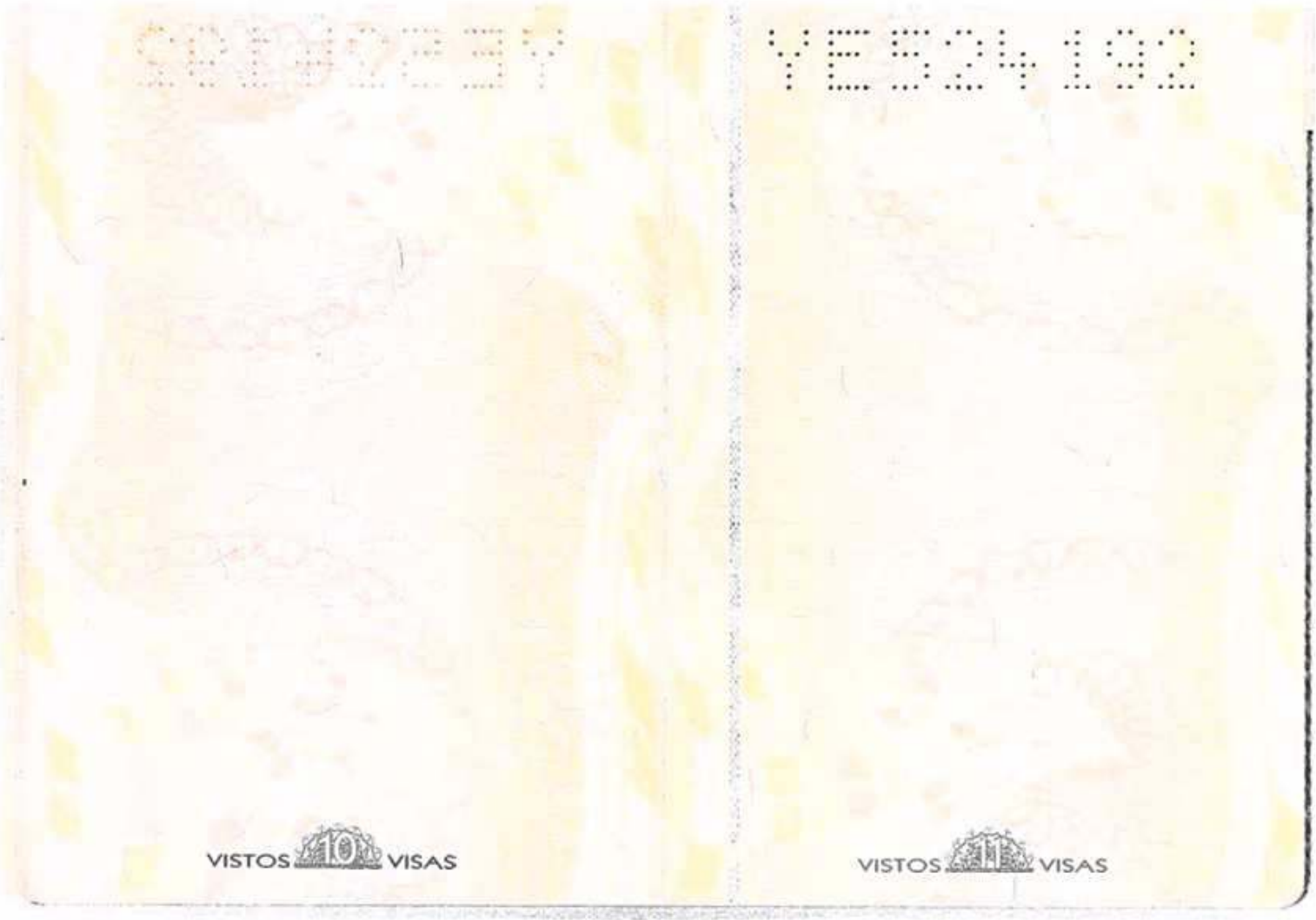
O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

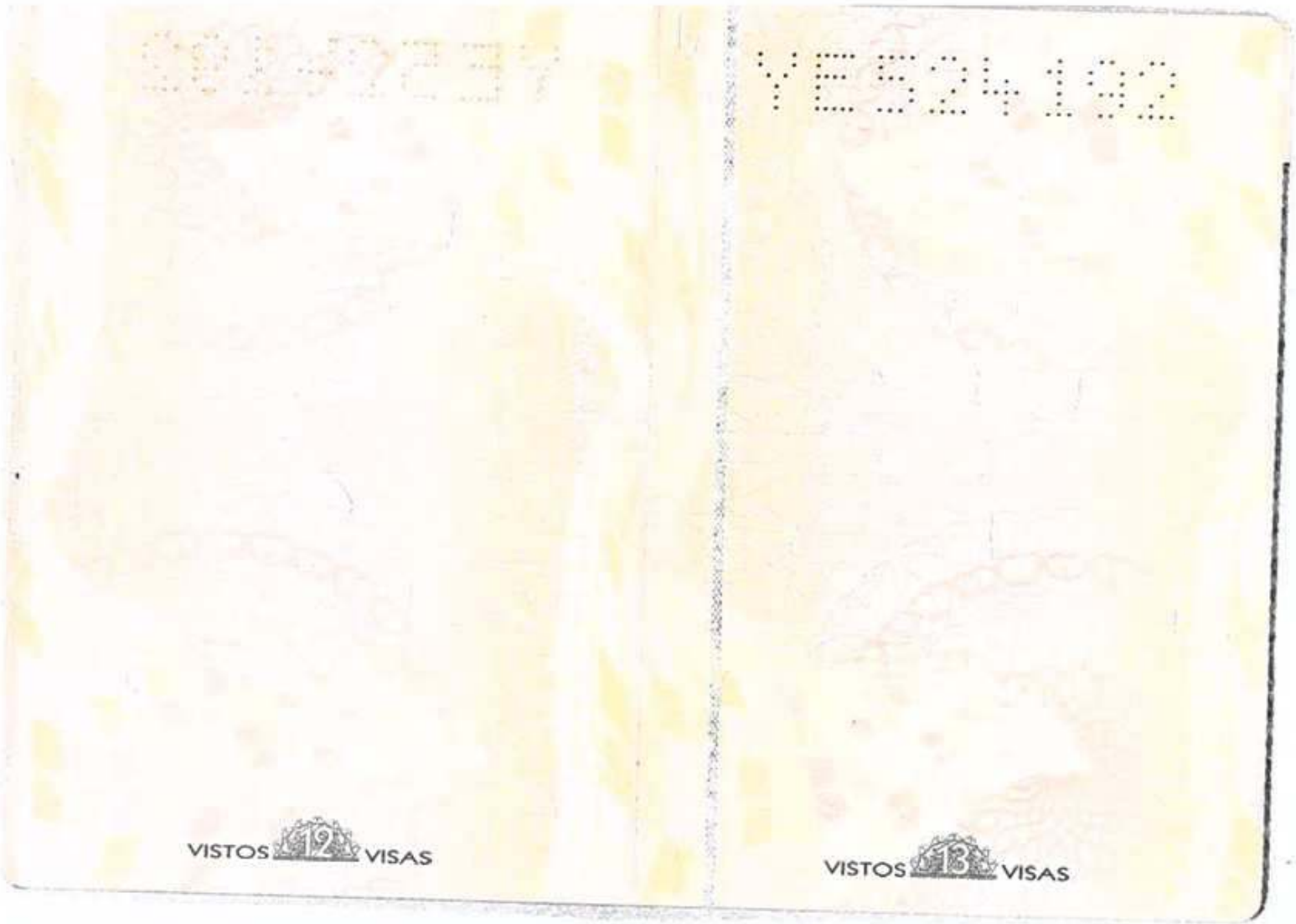
Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br e www.pf.gov.br

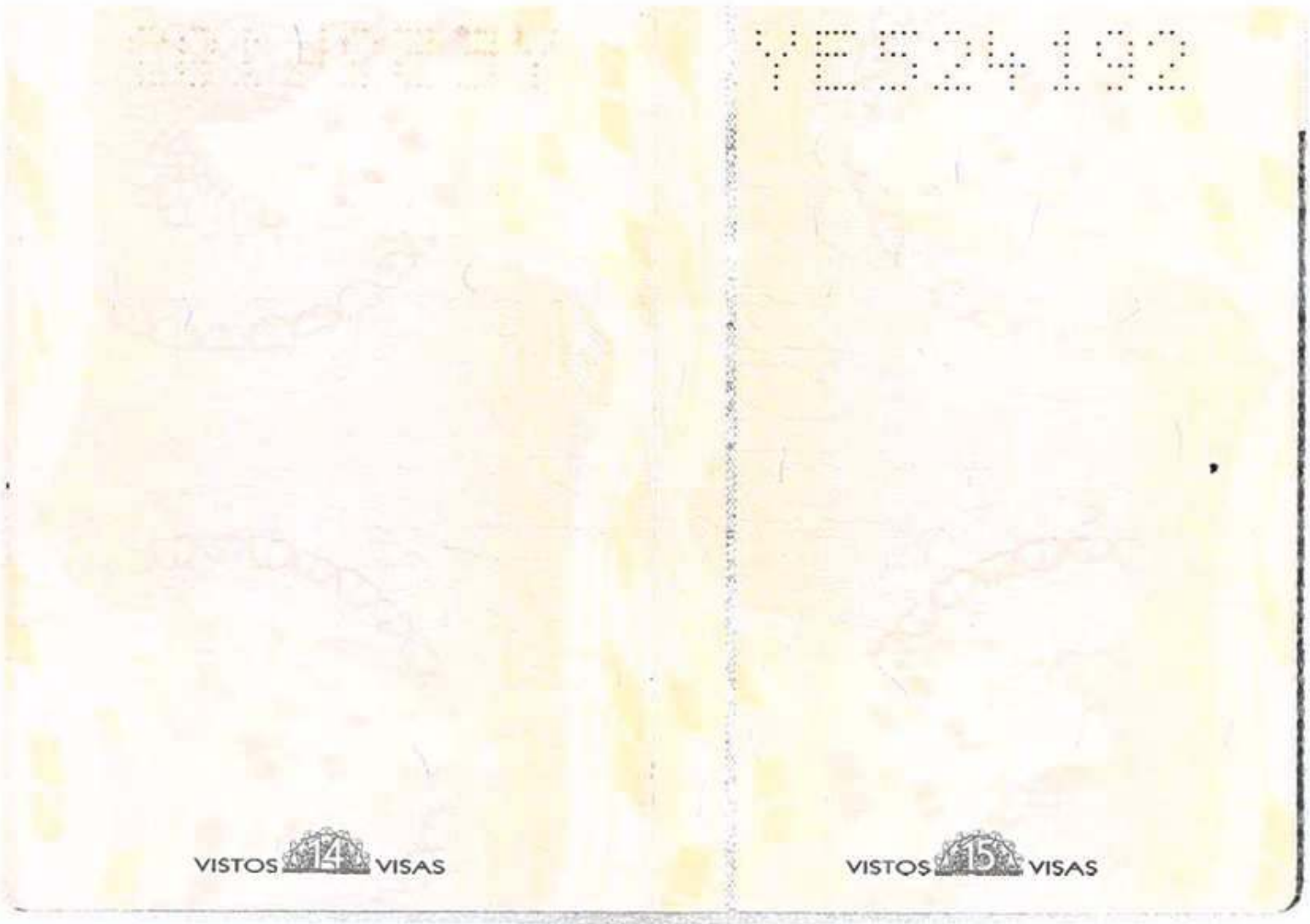
5

YE524192
VISTOS 6 VISAS
VISTOS 7 VISAS


VISTOS VISAS
VISTOS VISAS

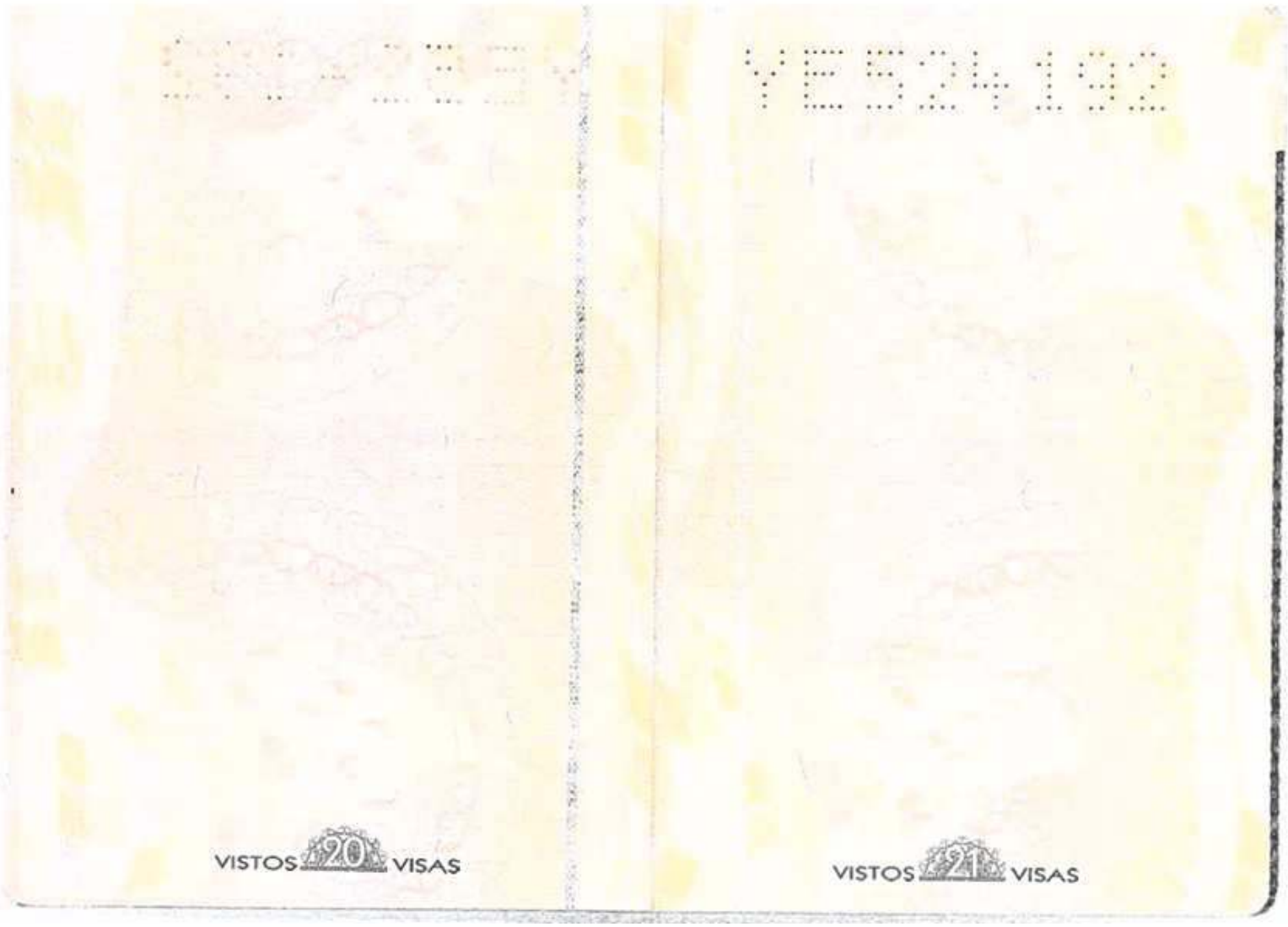

VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS


VE524192
VISTOS 14 VISAS
VISTOS 15 VISAS

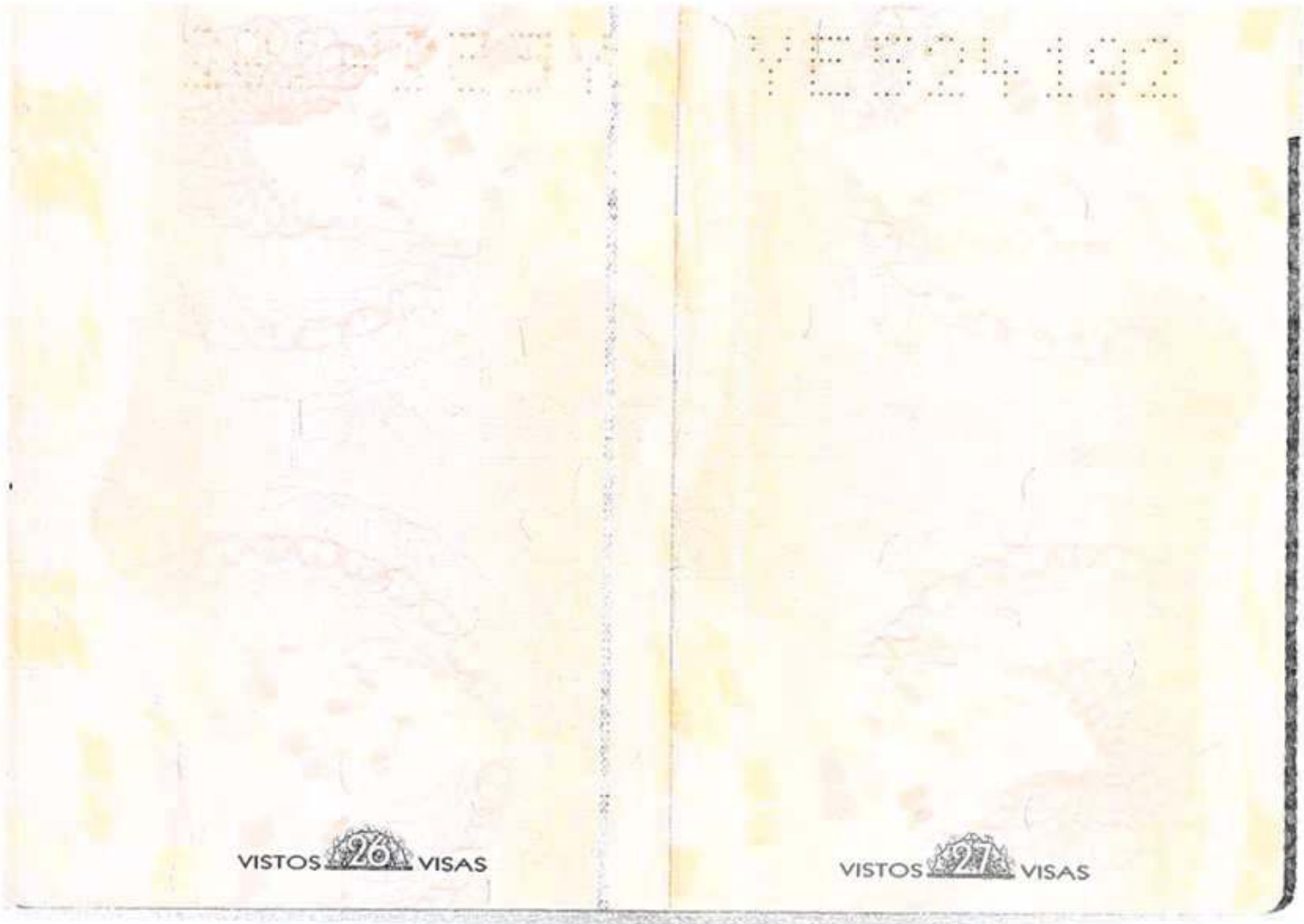
VE524182
VISTOS 16 VISAS
VISTOS 17 VISAS

