# Authorization for Credit Card Transactions

**Department of Homeland Security**

**Form G-1450**

## How To Fill Out Form G-1450

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

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

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

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

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

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

**Form I-485, Application to Register Permanent Residence or Adjust Status**

| **Applicant's/Petitioner's/Requester's Information (Full Legal Name)** | | |
|---|---|---|
| Given Name (First Name)<br>Raquel | Middle Name (if any)<br>N/A | Family Name (Last Name)<br>TEIXEIRA |
| **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<br>$ 1440 .00 |
| Credit Card Expiration Date (mm/yyyy) CVV Code | | |

# Authorization for Credit Card Transactions

**Department of Homeland Security**

**Form G-1450**

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**Form I-765, Application for Employment Authorization**

| **Applicant's/Petitioner's/Requester's Information (Full Legal Name)** | | |
|---|---|---|
| Given Name (First Name)<br>Raquel | Middle Name (if any)<br>N/A | Family Name (Last Name)<br>TEIXEIRA |
| **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<br>$ 260 .00 |
| Credit Card Expiration Date (mm/yyyy) CVV Code | | |

U.S. Postal Service (USPS):
USCIS Attn: AOS
P.O. Box 805887
Chicago, IL 60680

**RE: Form I-485, Application for Adjustment of Status**
**Applicant: Raquel Teixeira**
**Petitioner of Form I-130: Paulo Alves Koo (A-029524368)**
**Receipt Number of Form I-130: IOE0932213360**

Dear Sir or Madam,

This submission is filed in support of the Form I-485, Application to Register Permanent Residence or Adjust Status, filed by Raquel Teixeira ("Applicant"). The Applicant is the beneficiary of a **pending Form I-130**, Petition for Alien Relative (Receipt Number: IOE0932213360), which was filed on May 30, 2025, by her spouse, Paulo Alves Koo.

The evidence submitted establishes the bona fide marital relationship between the parties and demonstrates that the Applicant is eligible to adjust status pursuant to INA § 245(a). Although the initial intent was to undergo consular processing, the parties' circumstances changed significantly following the Applicant's lawful admission into the United States.

The Applicant was lawfully admitted into the United States in February 2026, in B-2 nonimmigrant status. She has remained in lawful status since her admission and has complied with all applicable immigration requirements. She is the beneficiary of an immediately available immigrant visa through her marriage to a U.S. citizen, Paulo Alves Koo, to whom she has been married since 2007.

As discussed below, the facts of this case support the Applicant's eligibility for adjustment of status and the adjudication of her application within the United States.

**I. The Applicant's Entry and Presence in the United States Were Lawful**

The Applicant was lawfully admitted to the United States in February 2026 in B-2 nonimmigrant status. At the time of her admission, she entered the United States for a temporary visit consistent with the terms of her B-2 classification. ***See Exhibit 2.*** The decision to seek adjustment of status was made only after her admission, following subsequent developments in the parties' circumstances.

Specifically, Paulo Alves Koo's physical presence in the United States became increasingly necessary due to the growth of his businesses, the management of licenses in multiple states, and the execution of new contracts. In light of these subsequent circumstances, the parties decided to pursue adjustment of status in the United States. ***See Exhibit 11.***

**II. The Applicant's Is Eligible for Adjustment of Status**

The Applicant was lawfully admitted to the United States and remains eligible to adjust her status. She is the beneficiary of an immediately available immigrant visa through her U.S. citizen spouse. ***See Exhibit 2; see also Exhibit 5.***

The parties have maintained a bona fide marital relationship since 2007 and have a consistent history of entries into the United States without immigration infractions. The Applicant has complied with the terms of her admission and presents no adverse immigration, criminal, or discretionary factors.

Under these circumstances, adjudication of the Applicant's adjustment application within the United States is consistent with the purpose of the adjustment of status process and promotes family unity.

**Conclusion**

Based on the foregoing, the record establishes that the parties share a bona fide marital relationship and that the Applicant is fully eligible to adjust status as the immediate relative of a United States citizen. Extensive evidence of the bona fide nature of the marriage was previously submitted in support of the pending Form I-130 (Receipt Number: IOE0932213360); however, additional documentation is enclosed herein to further reinforce the veracity and enduring nature of the couple's relationship.

The evidence submitted demonstrates compliance with all applicable statutory and regulatory requirements and supports favorable adjudication of the enclosed applications.

Please find enclosed Form I-485, Application to Register Permanent Residence or Adjust Status, and all requisite documentation, filed by counsel on behalf of **Raquel Teixeira**:

- **Form G-1450, Authorization for Credit Card Transactions;**
- **Form I-693, Report of Immigration Medical Examination and Vaccination Record;**

- **Raquel Teixeira's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-485, Application to Register Permanent Residence or Adjust Status;
  - Form I-765, Application for Employment Authorization.

- **Paulo Alves Koo's Signed Forms (Petitioner of Form I-130):**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-864, Affidavit of Support Under Section 213A of the INA.

**I. Raquel Teixeira's Identification Documents**
- Raquel Teixeira's Birth Certificate with English Translation;
- Raquel Teixeira's Valid Passport;
- Raquel Teixeira's Previous Passport - Expired in 2009;
- Raquel Teixeira's Previous Passport - Expired in 2003;

**II. Raquel Teixeira's Current Immigration Status;**

**III. Paulo Alves Koo's Identification Documents;**

- Paulo Alves Koo's Certificate of Naturalization;
- Paulo Alves Koo's Valid Passport;
- Paulo Alves Koo's Expired Passport;
- Paulo Alves Koo's Driver License - Florida;
- Paulo Alves Koo's Driver License - California;

**IV. Raquel Teixeira and Paulo Koo's Marriage Certificate and Related Documentation;**

**V. Evidence of Pending Form I-130 Petition. (Doc: Form I-797C, Notice of Action - Petition for Alien Relative (Form I-130) filed by Paulo Alves Koo on behalf of Raquel Teixeira);**

**VI. Evidence of Bona Fide Marriage**

- Joint Bank Account - Bank of America - June/2026;
- Joint Bank Account - Citi Bank - June/2026;
- Joint Bank Account - Sicoob - January/2025 with English Translation;
- Joint Bank Account - Banco do Brasil - January/2025 with English Translation;
- Medical Insurance Coverage - Bradesco - April/2025 with English Translation;
- Medical Insurance Coverage - Bradesco - February/2025 with English Translation;
- Car Insurance Coverage - Allianz with English Translation - 2024;
- Car Insurance Coverage - Allianz with English Translation - 2023
- Car Insurance Coverage - Tokio Marine with English Translation - 2023
- Plane Tickets: Rio de Janeiro to Brasilia - December/2024 with English Translation;
- Plane Tickets: Rio de Janeiro to Palmas - June/2024;
- Plane Tickets: Rio de Janeiro to Brasilia - June/2024 with English Translation;
- Plane Tickets: Rio de Janeiro to San Diego - December/2023 in English;
- Photographic Evidence of Relationship - 2019 to 2026;

**VII. Raquel Teixeira's Photos - Sightseeing Across the United States with her Spouse Paulo Alves Koo from February 2026 to July 2026.**

**VIII. Petitioner's Financial Informations - Paulo Alves Koo**

- Paulo Alves Koo's IRS Income Tax Return - 2025;
- Paulo Alves Koo's IRS Income Tax Return - 2024;
- Paulo Alves Koo's IRS Income Tax Return - 2023;
- U.S. Corporation Income Tax Return - 2024;
- U.S. Corporation Income Tax Return - 2023;

**IX. Evidence of Business Expansion and Multistate Licensure - XPS 247 INC**

- XPS 247 INC - Business License - Illinois;
- XPS 247 INC - Business License - Massachusetts;
- XPS 247 INC - Business License - New Jersey;
- Agreement XPS 247 and Dagur;
- Agreement XPS 247 and Paisamex;
- Agreement XPS 247 and Continental

**X. Raquel Teixeira's Adult Children Birth Certificate**

- Eduarda Teixeira Giralde's Birth Certificate with English Translation;
- Raysa Teixeira Giralde's Birth Certificate with English Translation;

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

Sincerely,



_____ 07/27/2026

Otavio Haverroth Silva
SBN#343486
(510) 241-9336

# Raquel Teixeira's Signed Forms:

# Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security**

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

## Part 1. Information About Attorney or Accredited Representative

**1.** USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

### *Name of Attorney or Accredited Representative*

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

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

**2.c.** Middle Name: N/A

### *Address of Attorney or Accredited Representative*

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

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

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

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country: USA

### *Contact Information of Attorney or Accredited Representative*

**4.** Daytime Telephone Number: 5102419336

**5.** Mobile Telephone Number (if any): 5102419336

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

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

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

## Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-485; I-765

**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): TEIXEIRA

**6.b.** Given Name (First Name): Raquel

**6.c.** Middle Name: N/A

**7.a.** Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- N / A

### *Client's Contact Information*

**10.** Daytime Telephone Number

+55 61 98316688

**11.** Mobile Telephone Number (if any)

+55 61 98316688

**12.** Email Address (if any)

paulokoo200@gmail.com

### *Mailing Address of Client*

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

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

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**13.c.** City or Town: San Diego

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

**13.f.** Province: N/A

**13.g.** Postal Code: N/A

**13.h.** Country

USA

## Part 4. Client's Consent to Representation and Signature

### *Consent to Representation and Release of Information*

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

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

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

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

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

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

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

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

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

### *Signature of Client or Authorized Signatory for an Entity*

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

**2.b.** Date of ~~Signature (mm/dd/yyyy)~~ 07/27/2026

## 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) 07/27/2026

**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): TEIXEIRA

**1.b.** Given Name (First Name): Raquel

**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

# Application to Register Permanent Residence or Adjust Status

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

**USCIS**
**Form I-485**
OMB No. 1615-0023
Expires 10/31/2027

## For USCIS Use Only

| | | |
|---|---|---|
| **Preference Category:** | **Receipt** | **Action Block** |
| **Country Chargeable:** | | |
| **Priority Date:** | | |
| **Date Form I-693 Signed By Civil Surgeon:** | | |