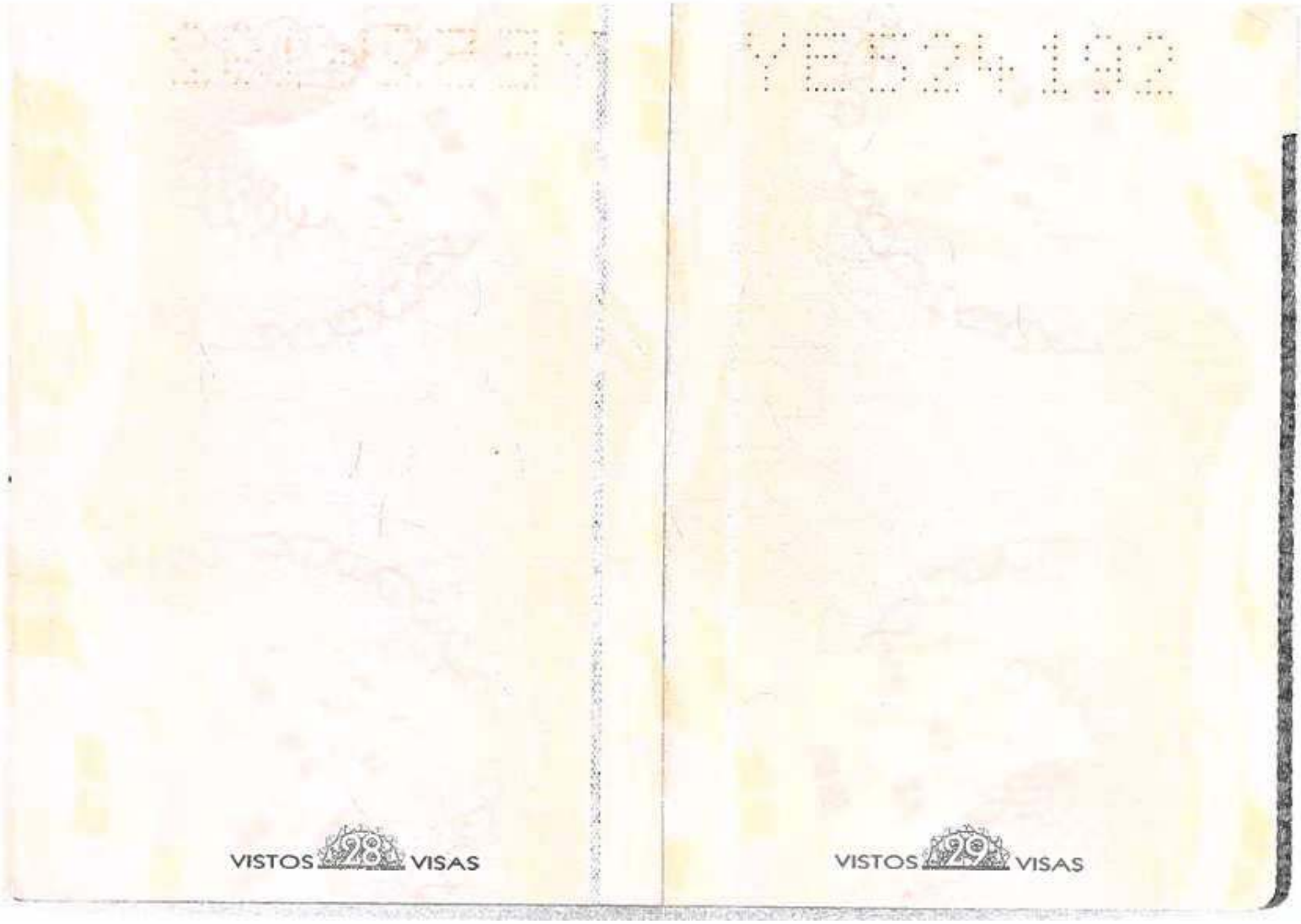
VISTOS 18 VISAS
VISTOS 19 VISAS

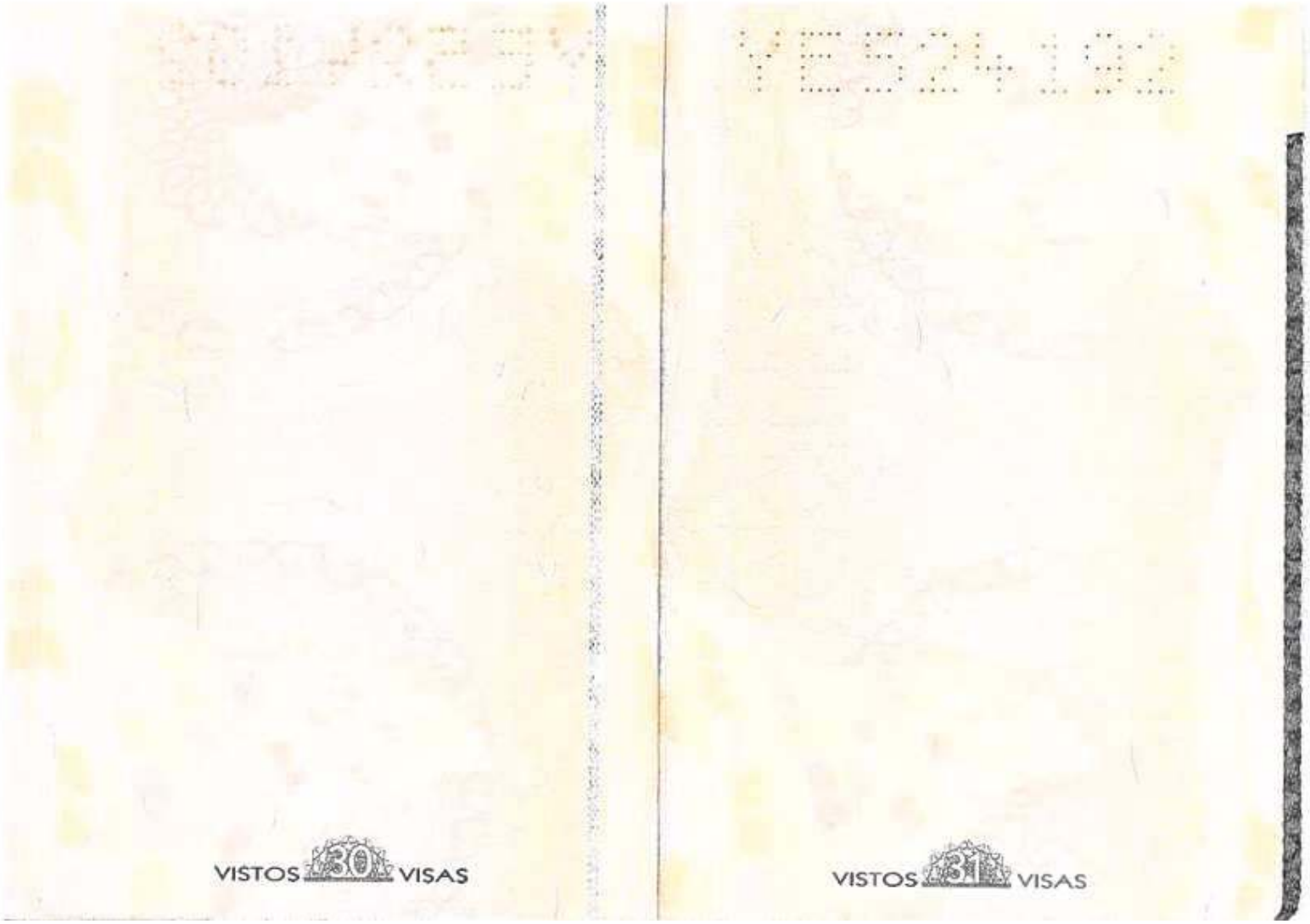

VISTOS 20 VISAS
VISTOS 21 VISAS

VISTOS 92 VISAS
VISTOS 93 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 luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

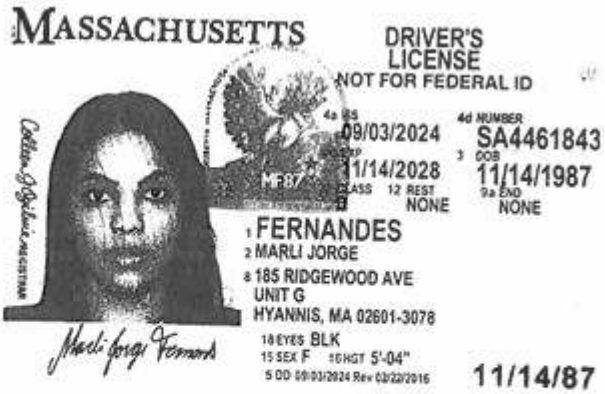
CASA DA MOEDA DO BRASIL

www.mass.gov/rmv
MA 02/22/2016
11/14/1987
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.

ENDORSEMENTS -
NONE

RESTRICTIONS -
NONE

CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.



Class D Passenger Permit

The Massachusetts Registry of Motor Vehicles

Number: **SA4461843** Issue Date: **10/28/23** Exp Date: **10/28/25**

Sex: **Female** DOB: **11/14/87** Height: **5' 4"** Eyes: **Black**

Endorsement(s): **N/A** Restriction(s): **N/A**

Class Description: Class D Passenger Permit
Restriction(s): N/A
Endorsement(s): N/A

NOT VALID FOR IDENTIFICATION

MARLI JORGE FERNANDES
21 PRAM RD
HYANNIS MA 02601-3558

Registrar

Registrar

You applied for a Standard Credential

Registered to vote today? **No**

Restrictions and Statutory Limitations

The holder of a learner's permit may operate a motor vehicle upon any way when accompanied by an operator duly licensed by his/her state of residence who is 21 years of age or over, who has had at least one year of driving experience, and who is occupying a seat beside the driver. **A holder who is under the age of 18 may not operate a motor vehicle between the hours of 12:00AM and 5:00AM unless accompanied by his/her parent or legal guardian** who is a licensed operator with at least one year of driving experience and whose license or right to operate is not revoked or suspended. The holder of a learner's permit may not operate in another state if it is in violation of that state's law. The holder of a motorcycle learner's permit (Class M) may not carry passengers and may not operate after sunset or before sunrise.

	Pass / Validate	Date	Fail	ID #	Date	Fail	ID #
1. Pre Trip							
2. Air Brake							
3. Forward & Back (Offset Alley)							
4. Parallel Park (Conventional)							
5. Parallel Park (Left Side)							
6. Alley Dock							
7. Road Test							

Only upon official validation of this section, this learner's permit shall become a driver's license for 60 days from the date of validation, subject to the class, endorsements, and restrictions noted on this document.
License Validation Date: _____

VALIDATION:

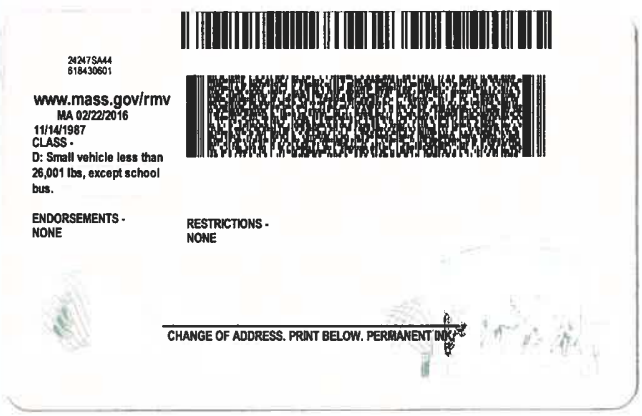
RESTRICTIONS:

_____ Examiner's Signature

_____ Examiner's Number

ADD_____ DELETE_____

If you have not prepaid, you have 60 calendar days from the day you pass the road test to apply for a driver's license at an RMV branch; if you do not, you will have to take a new road test at your expense. It is illegal for you to drive if your permit expires prior to your obtaining a temporary license.



24247S444
518430601

www.mass.gov/rmv
MA 02/22/2016
11/14/1987
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.

ENDORSEMENTS -
NONE

RESTRICTIONS -
NONE

CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

davissa

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

Subject ID: 378549882 FINS #: 1322598228

In the Matter of: DOB: 11/14/1987 File No: A241 676 535

Event No: CHU2207000146

Respondent: MARLI JORGE FERNANDES currently residing at:

93 GRANT ST FRAMINGHAM, MASSACHUSETTS, 01702 +1 (774)-552-9288

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

☐ You are an arriving alien.

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

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

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL ;
3. You arrived in the United States at or near OTAY MESA, CA , on or about July 3, 2022 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

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

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

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

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

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

15 New Sudbury St ROOM 320 Boston MA US 02203

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

on a date to be set *(Date)* at a time to be *(Time)* to show why you should not be removed from the United States based on the charge(s) set forth above.

ISAAC VILLEGAS (A) WATCH COMMANDER

(Signature and Title of Issuing Officer) (Sign in ink)

Date: July 04, 2022 SAN DIEGO, CALIFORNIA

(City and State)

Notice to Respondent

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

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

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

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

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

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

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at http://www.ice.gov/contact/ero, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

U.S. Citizenship Claims: If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

Sensitive locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Request for Prompt Hearing

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

Before: _____

(Signature of Respondent) (Sign in ink)

BORDER PATROL AGENT

(Signature and Title of Immigration Officer) (Sign in ink)

Date: 07/04/2022

Certificate of Service

This Notice To Appear was served on the respondent by me on July 04, 2022, in the following manner and in compliance with section 239(a)(1) of the Act.

☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail

☐ Attached is a credible fear worksheet.

☒ Attached is a list of organization and attorneys which provide free legal services.

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

Maria Jorge Fernandez

(Signature of Respondent if Personally Served) (Sign in ink)

JACOB MAGNAN, BORDER PATROL AGENT

(Signature and Title of officer) (Sign in ink)

DHS Form I-862 (2/20)

Privacy Act Statement

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

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

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

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

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

Exhibit 3 - Pietro Augusto Fernandes' Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name
PIÊTRO AUGUSTO FERNANDES

CPF
191.030.476-01

Registration
050930 01 55 2014 1 00050 294 0016108 41

Date of birth	Day	Month	Year
December fifteenth, two thousand fourteen	15	12	2014

Time of birth	City of birth	State
8:20 AM	Santa Maria do Suaçuí	Minas Gerais

Place of birth	City of birth	State	Sex
Santa Maria Eterna Hospital	Santa Maria do Suaçuí	Minas Gerais	Male

Parent's Name	City of birth	State
Marli Jorge Fernandes	Santa Maria do Suaçuí	Minas Gerais

Respective grandparents
Maria Jorge Fernandes; Idelfonso Fernandes da Costa

Parent's Name	City of birth	State
Joaquim Augusto Lemes	Santa Maria do Suaçuí	Minas Gerais

Respective grandparents
Eva Lemes da Silva; José Augusto Leite

Twin
NO RECORD

Date of registration	Live birth registration number
December twenty-third, two thousand fourteen	30-66297722-1

Notes / Annotations
1) - The CPF of the registrant is recorded, in accordance with Article 477 of CNJ Provision 149, of 08/30/2023.

CNS No. 05.093-0
1st Notary and Civil Registry Office of Natural Persons of Santa Maria do Suaçuí - Minas Gerais
Registrar: Delzi Magda Gimenez
CNPJ: 20.974.804/0001-07
Rua Vereador José Lopes, No. 48, Centro
Santa Maria do Suaçuí - Minas Gerais, ZIP Code 39780-000
Phone: (33) 3431-1790 - Email: rcpn.sms@gmail.com

The content of this certificate is true. I certify.
Santa Maria do Suaçuí - Minas Gerais, October 14, 2025.

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

Laura Temponi França Beltrão
Authorized Clerk

JUDICIARY - COURT OF JUSTICE OF MINAS GERAIS
JUDICIAL ADMINISTRATIVE DEPARTMENT
1st NOTARY AND CIVIL REGISTRY OFFICE OF NATURAL PERSONS OF SANTA MARIA DO SUAÇUÍ

CONSULTATION SEAL: **JKY65965**
SECURITY CODE: **0427.7092.6511.8946**
Number of acts performed: 1 (1:7802)
Act(s) performed by: Laura Temponi França Beltrão - Authorized Clerk

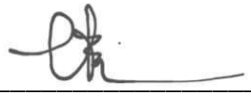
Fees: R$ 50.73 | TFJ: R$ 10.25
ISSQN: R$ 1.42 | Total Amount: R$ 62.40

Check the validity of this seal at:
https://selos.tjmg.jus.br

1st Notary and Civil Registry Office
Notary Public
Delzi Magda Gimenez
Rua Vereador José Lopes, 48
3431-1790
Santa Maria do Suaçuí - Minas Gerais

HA 000605602

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


_____ Date: February 9, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome
PIÊTRO AUGUSTO FERNANDES

Número do CPF
191.030.476-01

Matrícula
050930 01 55 2014 1 00050 294 0016108 41

Data de nascimento	Dia	Mês	Ano
Quinze de dezembro de dois mil e quatorze	15	12	2014

Horário de nascimento	Município da naturalidade	UF
08:20 horas	Santa Maria do Suaçuí	MG

Local de nascimento	Município de nascimento	UF	Sexo
Hospital Santa Maria Eterna	Santa Maria do Suaçuí	MG	Masculino

Nome do(a) Genitor(a)	Município de nascimento	UF
Marli Jorge Fernandes	Santa Maria do Suaçuí	MG

Avô(ó)(s) respectivo(s)
Maria Jorge Fernandes; Idelfonso Fernandes da Costa

Nome do(a) Genitor(a)	Município de nascimento	UF
Joaquim Augusto Lemes	Santa Maria do Suaçuí	MG

Avô(ó)(s) respectivo(s)
Eva Lemes da Silva; José Augusto Leite

Gêmeo
NÃO CONSTA

Data de registro	DNV
Vinte e três de dezembro de dois mil e quatorze	30-66297722-1

Anotações / Averbações
1) - Anota-se o CPF do registrado, conforme art. 477 do Provimento 149 do CNJ, de 30/08/2023.