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

**Section of Law**

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

**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.** A-Number ► **A-** N/A

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

## Part 1. Information About You (Person applying for lawful permanent residence)

**1.** Your Current Legal Name (**Do not** provide a nickname)

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| TEIXEIRA | Raquel | N/A |

**2.** Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| TEIXEIRA GIRALDE | Raquel | N/A |
| TEIXEIRA DA PAIXAO | Raquel | N/A |

**3.** Date of Birth (mm/dd/yyyy) 05/23/1961

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

A-Number ► A- N/A

## Part 1. Information About You (Person applying for lawful permanent residence) (continued)

**4.** Do you have an Alien Registration Number (A-Number)? ☐ Yes ☒ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- N / A

**5.** Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

**6.** Sex ☐ Male ☒ Female

**7.** Place of Birth

City or Town of Birth: Rio de Janeiro

Country of Birth: Brazil

**8.** Country of Citizenship or Nationality: Brazil

**9.** USCIS Online Account Number (if any)

► N / A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

**10.** Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: FW148748

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 06/04/2028

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N3763506

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 07/05/2018

Place and Date of Last Arrival into the United States

City or Town: Miami

State: FL

Date of Last Arrival (mm/dd/yyyy): 02/08/2026

**11.** When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): Visitor

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☐ I came into the United States without admission or parole.

☐ Other:

A-Number ► **A-** N/A

## Part 1. Information About You (Person applying for lawful permanent residence) (continued)

**12.** If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): TEIXEIRA

Given Name (First Name): Raquel

Form I-94 Arrival/Departure Record Number ► 9 3 2 6 7 5 5 3 6 A 4

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 08/07/2026

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

**13.** Was your last arrival the first time you were physically present in the United States? ☐ Yes ☒ No

**14.** What is your current immigration status (if it has changed since your last arrival)? N/A

**15.** Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

**16.** Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

**17.** Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

**18.** Addresses

**Current U.S. Physical Address**

In Care Of Name (if any): Paulo Alves Koo

Street Number and Name: 4278 Montgomery Street

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Brooksville

State: FL

ZIP Code: 34601

Date You First Resided at This Address (mm/dd/yyyy): 03/12/2026

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

**Current Mailing Address (Safe or Alternate Mailing Address, if applicable)**

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: San Diego

State: CA

ZIP Code: 92169

## Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

**Prior Address**

In Care Of Name (if any)

**Paulo Alves Koo**

Street Number and Name: **Rua dos Eucaliptos, casa 2**

Apt. Ste. Flr. ☐ ☐ ☐

Number: **N/A**

City or Town: **Cabo Frio**

State: **N/A**

ZIP Code: **N/A**

Province: **Rio de Janeiro**

Postal Code: **28929-446**

Country: **Brazil**

Dates of Residence

From (mm/dd/yyyy): **12/01/2019**

To (mm/dd/yyyy): **03/12/2026**

**Most Recent Address Outside the United States**

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: N/A

Apt. Ste. Flr. ☐ ☐ ☐

Number:

City or Town: N/A

State:

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

Dates of Residence

From (mm/dd/yyyy): N/A

To (mm/dd/yyyy): N/A

**19.** Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

**Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

A-Number ► A- N/A

## Part 2. Application Type or Filing Category

**1.** Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

**2.** Receipt Number of Underlying Petition (if any): IOE0932213360

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): 05/30/2025

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- N / A

Principal Applicant's Date of Birth (mm/dd/yyyy): N/A

**I am applying** based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

**3.a. Family-based**

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☒ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

## Part 2. Application Type or Filing Category (continued)

**3.b. Employment-based**

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

**3.c. Special Immigrant**

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

## Part 2. Application Type or Filing Category (continued)

**3.d. Asylee or Refugee**

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

**3.e. Human Trafficking Victim or Crime Victim**

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

**3.f. Special Programs Based on Certain Public Laws**

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

**3.g. Additional Options**

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

**4.** If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

**5.** Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

**NOTE:** For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

## Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

**1.a.** ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

**1.b.** ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

**1.c.** ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

**1.d.** ☐ I am applying as a VAWA self-petitioner.

**1.e.** ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

**1.f.** ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

## Part 4. Additional Information About You

**1.** Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

**2.** Location of U.S. Embassy or U.S. Consulate

City or Town: **N/A**

Country: **N/A**

**3.** Decision (for example, approved, refused, denied, withdrawn): **N/A**

**4.** Date of Decision (mm/dd/yyyy): **N/A**

**5.** Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

**6.** Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

**Employment and Educational History**

**7.** Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): **N/A**

Name of Employer, Company, or School: **N/A**

Your Occupation (if unemployed or retired, so state): **Unemployed**

## Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: N/A | Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: N/A | State: | ZIP Code:

Province: N/A | Postal Code: N/A | Country: N/A

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 10/31/2012 | To (mm/dd/yyyy): Present

If unemployed or retired, source of financial support:

**Supported by Paulo Alves Koo (Spouse) and Real Estate Income**

**8.** Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Municipal City Hall of Palmas | Your Occupation (if unemployed or retired, so state): **Psychologist and Director of the Mental Health Department**

Address of Employer, Company, or School

Street Number and Name: Av. Juscelino Kubitscheck, 28 | Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Palmas | State: | ZIP Code: N/A

Province: Tocantins | Postal Code: 77006014 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 06/30/2000 | To (mm/dd/yyyy): 10/30/2012

If unemployed or retired, source of financial support:

N/A

## Part 5. Information About Your Parents

### *Information About Your Parent 1*

**1.** Parent 1's Legal Name

Family Name (Last Name): TEIXEIRA | Given Name (First Name): Gentil | Middle Name (if applicable): N/A

**2.** Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

**3.** Date of Birth (mm/dd/yyyy): 11/30/1932

## Part 5. Information About Your Parents (continued)

**4.** Country of Birth

Brazil

### *Information About Your Parent 2*

**5.** Parent 2's Legal Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| FRIACA TEIXEIRA | Julcelina | N/A |

**6.** Parent 2's Name at Birth (if different than above)

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| FRIACA | Julcelina Fernandes | N/A |

**7.** Date of Birth (mm/dd/yyyy) 07/26/1935

**8.** Country of Birth

Brazil

## Part 6. Information About Your Marital History

**1.** What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

**2.** If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☒ No

**3.** How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 3

### *Information About Your Current Marriage (including if you are legally separated)*

**4.** Current Spouse's Legal Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| ALVES KOO | Paulo | N/A |

**5.** Current Spouse's A-Number (if any)

► A- 0 2 9 5 2 4 3 6 8

**6.** Current Spouse's Date of Birth (mm/dd/yyyy) 11/05/1953

**7.** Current Spouse's Country of Birth

Brazil

**8.** Current Spouse's Current Physical Address

Street Number and Name: 4278 Montgomery Street

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: Brooksville

State: FL

ZIP Code: 34601

Province: N/A

Postal Code: N/A

Country: USA

## Part 6. Information About Your Marital History (continued)

**9.** Place of Marriage to Current Spouse

City or Town: Las Vegas

State or Province: Nevada

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 09/21/2007

**10.** Is your current spouse applying with you? ☐ Yes ☒ No

### *Information About Prior Marriages (if any)*

**11.** Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): GIRALDE

Given Name (First Name): Marco Aurelio

Middle Name (if applicable): N/A

**12.** Prior Spouse's Date of Birth (mm/dd/yyyy): 08/15/1969

**13.** Prior Spouse's Country of Birth: Brazil

**14.** Prior Spouse's Country of Citizenship or Nationality: Brazil

**15.** Date of Marriage to Prior Spouse's (mm/dd/yyyy): 05/02/1997

**16.** Place of Marriage to Prior Spouse

City or Town: Brasilia

State or Province: Distrito Federal

Country: Brazil

**17.** Place Where Marriage with Prior Spouse Legally Ended

City or Town: Palmas

State or Province: Tocantins

Country: Brazil

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): 05/22/2007

**18.** How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☒ Divorced ☐ Spouse Deceased ☐ Other (Explain):

## Part 7. Information About Your Children

**1.** Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

**NOTE:** The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage. **4**

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

**2.** Child 1

Current Legal Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| TEIXEIRA GIRALDE | Eduarda | N/A |

A-Number (if any) ► A- N / A  Date of Birth (mm/dd/yyyy) 06/01/1998

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological Child

Is this child also applying now on a separate Form I-485? ☐ Yes ☒ No

**3.** Child 2

Current Legal Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| TEIXEIRA GIRALDE | Raysa | N/A |

A-Number (if any) ► A- N / A  Date of Birth (mm/dd/yyyy) 06/01/1998

Country of Birth

Brazil

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological Child

Is this child also applying now on a separate Form I-485? ☐ Yes ☒ No

## Part 8. Biographic Information

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

☒ Hispanic or Latino ☐ Not Hispanic or Latino

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

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

**3.** Height Feet 5 Inches 2 **4.** Weight Pounds 1 5 4

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

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

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

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

## Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

**1.** Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

*Organization 1*

**2.** Name of Organization

N/A

**3.** City or Town

N/A

State or Province

N/A

Country

N/A

**4.** Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

**5.** Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

*Organization 2*

**6.** Name of Organization

N/A

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**7.** City or Town

N/A

State or Province

N/A

Country

N/A

**8.** Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

**9.** Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

**10.** Have you **EVER** been denied admission to the United States? ☐ Yes ☒ No

**11.** Have you **EVER** been denied a visa to the United States? ☐ Yes ☒ No

**12.** Have you **EVER** worked in the United States without authorization? ☐ Yes ☒ No

**13.** Have you **EVER** violated the terms or conditions of your nonimmigrant status? ☐ Yes ☒ No

**14.** Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? ☐ Yes ☒ No

**15.** Have you **EVER** been issued a final order of exclusion, deportation, or removal? ☐ Yes ☒ No

**16.** Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? ☐ Yes ☒ No

**17.** Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? ☐ Yes ☒ No

**18.** Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? ☐ Yes ☒ No

**19.** Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? ☐ Yes ☒ No

**20.** If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? ☐ Yes ☐ No

**21.** If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? ☐ Yes ☐ No

### *Criminal Acts and Violations*

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

**22.** Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? ☐ Yes ☒ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**23.** Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