CNS nº 05.093-0
1º Tabelionato e Registro Civil das Pessoas Naturais de Santa Maria do Suaçuí - MG
Titular: Delzi Magda Gimenez
CNPJ: 20.974.804/0001-07
Rua Vereador José Lopes, nº 48, centro
Santa Maria do Suaçuí - MG, CEP 39780-000
Telefone: (33) 3431-1790 - E-mail: rcpn.sms@gmail.com

O conteúdo da certidão é verdadeiro. Dou fé.
Santa Maria do Suaçuí - MG, 14 de outubro de 2025.

Laura Temponi França Beltrão
Escrevente Autorizada

PODER JUDICIÁRIO - TJMG
CORREGEDORIA-GERAL DE JUSTIÇA
1º TABELIONATO DE NOTAS E REGISTRO CIVIL DAS PESSOAS NATURAIS DE SANTA MARIA DO SUAÇUÍ

SELO DE CONSULTA: **JKY65965**
CÓDIGO DE SEGURANÇA: **0427.7092.6511.8946**
Quantidade de atos praticados: 1 (1:7802)
Ato(s) praticado(s) por: Laura Temponi França Beltrão - Escrevente Autorizada

Emol.: R$ 50,73 TFJ: R$ 10,25
ISSQN: R$ 1,42 Valor final: R$ 62,40
Consulte a validade deste selo no site:
https://selos.tjmg.jus.br

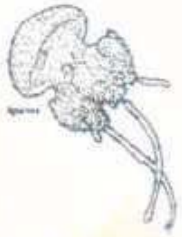
Tabelião de Notas e Registro Civil
Tabelia Delzi Magda Gimenez
R. Ver. José Lopes, 48
3431-1790
Santa Maria do Suaçuí - MG

HA 000605602

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



REPÚBLICA FEDERATIVA DO BRASIL

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

YF434355

Este passaporte deve ser assinado pelo utular, 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*: **PP**

PAÍS EMISSOR / *ISSUING COUNTRY*: **BRA**

PASSAPORTE Nº / *PASSPORT No.*: **YF434355**

SOBRENOME / *SURNAME*
AUGUSTO FERNANDES

NOME / *GIVEN NAMES*
PIETRO

NACIONALIDADE / *NATIONALITY*
BRASILEIRO(A)

DATA DE NASCIMENTO / *DATE OF BIRTH*: **15 DEZ/DEC 2014**

CPF / *PERSONAL NUMBER*: **191030476-01**

SEXO / *SEX*: **M**

NATURALIDADE / *PLACE OF BIRTH*: **SANTA MARIA DO SUAÇUÍ/MG**

FILIAÇÃO / *FILIATION*
JOAQUIM AUGUSTO LEMES

MARLI JORGE FERNANDES

O(A) TITULAR ESTÁ AUTORIZADO(A) PELOS RESPONSÁVEIS LEGAIS, PELO PRAZO DESTE DOCUMENTO, A VIAJAR DESACOMPANHADO(A) (RES. CNJ 131/11. ART. 13).

DATA DE EXPEDIÇÃO / *DATE OF ISSUE*: **27 ABR/APR 2026**

AUTORIDADE / *AUTHORITY*: **BOSTON CG**

VÁLIDO ATÉ / *DATE OF EXPIRY*: **26 ABR/APR 2031**

PPBRAAUGUSTO<FERNANDES<<PIETRO<<<<<<<<<<<<<<
YF434355<3BRA1412152M3104264191030476O1<<<20

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 etrangers 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 asistência 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.

REPÚBLICA
FEDERATIVA
DO BRASIL

PAGOU
R$-Ouro 80.00
US$ 80.00
TEC 1.01.01.000.007
YF434355

27 ABR/APR 2026
FABIO MENEGHETTI CHAVES
CHEFE DO SETOR CONSULAR

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

CONSULADO-GERAL DO BRASIL EM BOSTON

BRA

354056MU

REPÚBLICA
FEDERATIVA
DO BRASIL

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.

REPÚBLICA FEDERATIVA DO BRASIL

YF434365

É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. 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 seus familiares.

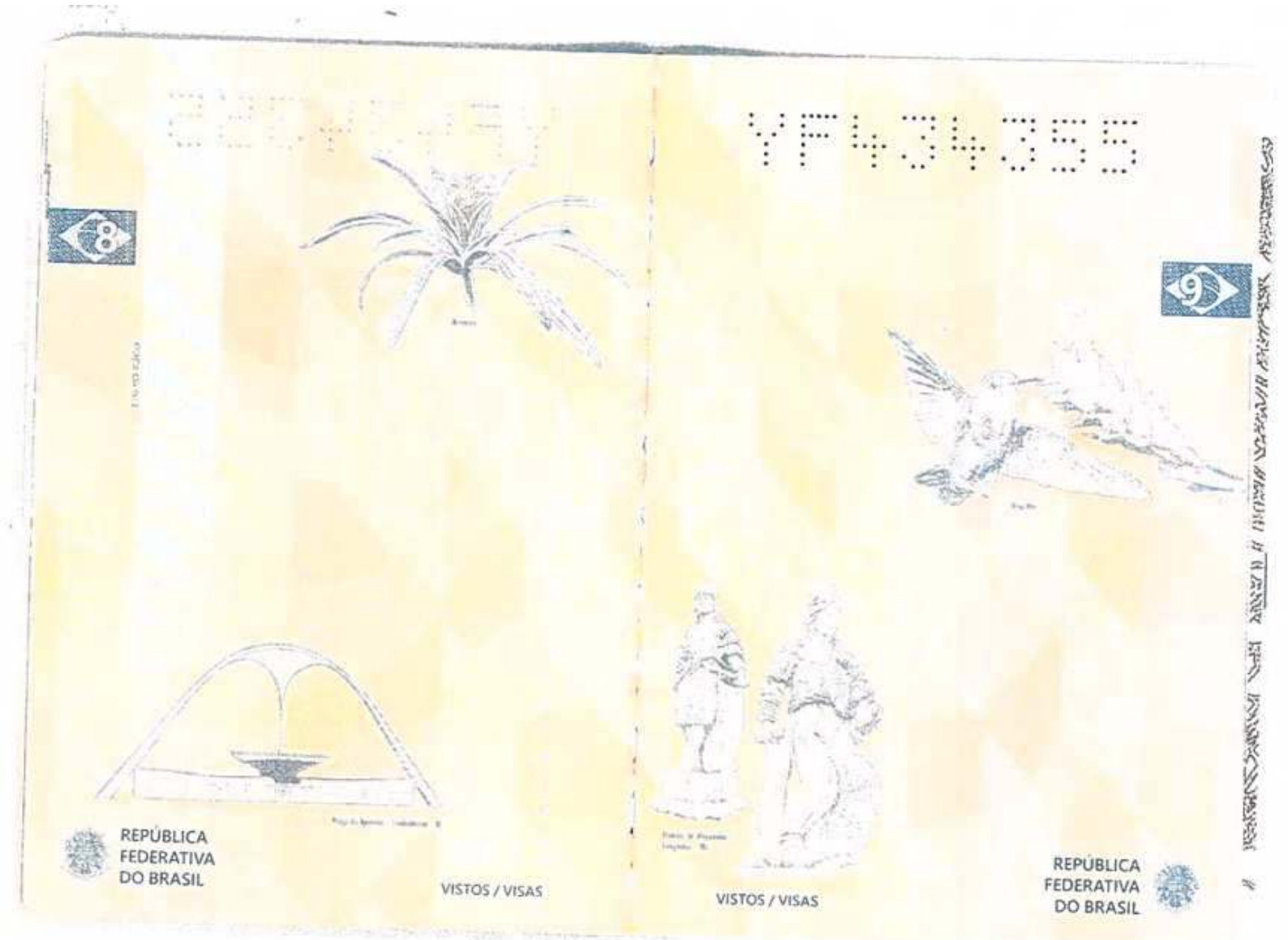
É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação 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.

Conselho/ Consulado / Consulat / Consulate
www.portalconsular.mre.gov.br ou www.pf.gov.br