**24.** Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

**NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

**25.** Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

**26.** Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

**27.** Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

**28.** Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

**29.** If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

**30.** Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

**31.** Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

**32.** Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

**33.** Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

**34.** Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

**35.a.** Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

**35.b.** If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

**36.** Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

**NOTE:** Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

**37.** Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**38.** Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

**39.** Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

**40.** If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

**41.** Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

### *Security and Related*

Do you intend to:

**42.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

**42.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

**42.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

**42.d.** Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

**43.a.** Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

**43.b.** Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

**43.c.** Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

**43.d.** Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

**43.e.** Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

**43.f.** Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**43.g.** Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**43.h.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**43.i.** Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**44.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**45.** Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**46.** Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

**47.** Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

**48.** Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

**49.** Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

**50.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

**51.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

**52.** Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

**53.a.** Torture? ☐ Yes ☒ No

**53.b.** Genocide? ☐ Yes ☒ No

**53.c.** Killing, or trying to kill, any person? ☐ Yes ☒ No

**53.d.** Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

**54.** Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

**55.** Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

### *Public Charge*

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

**NOTE:** For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

**56.** I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

**57.** What is the size of your household? 2

**58.** Indicate your annual household income.

☐ $0-27,000 ☒ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

**59.** Identify the total value of your household assets.

☐ $0-18,400 ☒ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

**60.** Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

**61.** What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☒ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

**62.** List your certifications, licenses, skills obtained through work experience, and educational certificates.

| List of Certifications |
|---|
| Bachelor's Degree in Psychology |
| Specialization in Public Mental Health |
| |
| |
| |
| |
| |
| |

**63.** Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

**64.** Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**65.** If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

| Benefit Received | Start Date | End Date | Dollar Amount | In a Category Exempt from Public Charge |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

**66.** If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

| Institution Name/City/State | Date From | Date To | Reason | In a Category Exempt from Public Charge |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

### *Illegal Entries and Other Immigration Violations*

**67.** Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

**NOTE:** If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

**68.** Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

**69.** Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

**70.** Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

**71.** Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

**72.** Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

**73.** Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

### *Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations*

**74.** Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

**75.** Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**76.** Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

**77.** If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☐ No

**NOTE:** Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

**78.a.** Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

**78.b.** Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

### *Miscellaneous Conduct*

**79.** Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

**80.** Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

**81.** Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

**82.** Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

**83.** Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

**84.a.** Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

**84.b.** Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

**84.c.** Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

**85.** Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

**86.** If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ▶ A- N/A

## Part 10. Applicant's Contact Information, Certification, and Signature

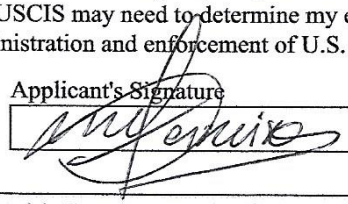
### *Applicant's Contact Information*

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: +55 61 98316688
2. Applicant's Mobile Telephone Number (if any): +55 61 98316688
3. Applicant's Email Address (if any): paulokoo200@gmail.com

### *Applicant's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ 
Date of Signature (mm/dd/yyyy): 07/27/2026

## Part 11. Interpreter's Contact Information, Certification, and Signature

### *Interpreter's Full Name*

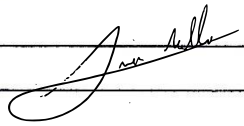
1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

### *Interpreter's Contact Information*

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

### *Interpreter's Certification and Signature*

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature 
Date of Signature (mm/dd/yyyy): 07/27/2026

## Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

### *Preparer's Full Name*

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

Preparer's Given Name (First Name)
Otavio

**2.** Preparer's Business or Organization Name
HS Law Corp

### *Preparer's Contact Information*

**3.** Preparer's Daytime Telephone Number
5102419336

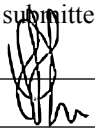
**4.** Preparer's Mobile Telephone Number (if any)
5102419336

**5.** Preparer's Email Address (if any)
otavio@legalhs.com

### *Preparer's Certification and Signature*

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

**6.** Preparer's Signature



Date of Signature (mm/dd/yyyy)
07/27/2026

**NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.**

## Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

A-Number ► A- N/A

## Part 14. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.** Family Name (Last Name): **TEIXEIRA** | Given Name (First Name): **Raquel** | Middle Name (if applicable): **N/A**

**2.** Page Number: 4 | Part Number: 1 | Item Number: 18

**Prior Address and Most Recent Address Outside the United States: Property in Brazil remains under my ownership, though my physical residence changed to the U.S. during my B-2 visit.**

**3.** Page Number: 8 | Part Number: 4 | Item Number: 1

**A Form I-130 has been filed on behalf of Raquel Teixeira (Receipt Number: IOE0932213360. Received on 05/30/2025), but no immigrant visa application has been submitted to the Department of State/U.S. Consulate.**

**4.** Page Number: 11 | Part Number: 5 | Item Number: 11

**Prior Marriages:**
**Talis FERREIRA DA PAIXAO (Raquel Teixeira does not know Talis Ferreira da Paixão's exact date of birth but believes it may be April 5, 1951; He was Born in Brazil; National of Brazil)**
**Marriage date: 09/24/1993; Place of Marriage: Brasilia, Brazil;**
**Date of Marriage with Prior Spouse Legally Ended: 12/16/1996; Place Where Marriage with Prior Spouse Legally Ended: Brasilia, Brazil.**

**5.** Page Number: 12 | Part Number: 7 | Item Number: 2

**Child 3: Daniel MANIA ALVES KOO; Date of Birth: 02/06/1993, Born in USA - Stepchild (Not applying a separate Form I-485);**
**Child 4: Roberta MANIA ALVES KOO; Date of Birth 04/24/1985, Born in Brazil - Stepchild (Not applying a separate Form I-485).**

# Application For Employment Authorization

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

**USCIS**
**Form I-765**
OMB No. 1615-0040
Expires 08/31/2027

| For USCIS Use Only | | Fee Stamp | Action Block |
|---|---|---|---|
| | ☐ **Authorization/Extension Valid From** _____ | | |
| | ☐ **Authorization/Extension Valid Through** _____ | | |
| | **Alien Registration Number** A- | | |
| | **Remarks** | | |

| To be completed by an Attorney or Accredited Representative (if any). | ☒ **Select this box if Form G-28 is attached.** | **Attorney State Bar Number** (if applicable) | **Attorney or Accredited Representative USCIS Online Account Number** (if any) |
|---|---|---|---|
| | | 343486 | 007492625438 |

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

## Part 1. Reason for Applying

**I am applying for** (select **only one** box):

**1.a.** ☒ Initial permission to accept employment.

**1.b.** ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

**1.c.** ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### *Your Full Legal Name*

**1.a.** Family Name (Last Name): TEIXEIRA

**1.b.** Given Name (First Name): Raquel

**1.c.** Middle Name: N/A

### *Other Names Used*

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

**2.a.** Family Name (Last Name): TEIXEIRA GIRALDE

**2.b.** Given Name (First Name): Raquel

**2.c.** Middle Name: N/A

**3.a.** Family Name (Last Name): TEIXEIRA DA PAIXAO

**3.b.** Given Name (First Name): Raquel

**3.c.** Middle Name: N/A

**4.a.** Family Name (Last Name): N/A

**4.b.** Given Name (First Name): N/A

**4.c.** Middle Name: N/A

## Part 2. Information About You (continued)

### *Your U.S. Mailing Address*

**5.a.** In Care Of Name (if any)
Otavio Haverroth Silva

**5.b.** Street Number and Name: PO Box 90487

**5.c.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**5.d.** City or Town: San Diego

**5.e.** State: CA **5.f.** ZIP Code: 92169

*(USPS ZIP Code Lookup)*

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

**NOTE:** If you answered "No" to **Item Number 6.**, provide your physical address below.

### *U.S. Physical Address*

**7.a.** Street Number and Name: 4278 Montgomery Street

**7.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**7.c.** City or Town: Brooksville

**7.d.** State: FL **7.e.** ZIP Code: 34601

### *Other Information*

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

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

**10.** Sex ☐ Male ☒ Female

**11.** Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

**12.** Have you previously filed Form I-765?
☐ Yes ☒ No

**13.** Provide your Social Security number (SSN) (if known).
► N/A

### *Your Country or Countries of Citizenship or Nationality*

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

**14.a.** Country
Brazil

**14.b.** Country
N/A

## Part 2. Information About You (continued)

### *Place of Birth*

List the city/town/village, state/province, and country where you were born.

**15.a.** City/Town/Village of Birth

Rio de Janeiro

**15.b.** State/Province of Birth

Rio de Janeiro

**15.c.** Country of Birth

Brazil

**16.** Date of Birth (mm/dd/yyyy) 05/23/1961

### *Information About Your Last Arrival in the United States*

**17.** Form I-94 Arrival-Departure Record Number (if any)

▶ 9 3 2 6 7 5 5 3 6 A 4

**18.** Passport Number of Your Most Recently Issued Passport

FW148748

**19.** Travel Document Number (if any)

N/A

**20.** Country That Issued Your Passport or Travel Document

Brazil

**21.** Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/04/2028

**22.** Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 02/08/2026

**23.** Place of Your Last Arrival Into the United States

Miami, FL

**24.** Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B-2 visitor

**25.** Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

**B-2 Visitor; Adjustment of Status Pending (Pending Form I-485)**

**26.** Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

### *Information About Your Eligibility Category*

**27.** **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( C ) ( 9 ) ( )

**28.** **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

**28.a.** Degree N/A

**28.b.** Employer's Name as Listed in E-Verify

N/A

**28.c.** Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

**29.** **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

**30.** **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

**31.a.** **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

**31.b.** If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

## Part 3. Applicant's Statement, Contact Information, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

### *Applicant'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 application and my answer to every question.

**1.b.** ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application 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 named in **Part 5.,**

Otavio HAVERROTH SILVA,

prepared this application for me based only upon information I provided or authorized.