REPÚBLICA FEDERATIVA DO BRASIL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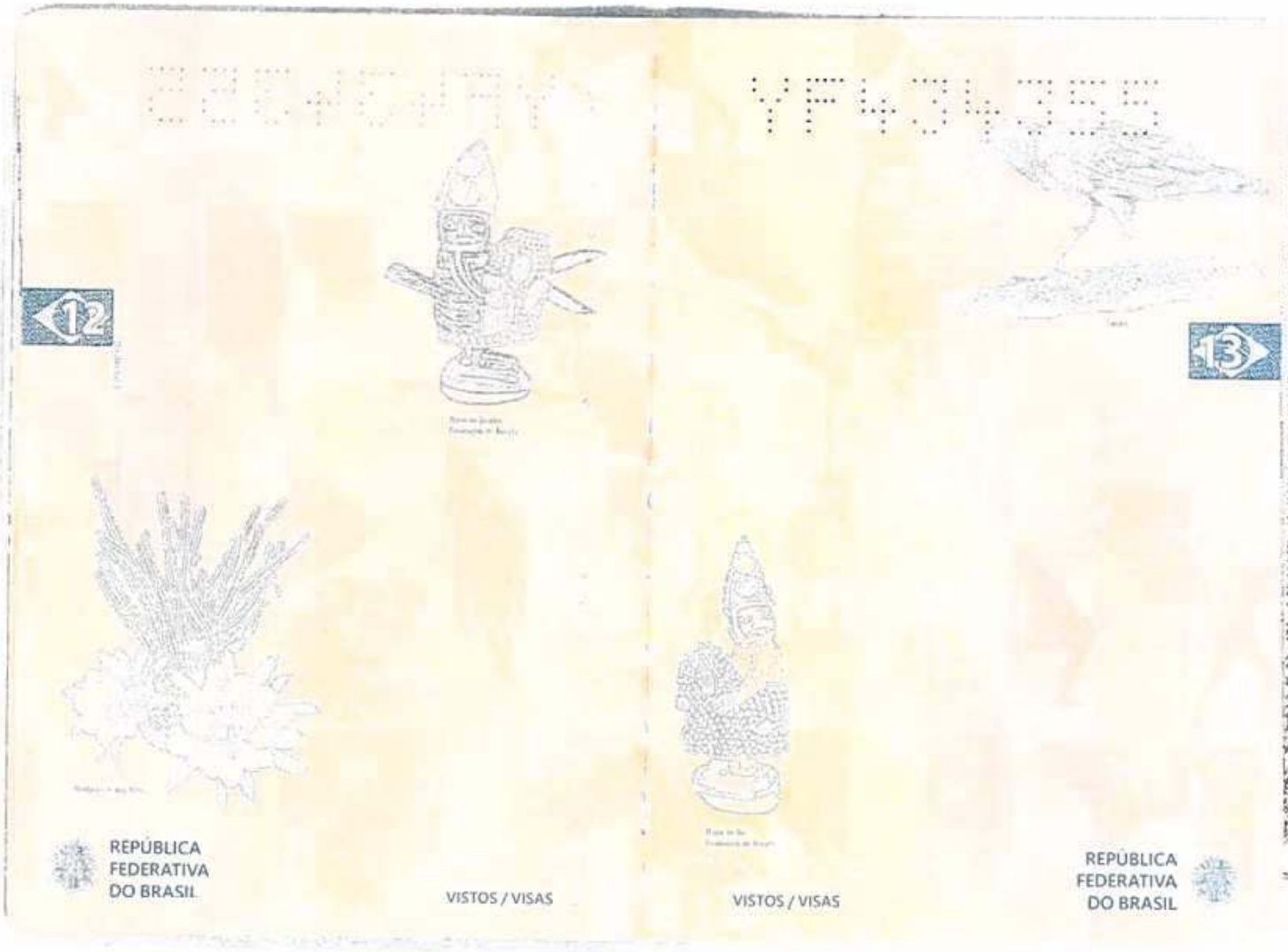
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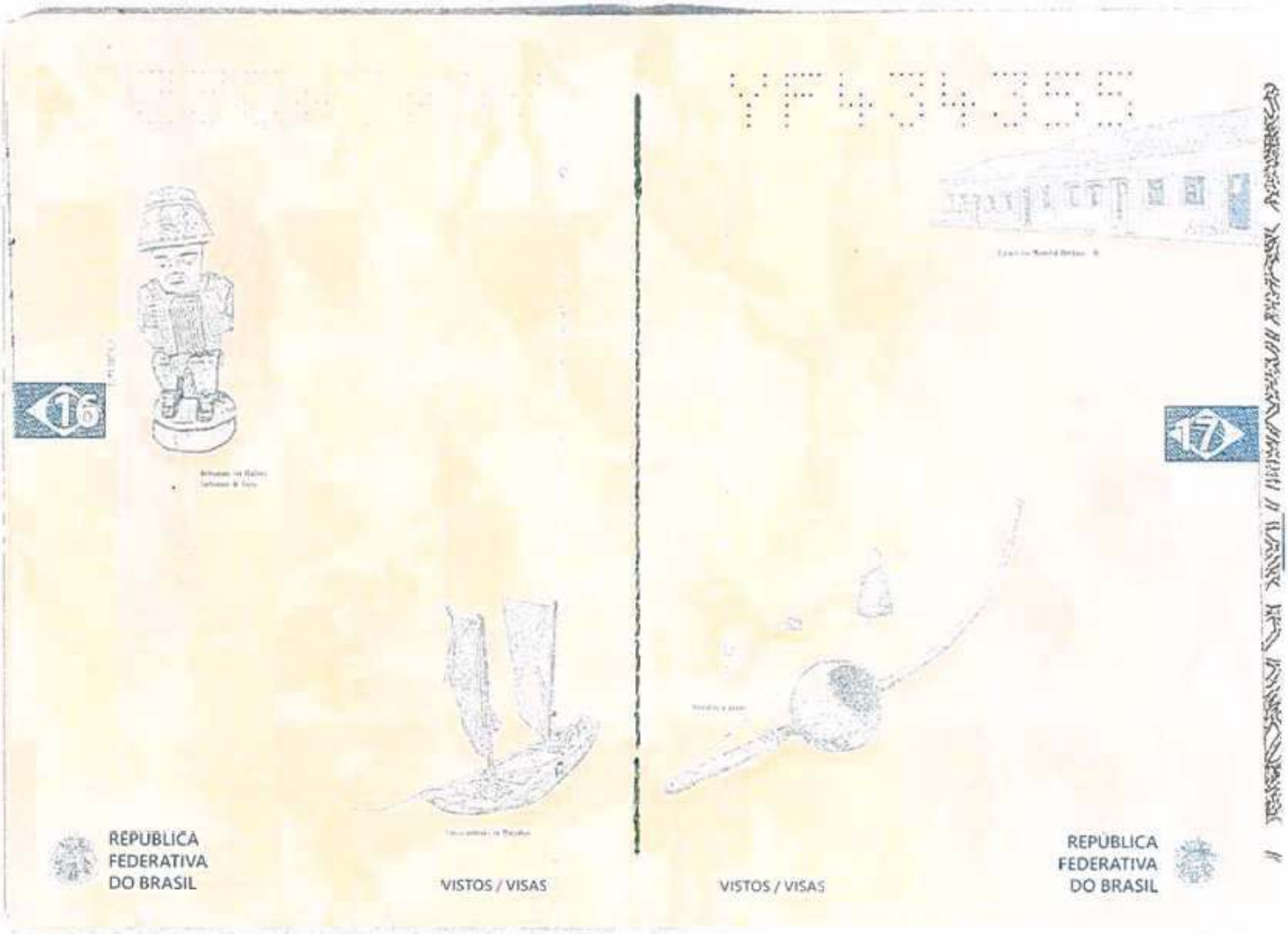
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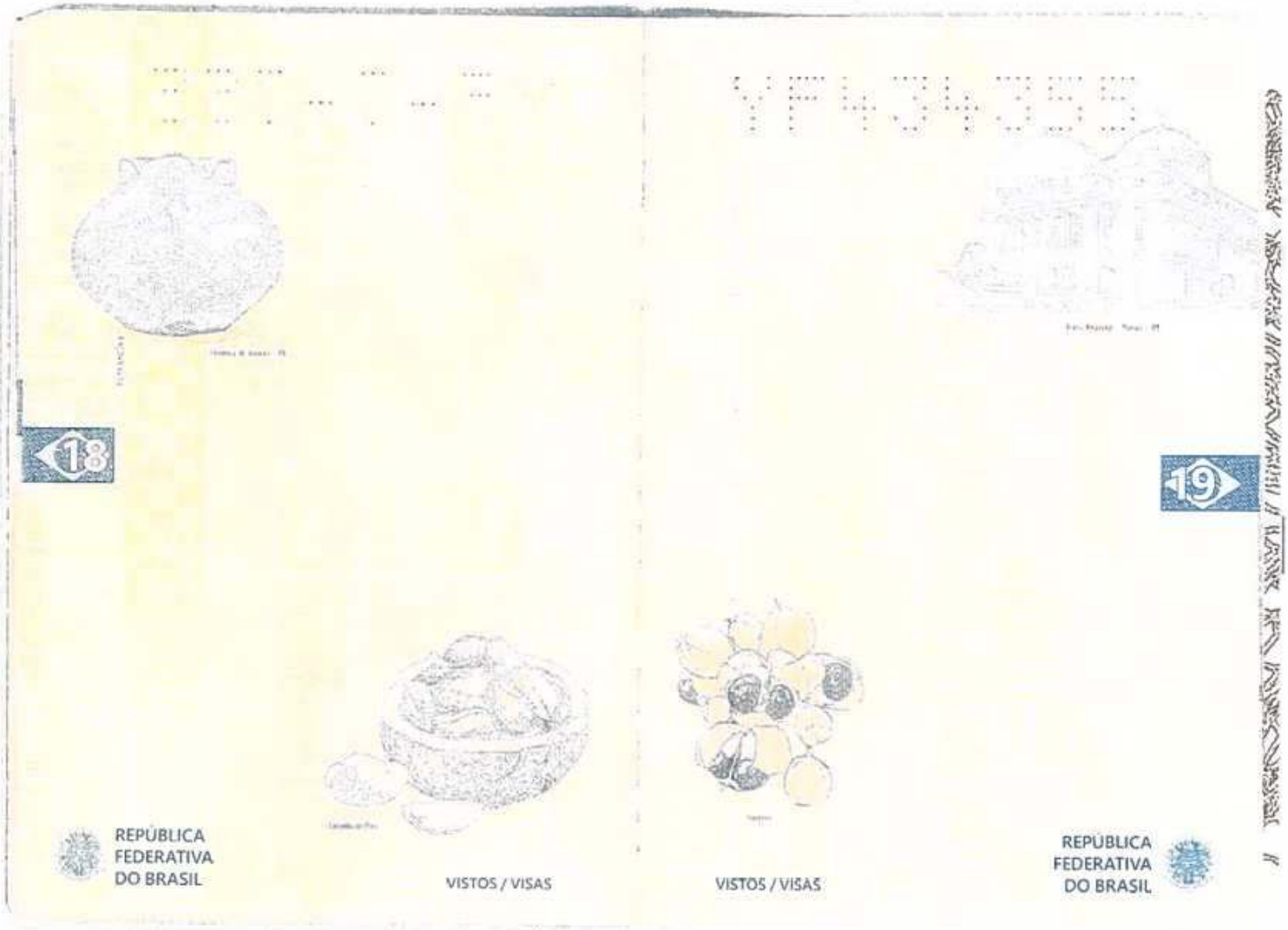
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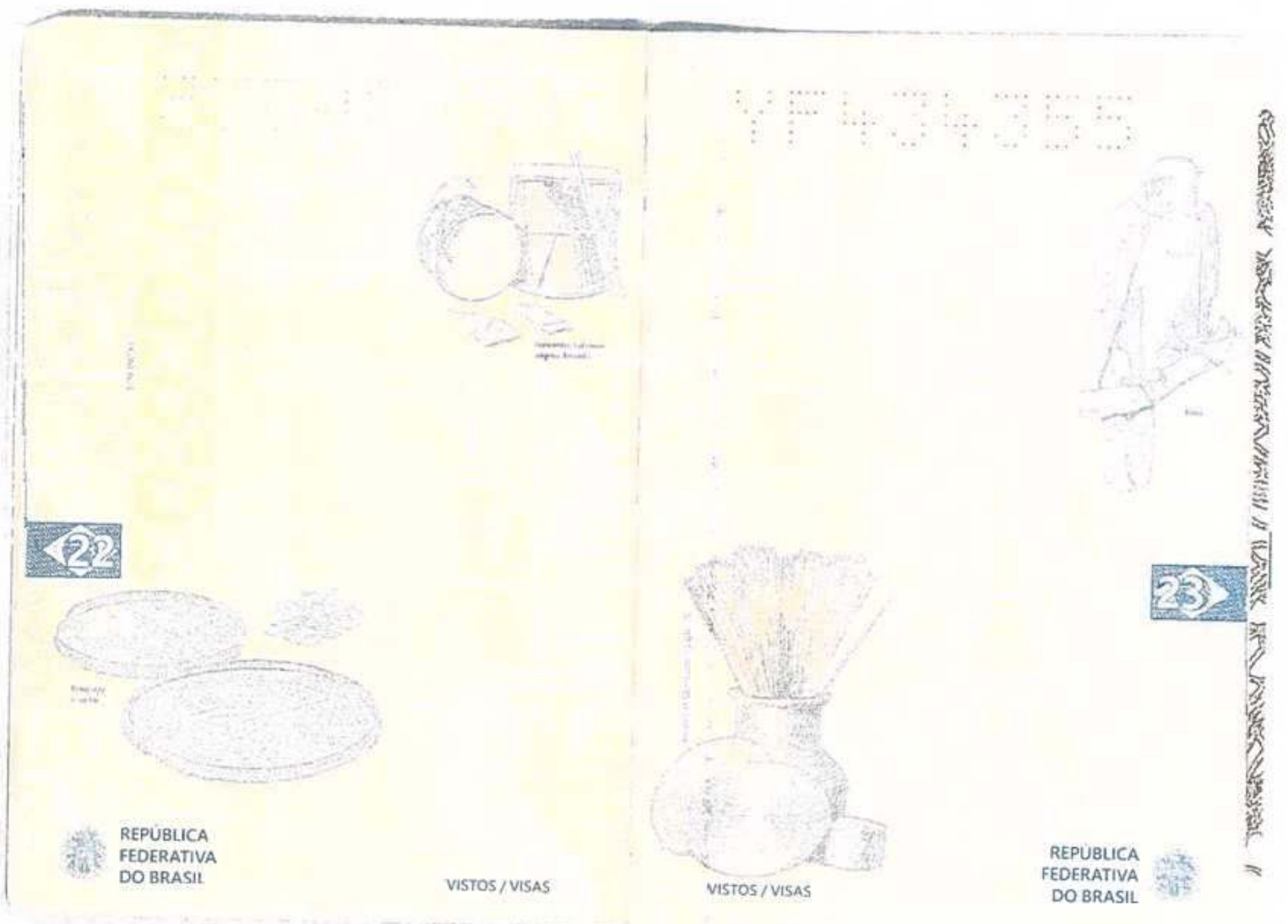
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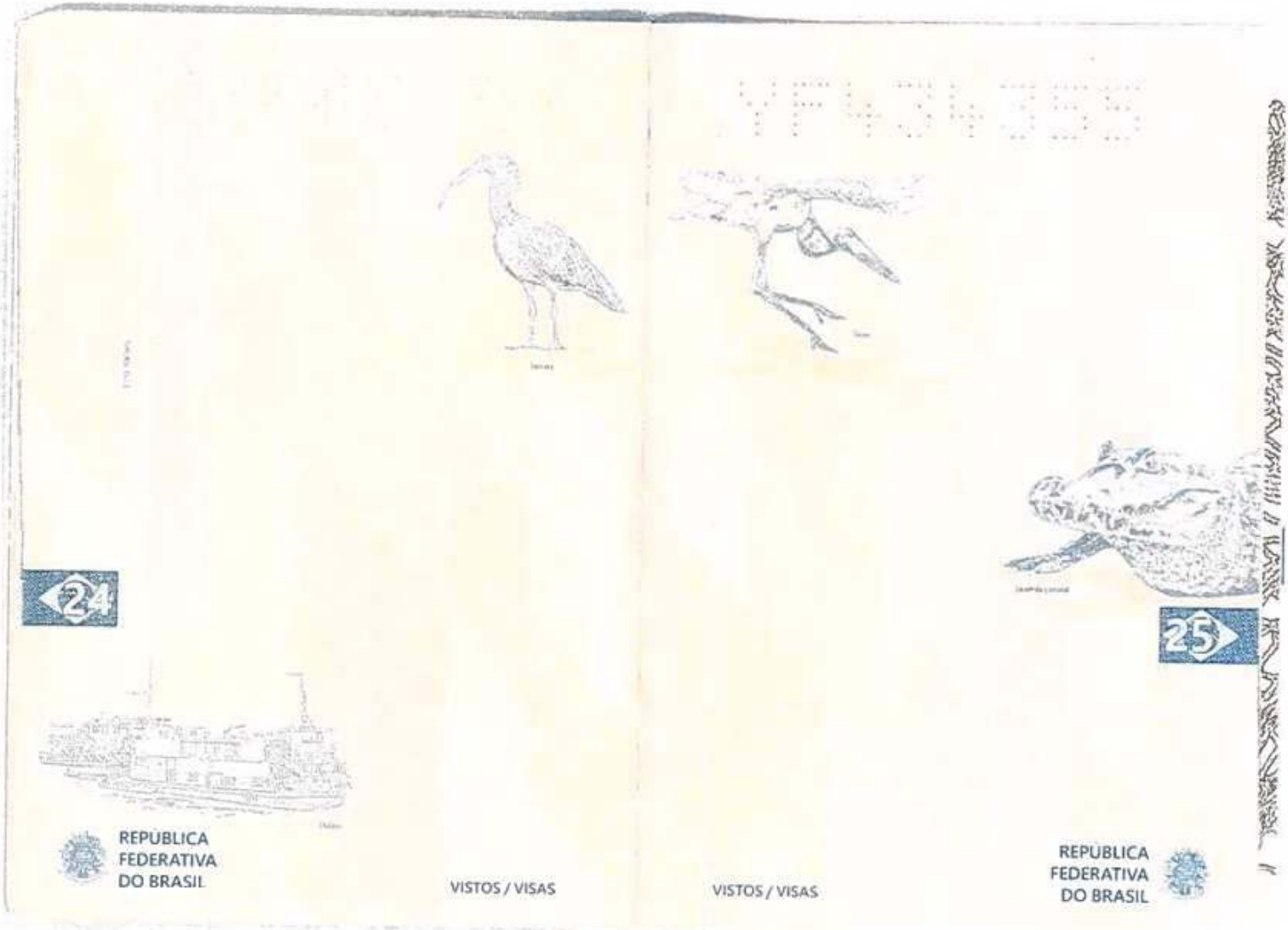
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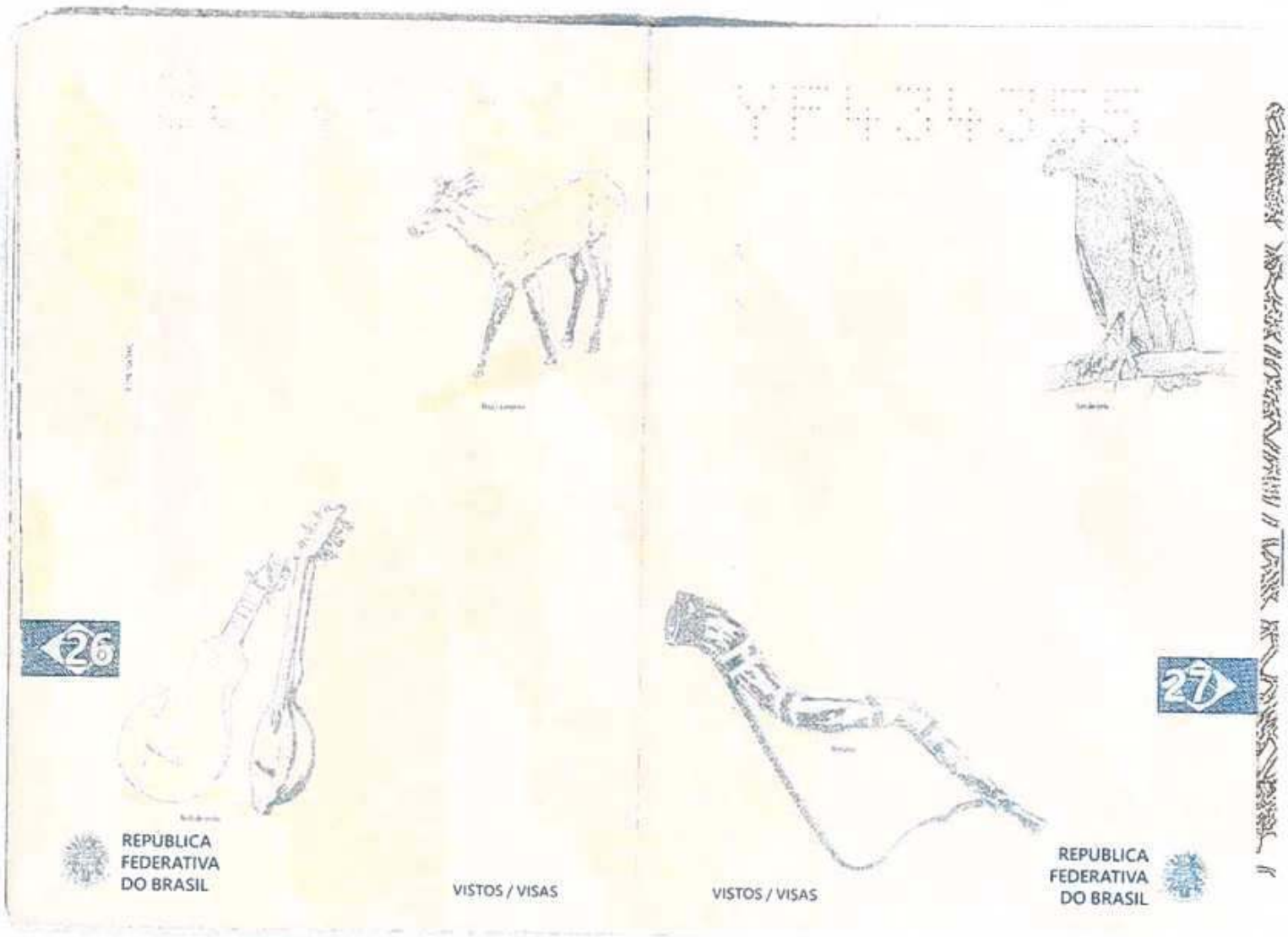
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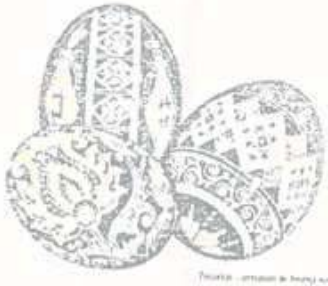

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REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS

VISTOS / VISAS

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REPÚBLICA FEDERATIVA DO BRASIL

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

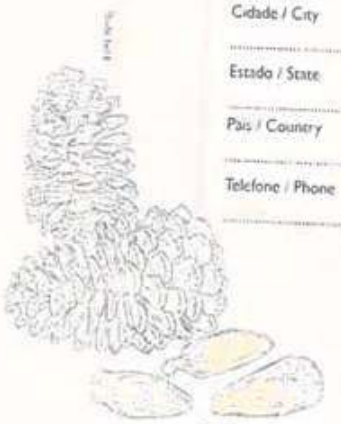
Endereço / Address

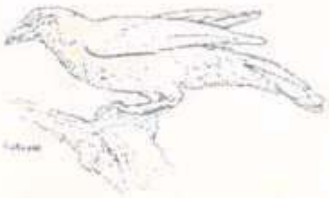
Cidade / City

Estado / State

País / Country

Telefone / Phone





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REPÚBLICA FEDERATIVA DO BRASIL

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à 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 mas próximo y la persona indicada abajo:

Nome / Name

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone

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REPÚBLICA FEDERATIVA DO BRASIL

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

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

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de 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.

Créditos e informações importantes.
Acesse o endereço eletrônico ou utilize o QR Code abaixo.

http://www.casadamoeda.gov.br/passaportebrasileiro

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REPÚBLICA FEDERATIVA DO BRASIL

BRA

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 Eletrónico

CASA DA MOEDA DO BRASIL

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

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

Subject ID:378549876 FINS #:
DOB: 12/15/2014

File No: A241 676 536
Event No:CHU2207000146

In the Matter of:

Respondent: PIETRO AUGUSTO FERNANDES currently residing at:

C/O MARLI JORGE FERNANDES 93 GRANT ST FRAMINGHAM, MASSACHUSETTS, 01702 +1 (774)-552-9288

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

☐ You are an arriving alien.

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

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

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL ;
3. You arrived in the United States at or near OTAY MESA, CA , on or about July 3, 2022 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

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

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

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

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

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

15 New Sudbury St ROOM 320 Boston MA US 02203

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

on a date to be set *(Date)* at a time to be *(Time)* to show why you should not be removed from the United States based on the charge(s) set forth above.

ISAAC VILLEGAS (A) WATCH COMMANDER

(Signature and Title of Issuing Officer) (Sign in ink)

Date: July 04, 2022 SAN DIEGO, CALIFORNIA

(City and State)

Notice to Respondent

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

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

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

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

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

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

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at http://www.ice.gov/contact/ero, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

U.S. Citizenship Claims: If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

Sensitive locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Request for Prompt Hearing

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

Before:

(Signature of Respondent) (Sign in ink)

BORDER PATROL AGENT

(Signature and Title of Immigration Officer) (Sign in ink)

Date: 07/04/2022

Certificate of Service

This Notice To Appear was served on the respondent by me on July 04, 2022, in the following manner and in compliance with section 239(a)(1) of the Act.

☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail

☐ Attached is a credible fear worksheet.

☒ Attached is a list of organization and attorneys which provide free legal services.