### *Applicant's Contact Information*

**3.** Applicant's Daytime Telephone Number

+55 61 98316688

**4.** Applicant's Mobile Telephone Number (if any)

+55 61 98316688

**5.** Applicant's Email Address (if any)

paulokoo200@gmail.com

**6.** ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

### *Applicant'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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

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:

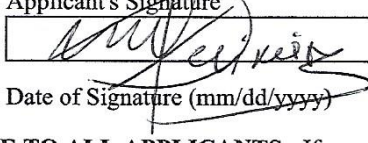
1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

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

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

### *Applicant's Signature*

**7.a.** Applicant's Signature ➡ 

**7.b.** Date of Signature (mm/dd/yyyy) 07/27/2026

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

## Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

### *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

## Part 4. Interpreter's Contact Information, Certification, and Signature

### *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 specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

### *Interpreter's Signature*

**7.a.** Interpreter's Signature

**7.b.** Date of Signature (mm/dd/yyyy): 07/27/2026

## Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

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

### *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

## Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

### *Preparer's Statement*

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

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

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

### *Preparer's Certification*

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

### *Preparer's Signature*

**8.a.** Preparer's Signature

**8.b.** Date of Signature (mm/dd/yyyy) 07/27/2026

## Part 6. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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): TEIXEIRA

**1.b.** Given Name (First Name): Raquel

**1.c.** Middle Name: N/A

**2.** A-Number (if any) ► A- N/A

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

**3.d.** N/A

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

**4.d.** N/A

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

**5.d.** N/A

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

**6.d.** N/A

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

**7.d.** N/A

# Paulo Alves Koo's (Petitioner of Form I-130 and Sponsor) Signed Forms:

# Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security**

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

## Part 1. Information About Attorney or Accredited Representative

**1.** USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

### *Name of Attorney or Accredited Representative*

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

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

**2.c.** Middle Name: N/A

### *Address of Attorney or Accredited Representative*

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

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

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

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country: USA

### *Contact Information of Attorney or Accredited Representative*

**4.** Daytime Telephone Number: 5102419336

**5.** Mobile Telephone Number (if any): 5102419336

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

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

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

## Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-864

**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): ALVES KOO

**6.b.** Given Name (First Name): Paulo

**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- 0 2 9 5 2 4 3 6 8

### *Client's Contact Information*

**10.** Daytime Telephone Number

+55 61 99038866

**11.** Mobile Telephone Number (if any)

+55 61 99038866

**12.** Email Address (if any)

paulokoo200@gmail.com

### *Mailing Address of Client*

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

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

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**13.c.** City or Town: San Diego

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

**13.f.** Province: N/A

**13.g.** Postal Code: N/A

**13.h.** Country

USA

## Part 4. Client's Consent to Representation and Signature

### *Consent to Representation and Release of Information*

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

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

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

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

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

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

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

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

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

### *Signature of Client or Authorized Signatory for an Entity*

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

➡ [signature]

**2.b.** Date of Signature (mm/dd/yyyy) 07/27/2026

## Part 5. Signature of Attorney or Accredited Representative

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

**1. a.** Signature of Attorney or Accredited Representative

[signature]

**1.b.** Date of Signature (mm/dd/yyyy) 07/27/2026

**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): ALVES KOO

**1.b.** Given Name (First Name): Paulo

**1.c.** Middle Name: N/A

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

**2.d.** N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

**3.d.** N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

**4.d.** N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

**5.d.** N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

**6.d.** N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

# Affidavit of Support Under Section 213A of the INA

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

**USCIS**
**Form I-864**
OMB No. 1615-0075
Expires 10/31/2027

| For USCIS Use Only | Affidavit of Support Submitter | Section 213A Review | Number of Support Affidavits in File |
|---|---|---|---|
| | ☐ Petitioner<br>☐ 1st Joint Sponsor<br>☐ 2nd Joint Sponsor<br>☐ Substitute Sponsor<br>☐ 5% Owner | ☐ MEETS requirements ☐ DOES NOT MEET requirements<br>Reviewed By: _____<br>Office: _____<br>Date (mm/dd/yyyy): _____ | ☐ 1 ☐ 2<br>**Remarks** |

| To be completed by an Attorney or Accredited Representative (if any). | ☒ **Select this box if Form G-28 or G-28I is attached.** | **Attorney State Bar Number** (if applicable) | **Attorney or Accredited Representative USCIS Online Account Number** (if any) |
|---|---|---|---|
| | | 343486 | |