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

Mario Jorge Fernandez

(Signature of Respondent if Personally Served) (Sign in ink)

JACOB MAGNAN, BORDER PATROL AGENT

(Signature and Title of officer) (Sign in ink)

Privacy Act Statement

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

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

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

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

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

Exhibit 4 - Elvis Miguel Salado Pleitez & Marli Jorge Fernandes Marriage Certificate

The Commonwealth of Massachusetts

State File Number

Department of Public Health ▪ Registry of Vital Records and Statistics

CERTIFICATE OF MARRIAGE

BARNSTABLE	502 — 31
City/Town Making Return	Intention Number — Registered Number
Barnstable	February 6, 2025
1. Place of Marriage (City/Town)	2. Date of Marriage
ELVIS MIGUEL SALADO PLEITEZ	MARLI JORGE FERNANDES
3. Full Name – Party A	11. Full Name – Party B
ELVIS MIGUEL SALADO PLEITEZ	MARLI JORGE FERNANDES SALADO
3A. Name after Marriage	11A. Name after Marriage
JULY 24, 2003 — SALES REPRESENTATIVE	NOVEMBER 14, 1987 — AT HOME
4. Date of Birth — 5. Occupation	12. Date of Birth — 13. Occupation
185 RIDGEWOOD AVENUE	185 RIDGEWOOD AVENUE
6. Residence (No. & St.)	14. Residence (No. & St.)
BARNSTABLE, MA 02601	BARNSTABLE, MA 02601
(City/Town, State or Country, Zip Code)	(City/Town, State or Country, Zip Code)
1st — ---	1st — ---
7. Number of Marriage — 7A. Widowed/Divorced	15. Number of Marriage — 15A. Widowed/Divorced
BARNSTABLE, MASSACHUSETTS	SANTA MARIA DO SUACUI, MG, BRAZIL
8. Birthplace (City/Town and State or Country)	16. Birthplace (City/Town and State or Country)
NORMA ABDY PLEITEZ / PLEITEZ	MARIA JORGE MACIEL / MACIEL
9. Name of Parent	17. Name of Parent
MIGUEL ANGEL SALADO GARCIA / SALADO GARCIA	IDELFONSO FERNANDES DA COSTA / FERNANDES DA COSTA
10. Name of Parent	18. Name of Parent

19. The INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of BARNSTABLE (Name of Community) according to law, this 27th (Day) day of DECEMBER (Month), 20 2024 (Year)

Issued Feb (Month) 3 (Day) 2025 (Year) by Ann M Quirk
City or Town Clerk or Registrar

20. SOLEMNIZER: I hereby certify that I solemnized the marriage of the above-named persons at the place and date listed below:

185 Ridgewood Ave	Barnstable
Place (Number & Street, or Name of Place of Worship)	(City/Town)
February 6, 2025	Justice of the Peace
Date Solemnized	Title (Clergy Member, Priest, Rabbi, Imam, Justice of the Peace)
Kimberly Pacheco Narvaez Kimberly Pacheco	90 Monroe Ln, Yarmouth, MA 02673
Name of Solemnizer & Signature	Address

February 7 2025 — 21. Date of Record

Date of Amendment

Ann M Quirk
City/Town Clerk or Registrar

I, the undersigned, hereby certify that I am the Town Clerk for the Town of Barnstable that, as such, I have custody of the records of births, marriages and deaths, required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.
WITNESS: My hand and the SEAL OF THE TOWN OF BARNSTABLE
A TRUE COPY ATTEST: at Barnstable, Massachusetts

Ann M Quirk
Ann M. Quirk, Town Clerk, Barnstable

(If the Seal is not raised, this document has been illegally copied – do not accept it.)

Exhibit 5 - Evidence of Bona Fide Marriage

Elvis Salado Pleitez
185 Ridgewood Ave Unit G
Hyannis, MA, 02601
774-368-9340
elvissalado46@gmail.com
03/24/2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

My Relationship with my wife is very strong I love her very deeply she Is a woman I'm very lucky to have met she is very loving and helps me stay very grounded and helps me stay on track when it comes to my goals she is also a very amazing person and we have been together through hard times when we had no place to stay to living together and sharing a home being with her makes a home feel complete there isn't a better women I could ask for. We do have are rough times and great times as any other couple would but my wife is very soft loving and concerned with me if I ever was to feel sick the way she cares for me is a very good feeling to know I have someone like her by my side. When we first met back in December of 2022(12/25/2022) and she was living with a relative of mine things started as most relationships do talking going on dates it was a little hard at first with the language barrier but I learned Portuguese very quickly as we were spending every day together. When she was living with my relative there was a time were my relative had to move homes and my wife who was my girlfriend at the time had no where to go at the time are bond was already very strong I did not hesitate and we both moved in to stay at my fathers house were I'd say are relationship really transitioned from being a couple dating to more partners as wife and husband cooking cleaning taking care of each other if one was sick it was something that transitioned into that very naturally we had plans to move and get a place of our own as we were living with my father we saved money and eventually ended up moving into the home we live today where we spend all are time together. My relationship with my wife is very loving and strong she knows my habits knows my favorite foods style of movies I know all of her are bond is very strong she is someone I am very lucky to have and someone I love very deeply and would be willing to do anything for my wife her son we have really become a family and she is someone ready to spend the rest of my life with.

Sincerely,

Elvis Miguel Salado Pleitez

Elvis Salado

Marli Jorge Fernandes
185 Ridgewood Ave Unit G
Hyannis, MA, 02601
(774) 368-0211
marlifernades@icloud.com
05/03/2026

Personal Statement Regarding My Relationship

To Whom It May Concern

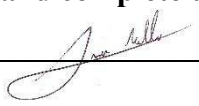
I met my husband on 12/25/2022, on Christmas Day at his cousin's house, where I lived with my son Pietro Augusto Fernandes. When I met him, I was enchanted by his conversation, and as the conversation went on I began to notice how incredible, respectful, and humble he was, I saw in him a true gentleman. From that day on we grew closer and closer, we allowed ourselves to get to know each other better, and with each meeting I fell more and more in love with him. I always tell my friends and family that for the two of us it was a meeting of souls, given how much we have added to each other's lives. We started dating on 02/14/2023, Valentine's Day, and shortly after, on 04/01/2023, we moved in together at his father's house, where we lived memorable and happy moments, but we already had plans to move into a home of our own. Winning my son over was not easy at all for my husband, my son was very jealous, it had always been just the two of us, and he felt threatened by having to share my attention, but my husband quickly won him over. Today Pietro loves him more than anything, Elvis took on the responsibility of being a father to my son, taking him to the doctor, helping him with school assignments, attending every school meeting, among many other things. I am a woman of great faith, and I see my relationship with Elvis as something God placed in my life, I cannot quite explain it. Every time I talk about my relationship with someone, I feel the presence of the Holy Spirit, and I am always giving thanks for having him in my life and praying to God for his well-being. Elvis has never changed the way he treats me, we are coming up on 4 years together this year and he treats me like a princess, just as he did the day we met. Having already suffered greatly in an abusive relationship, finding a caring, dedicated man who looks after his family and home is more than a gift from God to me. There were nights when he gently lifted my head to give me medicine because I was sick with the flu, and put lip balm on my dry lips when I was already lying down and had forgotten, these are acts of care I had never experienced before. On 01/01/2024, we moved to where we live to this day, my husband, my son, and I, and God blesses us every day, making our home a home of love, peace, and joy. On 07/24/2024, we got engaged, it was his birthday, but I was the one who received the gift, and on 02/06/2025, we got married, living happily and in a solid marriage. I gained a blessed husband and an incredible family, his family, who welcomed me with so much love and affection.

Sincerely

Marli Jorge Fernandes

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

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



Date: May 12, 2026.

Marli Jorge Fernandes
185 Ridgewood Ave Unit G
Hyannis, MA, 02601
(774) 368-0211
marlifernades@icloud.com
05/03/2026

Personal Statement Regarding My Relationship

To Whom It May Concern

Conheci meu marido dia (12/25/2022) em um dia de natal na casa da prima dele, onde eu vivia com meu filho Pietro Augusto Fernandes. Quando o conheci fiquei encantada com a conversa dele, fui percebendo ao longo da conversa o quanto ele era incrível, respeitoso e humilde, vi nele um verdadeiro lord. A partir deste dia fomos ficando cada vez mais próximos, nos permitimos nos conhecer melhor e a cada encontro eu voltava mais apaixonada com ele. Sempre falo com meus amigos e familiares que nos dois foi um encontro de almas, pelo tanto que somamos um da vida do outro. Começamos a namorar dia (02/14/2023) dia dos namorados, e logo depois dia (04/01/2023) fomos morar juntos na casa onde vivia seu pai , lá vivemos momentos marcantes e felizes mas já tínhamos planos de nos mudar para um lar só nosso. Conquistar meu filho não foi nada fácil para meu marido, meu filho era muito ciumento, éramos só nós dois , sentiu ameaçado em ter que dividir minha atenção com meu marido que logo o conquistou. Hoje Pietro o ama mais que tudo , Elvis pegou uma responsabilidade de pai do meu filho, ele leva no médico , ensina tarefas escolares , vai a todas as reuniões escolares,dentre muitas outras coisas . Sou uma mulher que tenho muita fé, e eu vejo meu relacionamento com Elvis uma coisa de Deus na minha vida nao sei explicar, toda vez que falo do meu relacionamento com alguma pessoa sinto a presença do Espírito Santo e to sempre agradecendo por ter ele na minha vida e orando a Deus pela vida dele. Elvis nunca mudou o jeito de me tratar vamos completar esse ano 4 anos juntos e ele me trata como uma princesa igual o dia que nos conhecemos, eu que já sofri muito em relacionamento abusivo encontrar um homem carinhoso dedicado que zela pela família e pelo lar é mais que um presente de Deus pra mim. Teve madrugadas que ele levantou minha cabeça com todo cuidado pra me dar remédio porque eu tava ruim de gripe e passar hidratante labial na minha boca ressecada quando eu já estava deitada e tinha me esquecido, são cuidados que eu nunca tive antes. Em (01/01/2024) viemos morar onde moramos até hoje , vivemos eu meu marido e meu filho e Deus nos abençoa todos os dias fazendo do nosso lar um lar de amor, paz e alegria . Dia (07/24/2024) ficamos noivos foi um dia de aniversário dele mas o presente quem ganhou foi eu ,e dia (02/06/2025) nos casamos vivemos felizes temos um casamento sólido, ganhei um esposo abençoado e uma família incrível que é a família dele que me acolheu com muito amor e carinho.

Sincerely

Marli Jorge Fernandes

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ELVIS M SALADO PLEITEZ
MARLI J FERNANDES
185 RIDGEWOOD AVE UNIT G
HYANNIS, MA 02601-3078

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv SafeBalance Banking

for September 9, 2024 to September 19, 2024

Account number: 4660 2261 8072

ELVIS M SALADO PLEITEZ MARLI J FERNANDES

Account summary

Beginning balance on September 9, 2024	$0.00
Deposits and other additions	100.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Service fees	-0.00
Ending balance on September 19, 2024	**$100.00**

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BANK OF AMERICA

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ELVIS M SALADO PLEITEZ
MARLI J FERNANDES
185 RIDGEWOOD AVE UNIT G
HYANNIS, MA 02601-3078

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv SafeBalance Banking

for February 19, 2026 to March 20, 2026

Account number: 4660 2261 8072

ELVIS M SALADO PLEITEZ MARLI J FERNANDES

Account summary

Beginning balance on February 19, 2026	$526.70
Deposits and other additions	4,084.00
ATM and debit card subtractions	-3,354.38
Other subtractions	-481.98
Service fees	-0.00
Ending balance on March 20, 2026	**$774.34**

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SSM-05-25-0373.C | 7972973

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Deposits and other additions

Date	Description	Amount
02/23/26	Online Banking transfer from CHK 8607 Confirmation# 1588891387	300.00
02/24/26	BKOFAMERICA ATM 02/24 #000009338 DEPOSIT HYANNIS HYANNIS MA	917.00
03/02/26	Zelle payment from Conf# inlms5k7h	217.00
03/09/26	Zelle payment from DANIELLI SILVA Conf# 0222N3REJ	1,053.00
03/09/26	BKOFAMERICA ATM 03/09 #000001398 DEPOSIT HYANNIS HYANNIS MA	340.00
03/09/26	BKOFAMERICA ATM 03/09 #000001413 DEPOSIT HYANNIS HYANNIS MA	140.00
03/16/26	Zelle payment from DAIZY CLEANING SERVIVCE Conf# cegfz189b	803.00
03/16/26	Zelle payment from DANIELLI SILVA Conf# 0229TGM3F	12.00
03/20/26	Zelle payment from DANIELLI SILVA Conf# 022FZKGN6	302.00
Total deposits and other additions		**$4,084.00**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
02/23/26	CHECKCARD 0221 CHEESEBREAD BAKERY CAF HYANNIS MA 24000976053304105396173	-16.58
02/23/26	CHECKCARD 0221 THE SALVATION ARMY #071 WEST YARMOUTHMA 247554260531205306752 28	-62.41
02/23/26	CHECKCARD 0221 THE SALVATION ARMY #071 WEST YARMOUTHMA 247554260531205306752 69	-7.41
02/23/26	STOP & SHOP 04 02/22 #000427200 PURCHASE STOP & SHOP 0406 HYANNIS MA	-214.75
02/24/26	PURCHASE 0224 YOUSA LAW WWW.YOUSALAW.CA	-500.00
02/25/26	CHECKCARD 0224 SQ *MERCADO ACOUGUE IDE Tewksbury MA 24692166055100272590369	-63.75
02/25/26	CHECKCARD 0224 NORTH STREET AUTOMOTIVE HYANNIS MA 24055226055659581452770	-57.57
02/25/26	SPEEDWAY 30213 02/25 #000843748 PURCHASE SPEEDWAY 30213 HYANNIS MA	-5.50

continued on the next page

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Withdrawals and other subtractions - continued

ATM and debit card subtractions - continued

Date	Description	Amount
02/26/26	CHECKCARD 0225 DUNKIN #335670 Q35 HYANNIS MA 24943006057385095709170	-10.89
02/27/26	CHECKCARD 0226 TST* BRAZILIAN GRILL HYANNIS MA 24137466057500813482247	-125.36
02/27/26	PURCHASE 0225 DisneyPLUS 888-9057888 CA	-32.99
02/27/26	CHECKCARD 0226 VITORIAMEATMARKETHYANNI HYANNIS MA 24453886058000013201236	-47.13
03/02/26	CHECKCARD 0226 FIVE GUYS MA 1913 QSR HYANNIS MA 24445006058500448620484	-28.10
03/02/26	PMNT SENT 0228 Sendwave 844-9335122 MA	-45.75
03/02/26	CHECKCARD 0301 DUNKIN #341791 Q35 508-394-1220 MA 24943006061387406133474	-14.39
03/02/26	CHECKCARD 0301 SQ *MERCADO ACOUGUE IDE Eastham MA 24692166060105273650784	-63.75
03/04/26	CHECKCARD 0303 DOMINO'S 3089 HYANNIS MA	-47.87
03/05/26	CHECKCARD 0303 GREAT HOUSE CENTERVILLE MA 24323046063393900064045	-13.59
03/05/26	CHECKCARD 0304 SARKU JAPAN 108 HYANNIS MA 24137466064001255482895	-12.19
03/05/26	CHECKCARD 0305 CHIPOTLE MEX G NEWPORT BEACHCA	-10.49
03/06/26	CHECKCARD 0305 VITORIA MEAT MARKET HYANNIS MA 24013396064001062059918	-14.72
03/06/26	CHECKCARD 0305 CHIPOTLE 3332 HYANNIS MA 24431066065389668752651	-3.42
03/09/26	CHECKCARD 0306 TIKTOK SHOP TIKTOK.COM CA 24036296065744007120188	-52.26
03/09/26	PURCHASE 0306 TIKTOK SHOP TIKTOK.COM CA	-23.23
03/09/26	CHECKCARD 0305 PIZZERIA REGINA HYANNIS HYANNIS MA 24428066065501125057012	-12.27
03/09/26	PURCHASE 0306 DD *DOORDASH WENDYS DOORDASH.COM CA	-53.14
03/09/26	CHECKCARD 0306 PIZZERIA REGINA HYANNIS HYANNIS MA 24428066066501378267770	-9.87
03/09/26	CHECKCARD 0306 BANGKOK KITCHEN HYANNIS MA 24431066066390149063378	-51.20
03/09/26	PURCHASE 0307 DD *DOORDASH WENDYS DOORDASH.COM CA	-26.67
03/09/26	CHECKCARD 0307 CHEESEBREAD BAKERY CAF HYANNIS MA 24000976067380400317225	-10.48
03/09/26	PURCHASE 0308 DD *DOORDASH SARKUJAPA DOORDASH.COM CA	-14.57
03/09/26	CHECKCARD 0307 SARKU JAPAN 108 HYANNIS MA 24137466067001462598332	-14.53
03/09/26	CHECKCARD 0307 BANGKOK KITCHEN HYANNIS MA 24431066067390738032114	-60.80
03/09/26	PMNT SENT 0308 Sendwave 844-9335122 MA	-585.00
03/09/26	CHECKCARD 0308 DUNKIN #362634 HYANNIS MA 24943006068391318172367	-9.71
03/09/26	VITORIAMEATMAR 03/08 #000107129 PURCHASE VITORIAMEATMARKET HYANNIS MA	-26.67
03/09/26	STOP & SHOP 04 03/08 #000750147 PURCHASE STOP & SHOP 0406 HYANNIS MA	-148.26
03/10/26	CHECKCARD 0308 CHEESEBREAD BAKERY CAF HYANNIS MA 24000976068385701264454	-39.77
03/10/26	PMNT SENT 0309 Sendwave 844-9335122 MA	-100.00
03/10/26	PMNT SENT 0310 Sendwave 844-9335122 MA	-98.84
03/10/26	PMNT SENT 0310 Sendwave 844-9335122 MA	-39.54

continued on the next page

Withdrawals and other subtractions - continued

ATM and debit card subtractions - continued

Date	Description	Amount
03/16/26	CHECKCARD 0315 SQ *MERCADO ACOUGUE IDE Hyannis MA 24692166074108397917414	-63.75
03/17/26	VITORIAMEATMAR 03/17 #000048578 PURCHASE VITORIAMEATMARKET HYANNIS MA	-88.48
03/17/26	STOP & SHOP 04 03/17 #000233641 PURCHASE STOP & SHOP 0406 HYANNIS MA	-111.43
03/17/26	SHAWS 1598 03/17 #000830385 PURCHASE SHAWS 1598 HYANNIS MA	-32.93
03/18/26	CHECKCARD 0317 MAYFLOUR BAKERY AND CAF HYANNIS MA 24251386076027018382763	-21.67
03/18/26	PMNT SENT 0318 Sendwave 844-9335122 MA	-123.90
03/20/26	PMNT SENT 0319 Sendwave 844-9335122 MA	-136.80
Total ATM and debit card subtractions		**-$3,354.38**

Other subtractions

Date	Description	Amount
02/26/26	Zelle payment to Elvis Pleitez Conf# xl6nrhclp	-104.00
03/02/26	ANYTIME FIT ABC DES:CLUB FEES ID:2605800724666 INDN:MARLI FERNANDES CO ID:1710602737 PPD PMT INFO: - ANYTIME FITNESS 888-827-9262	-45.99
03/02/26	ANYTIME FIT ABC DES:CLUB FEES ID:2605800724663 INDN:ELVIS PLEITEZ CO ID:1710602737 PPD PMT INFO: - ANYTIME FITNESS 888-827-9262	-45.99
03/05/26	Zelle payment to REIJANE RODRIGUES DA SILVA Conf# uu4rt0zmp	-6.00
03/09/26	Zelle payment to Elvis Pleitez Conf# xar0dmrbm	-110.00
03/09/26	Zelle payment to Elvis Pleitez Conf# yqjvovtr6	-30.00
03/10/26	Zelle payment to Elvis Pleitez Conf# vz7sdr8bf	-140.00
Total other subtractions		**-$481.98**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

We are changing one of the ways to avoid the monthly maintenance fee on our consumer checking and savings accounts. Keep in mind, there are still other ways to avoid the monthly fee that are not changing — some of which you may already be doing.

As you may already know, Bank of America Preferred Rewards® will become BofA Rewards(TM) on or about May 26, 2026. After this happens, being a Preferred Rewards member will no longer be one of the ways to have the monthly fee waived. Instead, an account owner will need to be enrolled in BofA Rewards and qualify for the Preferred Plus, Preferred Honors, or Premier tier — this benefit does not apply to the Member tier.

Do not worry, if you are enrolled in the Preferred Rewards program on or about May 26, 2026, your enrollment will change to the new BofA Rewards program tier:

- Gold and Platinum members change to Preferred Plus
- Platinum Honors members change to Preferred Honors
- Diamond Honors members change to Premier

You will stay enrolled in your BofA Rewards tier for at least a six-month period, even if you do not meet the program requirements. After this time, BofA Rewards' standard rules, balance requirements and benefits apply.

To learn more about BofA Rewards, visit bankofamerica.com/BofARewards. Or visit the Preferred Rewards section of the "Personal Schedule of Fees" at bankofamerica.com/fees for program eligibility details.

To see all of the ways to avoid the monthly fee on your account, including those that have not changed, visit bankofamerica.com/feesataglance.

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GBRCC05

THIS IS A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, SEEK COMPETENT ADVICE.

REALTOR®

CAPE COD & ISLANDS ASSOCIATION OF REALTORS,® INC.

Lease

Lease, made this 1st day of January, 2024,

By Castle Investment Group Inc (name) of 18741 sw 41st street Miramar Fl 33029 (address),

hereinafter called LANDLORD

And Elvis Salado & Marli Fernandes (name) of 185 ridgewood ave unit G hyannis ma (address),

herinafter called TENANT.

Witnesseth, That the LANDLORD above hereby leases to the TENANT above, the premises located at

185 ridgewood ave unit G, hyannis ma 02601 (Street Address and Town), Massachusetts

consisting of (*Describe real and personal property*)

2 bedrooms, 1 and a half bath

The term of this lease shall be 12 months, commencing at Noon on January 1st, 2024 and ending at noon on December 31st, 2024.

And for such term, the TENANT agrees to pay $ 30,000. Said rent shall be payable in installments of $ 2500.00 on the 1st day of every month, in advance, so long as this lease is in force and effect.

During the lease term, the following charges shall be paid by the LANDLORD or TENANT *as checked*:

	LANDLORD	TENANT
A. Oil	( )	( )
B. Gas	( )	(X)
C. Electricity	( )	(X)
D. Real Estate Taxes	(X)	( )
E. Water	(x)	( )
F. Water Overages	(x)	( )
G. Telephone	(X)	(X)
H. Trash Removal	(X)	(X)
I. Lawn Maintenance	(X)	(X)
J. Snow Removal	(X)	( )
K. Cable T.V.	( )	(X)
L. Condominium Common Area Charges	(X)	( )

The LANDLORD hereby acknowledges receipt from the TENANT $ 2500 as payment of the first month's rent, and the LANDLORD hereby acknowledges receipt from the TENANT $ 2500 as payment of the last month's rent (calculated at the same rate as the first month's rent). The TENANT hereby acknowledges receipt of a written Last Month's Rent Receipt with reference to said last month's rent as required by law.

And for the heretofore described term, the TENANT further agrees to pay $ 2500 (an amount not to exceed one month's rent) as a security deposit, receipt of which the LANDLORD hereby acknowledges; it being understood that said security deposit is not to be construed prepaid rent, but nor shall any damages claimed (if any) be limited to the amount of said security deposit. Said security deposit shall be deposited in escrow as required by law. The TENANT hereby acknowledges receipt of a written statement of conditions with reference to said security deposit as required by law, which statement must be returned to the LANDLORD or his agent within fifteen days of commencement of tenancy.

The LANDLORD hereby notifies the TENANT that Jose Castillo (name)

of 475 brickell ave unit 3314, miami fl 33131 (street and mailing address) 508-241-4030 (telephone)

is the person who is responsible for the care, maintenance and repair of the heretofore described property.

The LANDLORD hereby notifies the TENANT that Jose Castillo (name)

is the person authorized to receive notices of violations of law and to accept service of process on behalf of the OWNER.

(next page)

26. Additional Provisions:

No Smoking in the complex ($500 fine per ocurrence). No pets. Only 1 car per unit and only passenger vehicle is allowed. No unregistered vehicles. If rent is received late more than 6 days a $100 dollar fee applies on the 7th day. Renting bedrooms to additional people is not allowed. Subleasing is not allowed.

IN WITNESS WHEREOF, the said parties hereunto set their hands and seals on the day and year first above written.

LANDLORD _____
Castle Investment Group Inc

TENANT Elvis Salado
Elvis Salado
Marli Jorge Fernandes
Marli Fernandes

BROKER _____

The TENANT hereby acknowledges the receipt of an executed copy of this lease from the LANDLORD on January 1st, 2024 which is within thirty (30) days of the signing of this document by said TENANT

TENANT _____

RENT RECEIPT

TO: _____ (Tenant) **RE:** _____

_____ (Address) _____ (Description of Leased Premises)

I / We hereby acknowledge receipt of the following on this 1st day of January, 2024

1. First Month's Rent $ 2500
2. Last Month's Rent $ 2500

LAST MONTH'S RENT

Any Landlord or his agent who receives, at or prior to the commencement of a tenancy, rent in advance for the last month of the tenancy from a tenant or prospective tenant shall give to such tenant or prospective tenant at the time of such advance payment a receipt indicating the amount of such rent, the date on which it was received, its intended application as rent for the last month of tenancy, the name of the person receiving it and, in the case of an agent, the name of the Landlord for whom the rent is received, and a description of the rented or leased premises, and a statement indicating that the tenant is entitled to interest on said rent payment at the rate of five percent per year or other such lesser amount of interest as has been received from the bank where the deposit has been held or in accordance with M.G.L. Ch. 186 Section 15B as may be further amended, payable in accordance with the provisions of this clause, and a statement indicating that the tenant should provide the Landlord with a forwarding address at the termination of the tenancy indicating where such interest may be given or sent.

Any Landlord or his agent who receives said rent in advance for the last month of tenancy shall, beginning with the first day of tenancy, pay interest at the rate of five percent per year or other such lesser amount of interest as has been received from the bank where the deposit has been held or in accordance with M.G.L. Ch. 186 Section 15B as may be further amended. Such interest shall be paid over to the tenant each year as provided in this clause; provided, however, that in the event that the tenancy is terminated before the anniversary date of such tenancy, the tenant shall receive all accrued interest within thirty days of such termination. Interest shall not accrue for the last month for which rent was paid in advance. At the end of each year of tenancy, such Landlord shall give or send to the tenant from whom rent in advance was collected a statement which shall indicate the amount payable by such Landlord to the tenant. The Landlord shall at the same time give or send to such tenant the interest which is due or shall notify the tenant that he may deduct the interest from the next rental payment of such tenant. If, after thirty days from the end of each year of the tenancy, the tenant has not received said interest due or said notice to deduct the interest from the next rental payment, the tenant may deduct from his next rent payment the interest due.

If the Landlord fails to pay any interest to which the tenant is then entitled within thirty days after the termination of the tenancy, the tenant upon proof of the same in an action against the Landlord shall be awarded damages in an amount equal to three times the amount of interest to which the tenant is entitled, together with court costs and reasonable attorneys fees.

If the Landlord transfers his interest in the dwelling unit, any advance rents received hereunder are to be handled in accordance with Massachusetts General Laws C.186 sec. 15B(7A).

LANDLORD _____
Castle Investment Group Inc

LANDLORD'S AGENT Jose Castillo

Tenant hereby acknowledges receiving a copy of the within rent receipt.

Dated: _____ Receipt _____ (Tenant)

REV 1/1/93 B05

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The parties hereto, in consideration of these presents, agree as follows:

1. That no more than _____4_____ persons will occupy said premises.

2. That no alteration, addition, or improvement to the leased property shall be made by the TENANT without the written consent of the LANDLORD. Any alteration, addition, or improvement made by the TENANT after such consent shall have been given, and any fixtures installed as part thereof, shall at the LANDLORD'S option become the property of the LANDLORD upon the expiration or other earlier termination of this lease; provided, however, that the LANDLORD shall have the right to require the TENANT to remove such fixtures at the TENANT'S cost upon such termination of this lease.

3. That the TENANT shall maintain the leased premises in a clean condition and ; the TENANT will be responsible for all damage, breakage, waste, and/or loss to the premises, except normal wear and tear and unavoidable casualty which may result from occupancy; and upon termination of this lease the TENANT will leave the premises in the same general and good and habitable condition as found upon entry.

4. That the LANDLORD agrees to supply fixtures and household furnishings, equipment or other personal property *only as specifically* described within this agreement, and/or in accordance with the statement of conditions to be incorporated by reference herein.

5. That the words "LANDLORD" and "TENANT" as used herein shall include their respective heirs, executors, administrators, successors representatives, assigns, and / or agents. If more than one party signs as TENANT hereunder, the agreements herein of the TENANT shall be the joint and several obligations of each such party.

6. That the LANDLORD and TENANT agree that should the premises be destroyed by fire or other personal casualty so as to become unfit for human habitation that these presents shall thereby be ended, with refund to the TENANT for any rent term unused.

6A. Subject to the conditions of paragraph six (6), the LANDLORD agrees that should the premises acquire a condition which amounts to a violation of law which may endanger or materially impair the health, safety, or well-being of the TENANT, or become unfit for human habitation; upon proper notice to or discovery by the LANDLORD thereof, the rent or a just portion thereof according to the nature and extent of the condition shall be suspended or abated until the condition is remedied, if such a remedy is reasonably possible during the lease term; provided, however, that said condition or violation of law was not caused by the TENANT or others lawfully upon said premises. If such a remedy is not reasonably possible, during the lease term the LANDLORD shall so notify the TENANT within thirty days after proper notice to or discovery by the LANDLORD of said condition; and after such notice to the TENANT by the LANDLORD either party may terminate the lease by written notice to the other party.

6B. That the LANDLORD and TENANT further agree that should the premises be taken for any purpose by the exercise of the power of eminent domain that these presents shall thereby be ended with refund to the TENANT for any rent term unused, and that the TENANT does hereby assign to the LANDLORD any and all claims and demands for damages on account of any such taking or for compensation for anything lawfully done by a proper public authority in pursuance of such a taking.

7. That the TENANT agrees that it shall be the TENANT'S obligation to insure the TENANT'S personal property and the keeping of said personal property shall be at the sole risk of the TENANT.

8. That the TENANT agrees to indemnify and hold the LANDLORD harmless from any and all liability, loss or damage arising from any nuisance made or suffered on the leased premises by the TENANT, or the TENANT'S family, guests, licensees, and or invitees, to and from any negligence, or illegal or improper conduct of any of said persons. Neither the TENANT or any of the heretofore described persons shall make or suffer offensive use of the leased premises, nor commit or permit any nuisance to exist thereon, nor cause damage to the leased premises, nor create any substantial interference with rights, comfort, safety or enjoyment of the LANDLORD or other occupants of the same or any other apartment, nor make any use whatsoever thereof other than as and for a private residence.

9. That the TENANT agrees that no articles of personal property shall be placed in common areas.

10. That any notice by either party to the other shall be in writing and shall be deemed to be duly given only if delivered personally or mailed by registered or certified mail, addressed to the TENANT at the building in which the leased property is located and to the LANDLORD at the address noted on this lease; unless either party has notified the other party in writing of a change of address for the purpose of notice.

11. That during the lease term the LANDLORD will keep and maintain the leased premises in such good repair, order and condition as the same are at the commencement hereof, reasonable wear and tear and damage by unavoidable casualty excepted. And the LANDLORD shall make all repairs, changes, alterations, and additions which may be required by any laws, ordinances, orders, or regulations of any public authorities having jurisdiction over the leased property except that the TENANT shall make all such repairs, changes, alterations, and additions required because of any use made of the leased property by the TENANT other than the proper and lawful use as a private residence, or because of any unlawful action or any negligence of the TENANT or any breach or default by the TENANT under this lease.

12. That TENANT agrees to allow the LANDLORD to enter and view the premises, both inside and outside:

A) to inspect the premises;
B) to make repairs thereto;
C) to show the same to a prospective TENANT or PURCHASER;
D) pursuant to a Court Order; and
E) to protect the premises if it appears that said premises have been abandoned by the TENANT;
F) to inspect, within the last 30 days of the tenancy or after either party has given notice to the other of intention to terminate the tenancy, the premises for the purpose of determining the amount of damage, if any, to the premises which would be cause for deduction from any security deposit held by the LANDLORD pursuant to law.

13. That if the TENANT defaults, breaches and / or otherwise fails to comply as regards any of the terms, conditions, covenants, obligations, or agreements, expressed herein or implied hereunder, the LANDLORD, without necessity or requirement of making any entry may terminate this lease by:

A) a seven (7) days written notice to the TENANT to vacate said premises in case of any breach except only for nonpayment of rent, or
B) a fourteen (14) day written notice to the TENANT to vacate leased premises upon the neglect or refusal of the TENANT to pay the rent as herein provided.

(Continued on Sheet 2)

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Any termination under this section shall be:

C) without prejudice to any remedies of the LANDLORD which might otherwise be used for arrears of rent use and occupancy or other breach of any of the said terms, conditions, covenants, obligations or agreements; or
D) without prejudice to any remedies of the TENANT which might otherwise be authorized and / or required by the applicable laws and Regulations of the Commonwealth of Massachusetts.
E) but nothing herein shall be construed as the application of interest or a penalty for the TENANT'S failure to pay rent until thirty (30) days after such rent shall have been due .

14. That the parties agree that in case of any termination of this lease by reason of the default of theTENANT, then at the option of the LANDLORD:

A) the TENANT will forthwith pay to the LANDLORD as damages hereunder a sum equal to the amount by which the rent and other payments called for hereunder for the remainder of the term.
B) the TENANT will furthermore indemnify the LANDLORD from and against any loss and damage sustained by reason of any termination caused by the default of, or the breach by, the TENANT. LANDLORD'S damages hereunder shall include, but shall not be limited to, any loss of rents, accrued by unpaid prior to termination; reasonable broker's commission for the re-letting of the leased premises; advertising costs; the reasonable costs incurred in cleaning and repainting the premises in order to re-let the same; moving and storage charges incurred by LANDLORD in moving TENANT'S belongings pursuant to eviction proceedings; legal costs and reasonable attorney's fees incurred by the LANDLORD in collecting any damages hereunder or in obtaining possession of the leased premises by summary process or otherwise, and to any and all other remedies provided by law.
C) the LANDLORD may remove the TENANT'S goods or effects pursuant to a Court Order and the LANDLORD shall not be liable or responsible for any loss of or damage to TENANT'S goods or effects and the LANDLORD'S act of so removing such goods or effects shall be deemed to be the act of and for the account of TENANT, provided, however, that if the LANDLORD removes the TENANT'S goods or effects, he shall comply with all applicable laws, and shall exercise due care in the handling of such goods to the fullest practical extent under the circumstances.

15. That no animals, birds, or pets of any description shall be kept in or upon the leased premises without the LANDLORD'S written consent; and consent so given may be revoked at any time.

16. That no surrender or acceptance of surrender of the leased premises shall be valid, unless so stipulated in writing by the LANDLORD.

17. That the TENANT shall not assign or sublet or permit the leased property or any part thereof to be used by others (except the TENANT named herein, the TENANT'S spouse, children, or guests for temporary visits), without the prior written consent of the LANDLORD in each instance. If this lease is assigned, or if the leased property or any part thereof is sublet, or occupied by anyone other than the TENANT, the LANDLORD may, after default by the TENANT, collect rent from the assignee, subtenant, or occupant and apply the net amount collected to the rent herein reserved. No such assignment, subletting, occupancy, or collection shall be deemed a waiver of this covenant, or the acceptance of the assignee, subtenant, or occupant as TENANT, or a release of the TENANT from further performance by the TENANT of the covenants of this lease. The consent by the LANDLORD to an assignment or subletting shall not be construed to relieve the TENANT from obtaining the consent in writing of the LANDLORD to any further assignment or subletting.

18. That the waiver of one breach of any term, condition, covenant, obligation, or agreement of this lease shall not be considered to be a waiver of that or any other term, condition, covenant, obligation, or agreement or of any subsequent breach thereof.

19. That if any provision of this lease or portion of such provision or the application thereof to any person or circumstance is held invalid, the remainder of the lease (or the remainder of such provision) and the application thereof **to other** persons or circumstances shall not be affected thereby.

20. That the LANDLORD acknowledges that provisions of applicable law forbid a LANDLORD from threatening to take or taking reprisals against any TENANT for seeking to assert his legal rights.

21. **LEAD PAINT:** Whenever a child or children under six years of age resides in any residential premises in which any paint, plaster or other accessible materials contain dangerous levels of lead as defined pursuant to section one hundred and ninety-four, the owner shall remove or cover said paint, plaster or other material so as to make it inaccessible to children under six years of age, with the provisions of Massachusetts General Laws, Chapter III, Section 197.

22. **UREA FORMALDEHYDE INSULATION** - UFFI: A LANDLORD of a residential dwelling containing UFFI shall disclose or cause to be disclosed to all prospective tenants and to all existing tenants the presence of UFFI in the dwelling. In the case of a prospective TENANT, a LANDLORD aware of the presence of UFFI in the dwelling shall make the disclosure before entering into a lease or rental agreement with the TENANT. The disclosure shall be made in writing, and shall be in the form of the disclosure set forth in 105 CMR 651.011(3) or as amended and shall be signed by the LANDLORD or its agent as well as by the prospective or existing TENANT. The LANDLORD shall keep a copy or a second original of the signed disclosure as proof of its delivery to the prospective or existing TENANT. As part of the disclosure, the LANDLORD shall also deliver or cause to be delivered to the prospective TENANT or existing TENANT at the time of the disclosure the current UFFI Information Sheet developed by and available at the Department.

23. That the LANDLORD agrees to pay a BROKER'S fee of _____ % of the total rental hereof to _____ _____ upon receipt of the _____ rental payment for this lease from the TENANT.

OPTIONAL PROVISIONS (Complete or delete if not applicable):

24. That LANDLORD agrees to pay a broker's fee of _____ % of the total rental on any subsequent rentals of the premises to the TENANT, upon receipt of the rental payment from any subsequent rental to the TENANT.

25. In the event of a subsequent sale of the premises to the TENANT by the LANDLORD during the term of the tenancy or within _____ _____ days after the expiration of the tenancy, a BROKER'S fee shall be paid by the LANDLORD based upon an amount of fee to be reasonably agreed upon between the BROKER and the LANDLORD, but such TENANT / BUYER shall be held harmless as to any dispute and/or litigation between the BROKER and the LANDLORD as to the determination of said fee.

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Castle Investment Group Inc
49 Orrs Ave
Hyannis, MA 02601

Date: March 24, 2026

To Whom It May Concern,

This letter is to confirm that **Marli Jorge Fernandes** and **Elvis Salado Pleitez** have been residing at my rental property located at:

185 Ridgewood Avenue, Unit G
Hyannis, MA 02601

They have occupied this property continuously since **January 2024** and remain tenants in good standing.

If you require any additional information or verification, please feel free to contact me directly at **invercastle61@gmail.com**.

Sincerely,

Jose Castillo
Castle Investment Group Inc
Landlord / Property Owner

Student Profile

First Name:	Pietro
Middle Name:	Augusto
Last Name:	Fernandes
Gender:	M
Date of Birth:	12/15/2014
Home Lang:	Portuguese
Home Phone:	508-360-3007
Emerg Phone:	
Student Cell	
LASID:	170326
SASID:	1092971046
Homeroom:	118
HR teacher	Harmon, S
YOG:	2033

Grade:	05
Enr Status:	Active
Hub	null
Assoc. Principal	null
Hub Phone	null
Counselor	Cardoza
Counselor Location	null

Student Addresses

Physical address

Address:	185 Ridgewood Ave Unit G
City:	Hyannis
State:	MA
Zip:	02601
Country:	

Mailing address (if different)

Address:	185 Ridgewood Ave Unit G
City:	Hyannis
State:	MA
Zip:	02601
Country:	

Student Contacts

Pri	Name	Relationshi	Phone 1	Phone 2	Lives w/
1	Fernandes, Marli	Mother	774-368-0211		true
2	Plietez, Elivis	Step Father	774-368-9340		true

ELVIS MIGUEL SALADO PLEITEZ
185 RIDGEWOOD AVE UNIT G
HYANNIS, MA 02601-3078

Issue Date: Sep 10, 2025
Account Number: 155070045358
Foundation Account: 06194378

Easily split your AT&T bill! Assign payers and let us notify them each month.
Visit att.com/splitbill to learn more.

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Total due
$203.27
AutoPay is scheduled for:
Sep 29, 2025

Account summary

Your last bill	$203.27
Payment, Aug 30 - Thank you!	-$203.27
Remaining balance	$0.00

Service summary

Wireless	*Page 2*	$203.27
Total services		$203.27

Total due $203.27
AutoPay is scheduled to charge your card on Sep 29, 2025

Ways to pay and manage your account:

myAT&T app
iPhone and Android

att.com/pay

Call 611 or 800.331.0500
TTY:866.241.6567

Ask a question
Make a payment

Service activity

Wireless

Number	User	Page	Activity since last bill	Monthly charges: Plan	Equipment	Company fees & surcharges	Government fees & taxes	Total
774.368.0211	MARLI FERNANDES SALADO	2	-	$30.49	$25.84	$4.02	$1.81	$62.16
774.368.9337	ELVIS MIGUEL SALADO...	3	-$9.73	$35.49	$33.34	$4.04	$1.81	$64.95
774.368.9340	ELVIS MIGUEL SALADO...	3	-$27.78	$35.49	$33.34	$4.04	$1.81	$46.90
774.368.9390	ELVIS PLEITEZ	4	-	$10.49	$15.28	$3.49	-	$29.26
Total			**-$37.51**	**$111.96**	**$107.80**	**$15.59**	**$5.43**	**$203.27**

Usage summary (Aug 11 - Sep 10)

Number	User	Data (allowance)	Text (allowance)	Talk (allowance)
774.368.0211	MARLI FERNANDES SALADO	10.44GB (unlimited)	41 (unlimited)	184 (unlimited)
774.368.9337	ELVIS MIGUEL SALADO PLEITEZ	1.23GB (unlimited)	14 (unlimited)	1,097 (unlimited)
774.368.9340	ELVIS MIGUEL SALADO PLEITEZ	9.16GB (unlimited)	105 (unlimited)	646 (unlimited)
774.368.9390	ELVIS PLEITEZ	0.36GB (unlimited)	0 (unlimited)	0 (unlimited)

Usage is rounded up based on your plan. For more details on your Usage summary, visit att.com/myusage.

Phone, 774.368.0211
MARLI FERNANDES SALADO

Monthly charges
Sep 11 - Oct 10

1.	Unlimited Extra EL - 3 Lines	$60.99
2.	Discount for Indirect Mobility Sales Associates and Managers	-$30.50
3.	APPLE128GB - Installment 21 of 36	$25.84

Company fees & surcharges

4.	Administrative & Regulatory Cost Recovery Fee	$3.49
5.	Federal Universal Service Charge	$0.53

Government fees & taxes

6.	9-1-1 Service Fee	$1.50

APPLE128GB *130000013157897*

Established on	Jan 04, 2024
Amount financed	$929.99
Installment 21 of 36 *(Sep 04, 2025)*	$25.84
Balance remaining after current installment	$387.35

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

774.368.0211 continues...

...774.368.0211 continued

7. MA State Sales Tax - Telecom		$0.31

Total for 774.368.0211 **$62.16**

Phone, 774.368.9337
ELVIS MIGUEL SALADO PLEITEZ

Activity since last bill	*Aug 11 - Sep 10*		
1. Smartphone trade-in promo 19 of 36	*Sep 09*	-$9.73	< *One-time credit*
Monthly charges	*Sep 11 - Oct 10*		
2. Unlimited Premium PL - 3 Lines		$70.99	
3. Discount for Indirect Mobility Sales Associates and Managers		-$35.50	
4. APPLE 256GB - Installment 19 of 36		$33.34	
Company fees & surcharges			
5. Administrative & Regulatory Cost Recovery Fee		$3.49	
6. Federal Universal Service Charge		$0.55	
Government fees & taxes			
7. 9-1-1 Service Fee		$1.50	
8. MA State Sales Tax - Telecom		$0.31	

Total for 774.368.9337 **$64.95**

APPLE 256GB *130000013277971*

Established on	Mar 09, 2024
Amount financed	$1,199.99
Installment 19 of 36 *(Sep 09, 2025)*	$33.34
Balance remaining after current installment	$566.53

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

Phone, 774.368.9340
ELVIS MIGUEL SALADO PLEITEZ

Activity since last bill	*Aug 11 - Sep 10*		
1. Smartphone trade-in promo 23 of 36	*Sep 01*	-$27.78	< *One-time credit*
Monthly charges	*Sep 11 - Oct 10*		
2. Unlimited Premium PL - 3 Lines		$70.99	
3. Discount for Indirect Mobility Sales Associates and Managers		-$35.50	
4. APPLE 256GB - Installment 23 of 36		$33.34	
Company fees & surcharges			
5. Administrative & Regulatory Cost Recovery Fee		$3.49	
6. Federal Universal Service Charge		$0.55	
Government fees & taxes			
7. 9-1-1 Service Fee		$1.50	
8. MA State Sales Tax - Telecom		$0.31	

Total for 774.368.9340 **$46.90**

APPLE 256GB *130000012998677*

Established on	Nov 10, 2023
Amount financed	$1,199.99
Installment 23 of 36 *(Sep 10, 2025)*	$33.34
Balance remaining after current installment	$433.17

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

Wireless continues...

...Wireless continued

Tablet, 774.368.9390
ELVIS PLEITEZ

Monthly charges *Sep 11 - Oct 10*

1.	Unlimited for Tablet	$20.99
2.	Discount for Indirect Mobility Sales Associates and Managers	-$10.50
3.	COM APL IPADMINI6 64GB SGY - Installment 18 of 36	$18.06
4.	Tablet Promo 18 of 36	-$2.78

Company fees & surcharges

5.	Administrative & Regulatory Cost Recovery Fee	$3.49

Total for 774.368.9390 **$29.26**

Total for Wireless **$203.27**

COM APL IPADMINI6 64GB SGY *130000013312013*

Established on	Mar 28, 2024
Amount financed	$649.99
Installment 18 of 36 *(Aug 28, 2025)*	$18.06
Balance remaining after current installment	$324.91

To pay off this installment plan early, please visit att.com/installmentpayoff for details.

News you can use

Explore AT&T's Products and Services!
Thank you for being a valued customer. Discover our wide range of products and services designed to enhance your experience. Visit us at https://www.att.com/deals to find the perfect solutions for your needs.

Add a new line for less than you think
Add a friend, add a family member, add a line for someone you love - everyone gets our best deals. Call: 866.766.2888.

Fill your home with amazing, unlimited internet
Connect to more, in less time than ever. Get hyper-fast, ultra-reliable internet from AT&T, for a powerful, unlimited connection -- with big savings that last. Call 844.211.2651 today.

myAT&T puts you in control!
Check for deals, shop, upgrade, and add lines. Compare features, specs and reviews. Pay your bill, manage your plan, add features, and get help - all on your time. Visit att.com/myatteasy2

Important information

Late payment fee
The late payment fee for consumer wireless bills not paid in full by the payment due date is up to $8.00.

Electronic check conversion
Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to $30. Returned checks may be presented electronically.

Company fees & surcharges
AT&T imposes additional monthly fees on a per line basis, including:
- An Administrative & Regulatory Cost Recovery Fee (to defray certain expenses including charges AT&T or its agents pay to interconnect with other carriers to deliver calls from AT&T customers to their customers, charges associated with cell site rents and maintenance, and costs it incurs to comply with certain government-imposed regulatory requirements, including but not limited to Wireless Number Portability and Number Pooling, and E911).
- Federal/State Universal Service Fees to help AT&T recover mandatory contributions it makes to federal and state universal service funds.
- State/Local Cost Recovery Fees to help AT&T recover taxes and required payments levied on AT&T by states and local governments.

These fees are not taxes or charges that the government requires AT&T to collect from its customers. See att.com/mobilityfees for details.

AT&T Mobility Center for customers with disabilities
Questions on accessibility by persons with disabilities: 866.241.6568.

Written correspondence
Do not send notes/letters with payment. We cannot guarantee receipt. Send notes/letters to AT&T, P.O. Box 5074, Carol Stream, Illinois 60197-5074 or FAX 314.242.0792.

Wireless DirectBill charges
Detail of DirectBill charges can be viewed at att.com/db. The direct billing option offers you the ability to purchase content, goods and features such

Important information continues...

...Important information continued

as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

Tax ID

AT&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC.

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Printed on Recyclable Paper

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

William Fajardo-Doss
34 Hiramar Rd
Hyannis, MA 02601
williamfajardodoss123@gmail.com
(508) 360-9710

September 2, 2025

To Whom It May Concern:

I am writing this letter in support of the marriage of **Elvis Salado Pleitez** and **Marli Jorge Fernandes**. I have known Elvis since birth, as we grew up together. We spent countless hours playing games and sports, and I remember how he always shared his games with me. From the start, Elvis has shown himself to be a kind, generous, and genuine person with very strong character.

His bond with Marli is inseparable, and I am confident that their marriage will last a lifetime. I have seen their love firsthand on many occasions. At Elvis's 21st birthday, they were together at his home, openly expressing how much they loved one another. Another time was at his sister's quinceañera, where they greeted everyone warmly, enjoyed the celebration, and showed how strong their relationship truly is.

Elvis has also embraced his role as stepfather to Marli's son, **Pietro Augusto Fernandes**, and I have no doubt about his dedication to their family. It is clear that he loves and supports both Marli and Pietro, and that their home is filled with love, stability, and respect.

I fully support this application because I know wholeheartedly that this is a very genuine and loving relationship that I hope to see last a lifetime. Please contact me at (508) 360-9710 if you have any questions.

I declare under penalty of perjury that the information in this letter is true and correct to the best of my knowledge.

Sincerely,
William Fajardo-Doss

William Fajardo-Doss

MASSACHUSETTS
UNDER 21 DRIVER'S LICENSE
NOT FOR FEDERAL ID
USA
UNDER 21 UNTIL
02/14/2027
4a ISS 02/17/2024
9 CLASS D
12 REST NONE
9a END NONE
4d NUMBER
SA8390772
4b EXP
02/14/2029
3 DOB
02/14/2006
1 FAJARDO-DOSS
2 WILLIAM ERASMO
8 34 HIRAMAR RD
HYANNIS, MA 02601-2701
02/14/06
15 SEX M 16 HGT 5'-11" 18 EYES BRO
5 DD 02/20/2024 Rev 02/22/2016

Marta Pleitez
21 Pram Road, Hyannis, MA 02601
24 August 2025

To Whom It May Concern,

My name is Marta Pleitez, and I have known Elvis Salado-Pleitez since he was born. I have known Marli Jorge Fernandes since 2022. I'm writing to support their family-based immigration application. Elvis and Marli have been together since February 2023.

Marli and Elvis met in December 2022 and have been inseparable since then. Elvis Marli and her son, Pietro Augusto Fernandes, lived with my family and me for about a year, and they were always helping each other out. When they came home from work, Marli always cooked for Elvis and her son, and they always ate together as a family. They were always very affectionate, whether it was shown with their words or physically, like hugging each other and saying I love you. During Thanksgiving and Christmas, they spent it with my family, and during these times, I could really see their love, respect, and support for each other.

They both have very strong qualities that they bring to their relationship. Marli is a very strong, hard working, loving, and caring person. Not just to Elvis but also to our family. She has always been very involved with our family and is always creating strong bonds with us. Elvis is a very genuine, respectful, and devoted person. Ever since he met Marli, he has worked hard to provide for her and her son and always make sure they both are well taken care of.

I personally have seen how much they care for each other every time I see them together. They share responsibilities together and support each other's goals. Anyone can see their relationship is built on trust, strong values, and there are very clear intentions they want to build a future together. All of these qualities show the authenticity of their relationship. I fully support their immigration marriage, and I am very confident in the authenticity of their relationship.

Please feel free to contact me at 508-367-7489 if you require any additional information.

I declare under penalty of perjury that the information in this letter is true and correct to the best of my knowledge.

Sincerely,

Marta Pleitez

MASSACHUSETTS
DRIVER'S LICENSE
NOT FOR FEDERAL ID
1a ISS 06/04/2021
4d NUMBER S65680181
4b EXP 07/01/2026
3 DOB 07/01/1999
CLASS D
12 REST B
9a END NONE
1 PLEITEZ-HERCULES
2 MARTA JULIA
8 21 PRAM RD
HYANNIS, MA 02601-3558
18 EYES BRO
15 SEX F 16 HGT 5'-01"
DONOR
5 DD 06/07/2021 Rev 02/22/2016
07/01/99

Lael Damasceno
88 Bishops Ter
Hyannis, MA 02601
damascenolael@gmail.com
(508) 241-0940
September 3, 2025

To Whom It May Concern,

I am writing this letter in support of Elvis Salado Pleitez and Marli Jorge Fernandes in connection with their family-based immigration application.

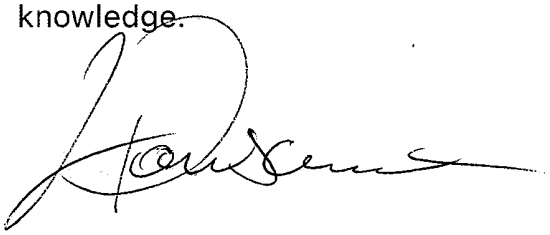
I have had the pleasure of knowing Elvis for the past six months, both as his employer and as a friend. During this time, I have also had the opportunity to meet Marli, and I have been impressed by the strong bond and affection they share.

Elvis is a person of integrity, responsibility, and kindness. He has consistently demonstrated a strong work ethic and a genuine commitment to his family. I have had the pleasure of spending time with Elvis and Marli at their home, including attending Elvis's birthday party, where I witnessed their loving and committed relationship. Elvis is also very devoted to his stepson, and their bond is strong and heartwarming.

In all my interactions with them, I have found them to be respectful of the law, appreciative of cultural diversity, and eager to contribute positively to the community. I am confident that they will continue to be valuable members of society.

I strongly support their immigration application and respectfully request that it be given favorable consideration. Please feel free to contact me at the phone number above if you need any further information.

I declare under penalty of perjury that the information this letter is true and correct to the best of my knowledge.



Sincerely
Lael Danasceno

NORTH CAROLINA
USA
DRIVER LICENSE
Wayne Goodwin
COMMISSIONER OF MOTOR VEHICLES
4d DLN 000043148023
DUP
3 DOB 12/08/1990
4b EXP 12/08/2029
1 DAMASCENO
2 LAEL ALMEIDA
8 137 GEORGETOWNE DR
CLAYTON, NC 27520-1846
9 CLASS C
9a END NONE
12 RESTR *9
15 SEX M
18 EYES BRO
16 HGT 5'-09"
19 HAIR BLK
RACE
4a ISS 08/15/2022
5 DD 0033042045
12/08/90

Natania Jorge Fernandes
Santa Maria do Suaçuí, Minas Gerais
39780-000, Brazil
+ 55 (31) 98890-7268
March 23, 2026

Declaration of Support for Family-Based Petition

To whom it may concern,

My name is Natânia Jorge Fernandes. I want to say that Marli and Elvis love each other very much. They have been married since February 6, 2024 and have been together since December 25, 2022. Marli always tells me how well Elvis treats her, with love, respect, and affection.

What makes me happiest is knowing that Pietro Augusto loves Elvis like a father. Pietro has a very good relationship with his stepfather. My parents and I are always moved when we see them on video calls. We can see how happy Marli is, and we always hear how good Elvis is to her and to Pietro. Elvis works hard and always tries to make them happy.

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge and belief.

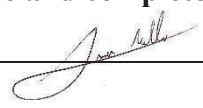
Please feel free to contact me should any additional information be required.

Sincerely,

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

Natania Jorge Fernandes

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



Date: May 12, 2026.

Natania Jorge Fernandes
Santa Maria do Suaçuí, Minas Gerais
39780-000, Brazil
+ 55 (31) 98890-7268
23 de Março de 2026

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Meu nome é Natânia Jorge Fernandes. Quero dizer que Marli e Elvis se amam muito. Eles estão casados desde 6 de Fevereiro de 2024 e estão juntos desde 25 de dezembro de 2022. A Marli sempre me conta como o Elvis a trata bem, com amor, respeito e carinho.

O que me deixa mais feliz é saber que o Pietro Augusto ama o Elvis como um pai. O Pietro tem uma relação muito boa com o padrasto dele. Meus pais e eu sempre ficamos emocionados quando os vemos em chamadas de vídeo. Podemos ver o quanto a Marli está feliz, e sempre ouvimos como o Elvis é bom para ela e para o Pietro. O Elvis trabalha duro e sempre tenta fazer eles felizes.

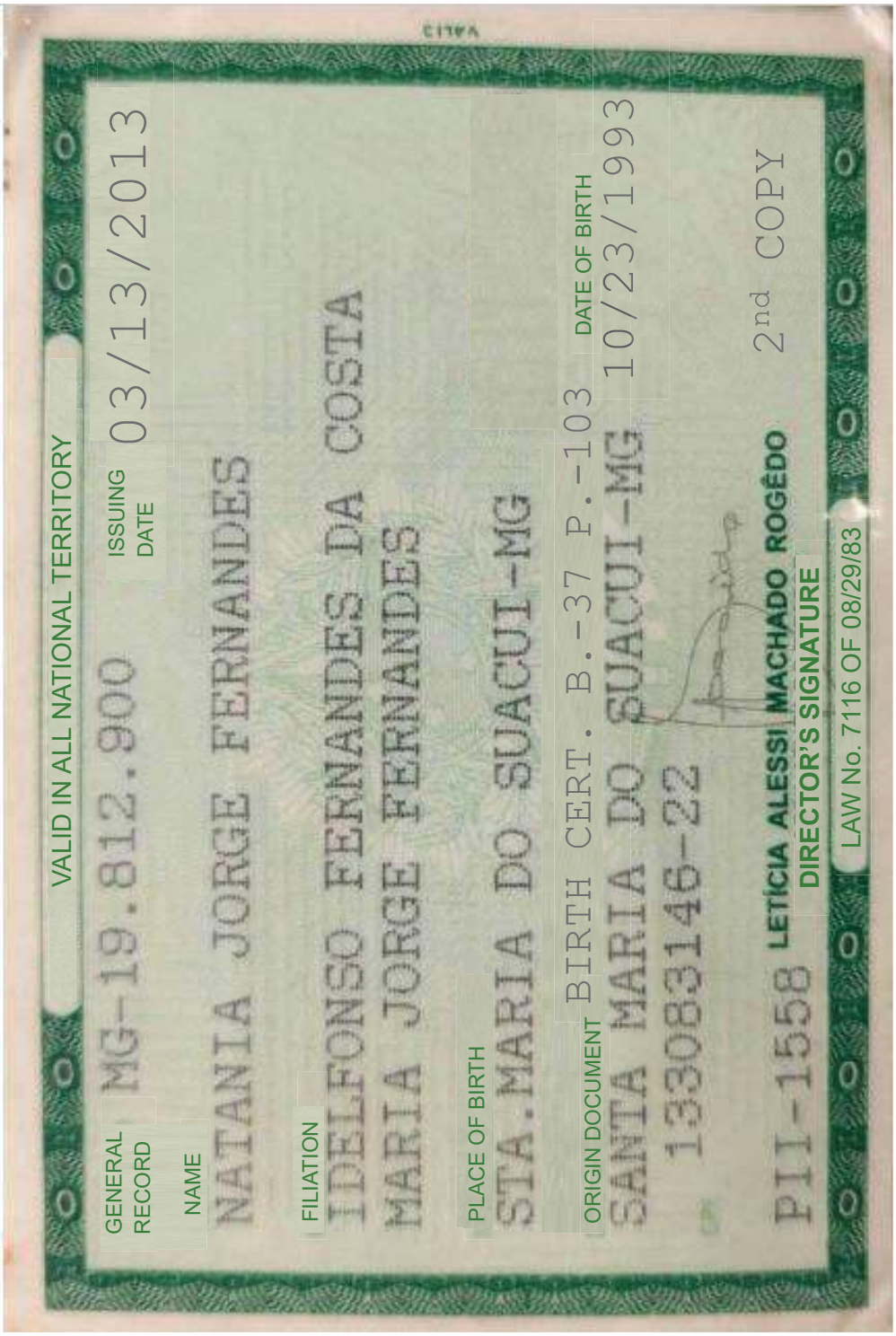
Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Natania Jorge Fernandes

FEDERATIVE REPUBLIC OF BRAZIL
STATE OF MINAS GERAIS
CIVIL POLICE OF THE STATE OF MINAS GERAIS
IDENTIFICATION DEPARTMENT
RIGHT THUMB
HOLDER'S SIGNATURE
IDENTITY CARD



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

Date: May 12, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE MINAS GERAIS

POLÍCIA CIVIL DO ESTADO DE MINAS GERAIS

INSTITUTO DE IDENTIFICAÇÃO

POLEGAR DIREITO

102

VALID

Natânia Jorge Fernandes

ASSINATURA DO TITULAR

CARTEIRA DE IDENTIDADE

VALIDA EM TODO O TERRITÓRIO NACIONAL

REGISTRO GERAL MG-19.812.900 DATA DE EXPEDIÇÃO 13/03/2013

NOME
NATANIA JORGE FERNANDES

FILIAÇÃO
IDELFONSO FERNANDES DA COSTA
MARIA JORGE FERNANDES

NATURALIDADE DATA DE NASCIMENTO
STA.MARIA DO SUACUI-MG 23/10/1993
NASC. LV-37 FL-103

DOC ORIGEM
SANTA MARIA DO SUACUI-MG

CPF
133083146-22

PII-1558 LETÍCIA ALESSI MACHADO ROGÊDO
ASSINATURA DO DIRETOR 2.VIA

LEI Nº 7 116 DE 29/08/83

103

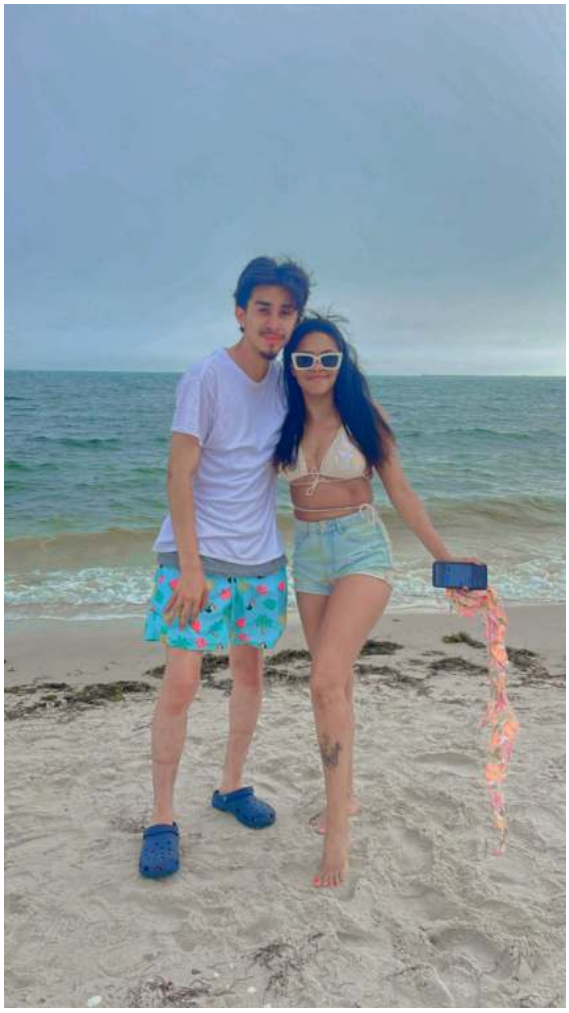
VALID

Exhibit 7 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

March 18, 2023 – Boston – Elvis and I walking around the city

April 22, 2023 – Birthday at Yeshua's house (Elvis' friend)

June 25, 2023 – Kennedy´s beach, Hyannis – Beach day with Elvis and Pietro



July 23, 2023 – Dinner at a restaurant with Elvis and Pietro

July 24, 2023 – Elvis' Birthday with friends and Pietro

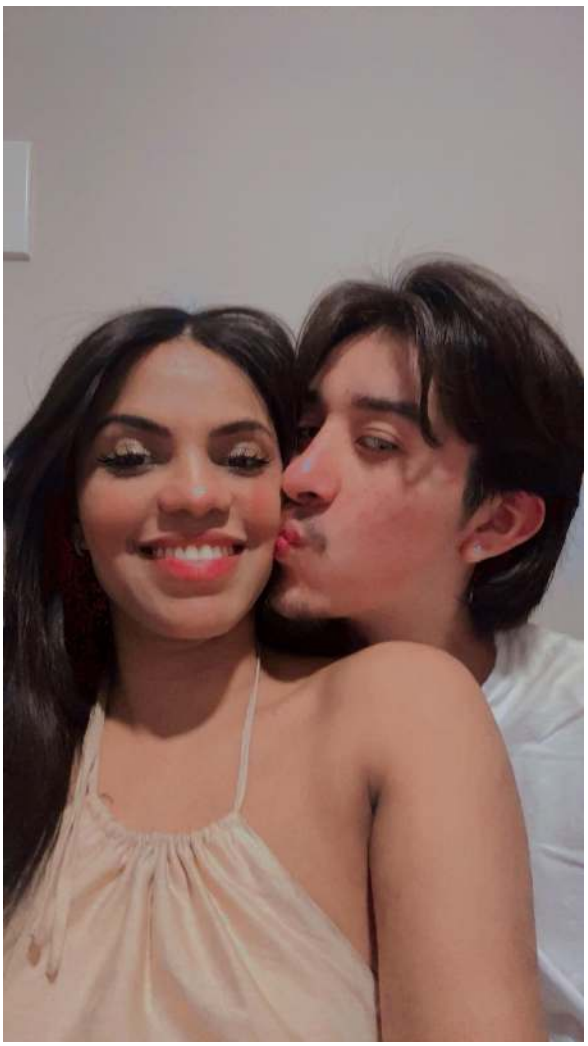
August 6, 2023 – Hyannis – Outing with Elvis and Pietro

August 20, 2023 – Monte Cristo Restaurant, Boston – Tour

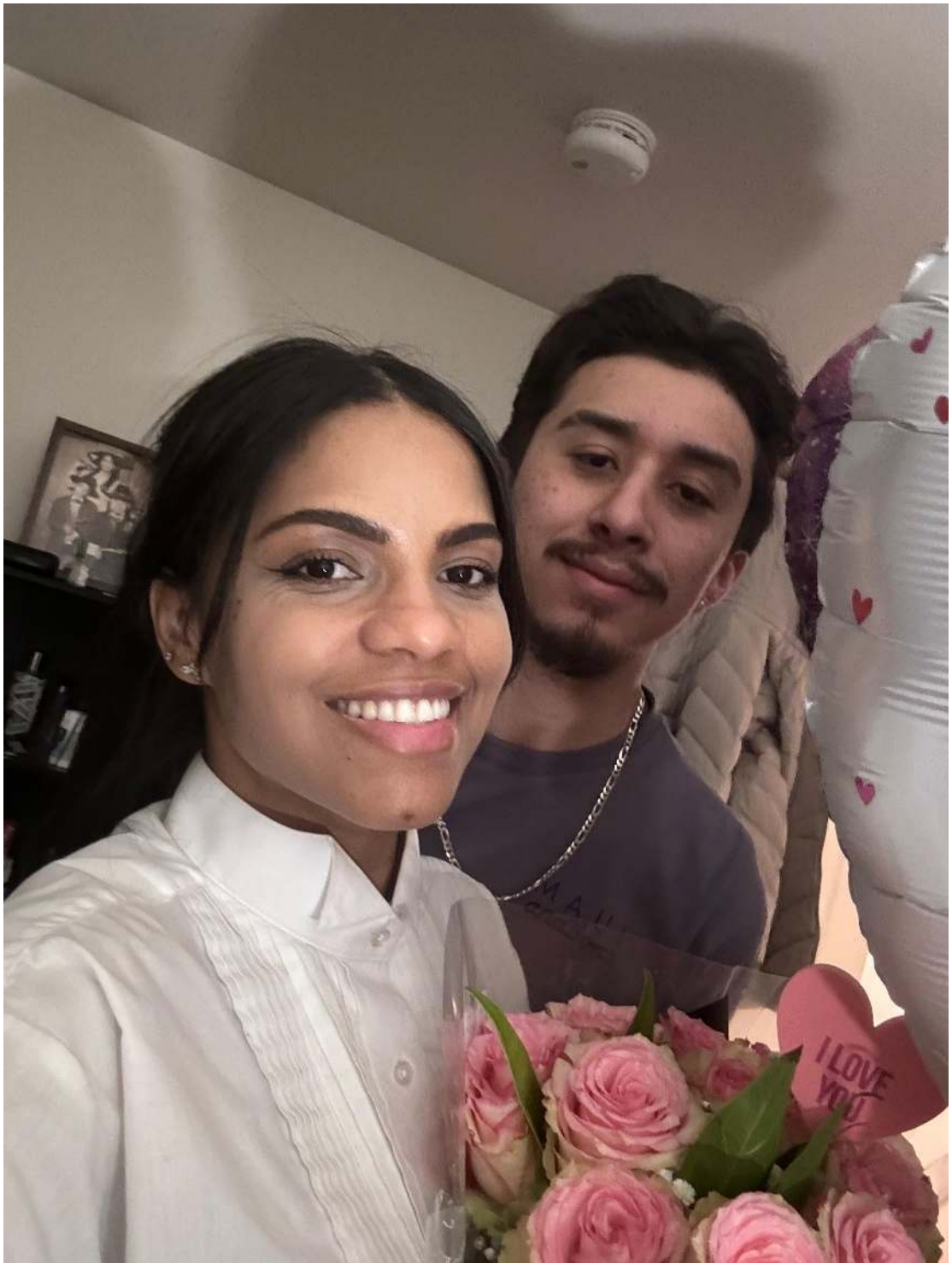
November 5, 2023 – Boston – Outing with Elvis and Pietro

November 18, 2023 – Birthday with Elvis and our friend Rosa

January 1, 2024 – New Year's Day



February 14, 2024 – Valentine's Day



February 22, 2024 – Hyannis Mall – Outing

February 27, 2024 – Elvis and Pietro

March 23, 2024 – Dennis – Outing with Elvis and Pietro

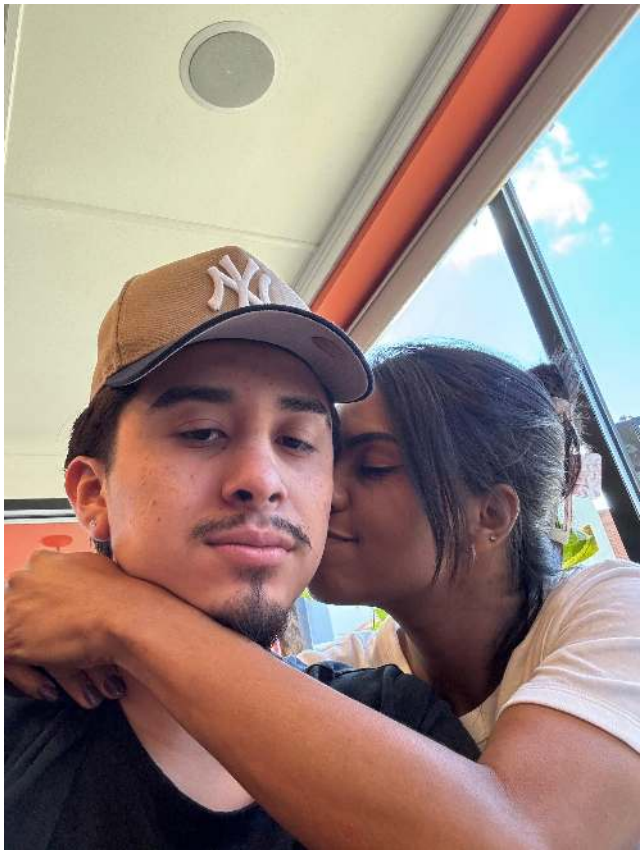
March 24, 2024 – At home – Elvis and Pietro

April 5, 2024 – At home – Elvis and Pietro

April 14, 2024 – At home – Elvis and Marli

May 24, 2024 – At the ice cream shop – Elvis and Pietro

June 9, 2024 – Hyannis Laundry – Elvis and Marli



July 7, 2024 – Visiting the school where Elvis studied

July 9, 2024 – Dennis Port Beach – Elvis and Marli

July 24, 2024 – Elvis' Birthday with Marli, Pietro and Elany (Elvis' sister)

July 28, 2024 – Falmouth Carnival

August 19, 2024 – Marli and Elvis

June 8, 2025 – Elvis' Sister's Birthday

September 21, 2025 – Lunch with Friends