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

## Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

**1.a.** ☒ I am the petitioner. I filed or am filing for the immigration of my relative.

**1.b.** ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my

**1.c.** ☐ I have an ownership interest of at least 5 percent in which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my

**1.d.** ☐ I am the only joint sponsor.

**1.e.** ☐ I am the ☐ first ☐ second of two joint sponsors.

**1.f.** ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's

**NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.**

## Part 2. Information About You (Sponsor)

**1.** Sponsor's Full Legal Name (**Do not** provide a nickname)

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| ALVES KOO | Paulo | N/A |

## Part 2. Information About You (Sponsor) (continued)

**2.** Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

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

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

**4.** Sponsor's Physical Address (if different from the address above)

Street Number and Name
4278 Montgomery Street

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Brooksville

State
FL

ZIP Code
34601

Province

Postal Code

Country
USA

Other Information

**5.** Country of Domicile
USA

**6.** Date of Birth (mm/dd/yyyy)
11/05/1953

**7.** Country of Birth
Brazil

**8.** U.S. Social Security Number (Required)
► 1 0 1 7 4 8 1 0 1

**9.** Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

**10.** Sponsor's A-Number (if any)
► A- 0 2 9 5 2 4 3 6 8

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

Military Service (To be completed by petitioner sponsors only.)

**12.** I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

## Part 3. Information About the Principal Immigrant

**1.** Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| TEIXEIRA | Raquel | N/A |

**2.** Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| PO Box 90487 | ☐ ☐ ☐ | |

| City or Town | State | ZIP Code |
|---|---|---|
| San Diego | CA | 92169 |

| Province | Postal Code | Country |
|---|---|---|
| | | USA |

Other Information

**3.** Country of Citizenship or Nationality
Brazil

**4.** Date of Birth (mm/dd/yyyy)
05/23/1961

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

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

**7.** Daytime Telephone Number
+55 (61) 9 9831-6688

## Part 4. Information About the Immigrants You Are Sponsoring

**1.** I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

**2.** ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

**3.** ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

**4.** **Family Member 1**

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| N/A | N/A | N/A |

| Relationship to Principal Immigrant | Date of Birth (mm/dd/yyyy) | Alien Registration Number (A-Number, if any) |
|---|---|---|
| N/A | N/A | ► N / A |

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

## Part 4. Information About the Immigrants You Are Sponsoring (continued)

**5. Family Member 2**

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| N/A | N/A | N/A |

| Relationship to Principal Immigrant | Date of Birth (mm/dd/yyyy) | Alien Registration Number (A-Number, if any) |
|---|---|---|
| N/A | N/A | ▶ N / A |

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

**6. Family Member 3**

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| N/A | N/A | N/A |

| Relationship to Principal Immigrant | Date of Birth (mm/dd/yyyy) | Alien Registration Number (A-Number, if any) |
|---|---|---|
| N/A | N/A | ▶ N / A |

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

**7. Family Member 4**

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| N/A | N/A | N/A |

| Relationship to Principal Immigrant | Date of Birth (mm/dd/yyyy) | Alien Registration Number (A-Number, if any) |
|---|---|---|
| N/A | N/A | ▶ N / A |

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

If you need additional space, use the space provided in **Part 11. Additional Information**.

| For USCIS Use Only | |
|---|---|

## Part 5. Sponsor's Household Size

**NOTE: Do not count any member of your household more than once.**

**Persons you are sponsoring in this affidavit:**

**1.** Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **1**

**Persons NOT sponsored in this affidavit:**

**2.** Yourself. **1**

**3.** If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) **0**

**4.** If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **none**

**5.** If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **none**

**6.** If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **none**

**7.** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **none**

**8.** Add together **Part 5.**, **Item Numbers 1. - 7.** and enter the number here.

**Household Size:** **2**

## Part 6. Sponsor's Employment and Income

I am currently:

**1.** ☐ Employed as a/an **N/A**

**2.** Name of Employer 1 **N/A**

**3.** Name of Employer 2 (if applicable) **N/A**

**4.** ☒ Self-Employed as a/an (Occupation) **Business Owner**

**5.** ☒ Retired Since (mm/dd/yyyy) **2019**

**6.** ☐ Unemployed Since (mm/dd/yyyy) **N/A**

**7.** My current individual annual income is: $ **32,320.00**

**Income you are using from any other person who was counted in your household size,** including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

| For USCIS Use Only | |
|---|---|

## Part 6. Sponsor's Employment and Income (continued)

**8.** **Person 1**

Name | Relationship

**Current Income** $

**9.** **Person 2**

Name | Relationship

**Current Income** $

**10.** **Person 3**

Name | Relationship

**Current Income** $

**11.** **Person 4**

Name | Relationship

**Current Income** $

If you need additional space, use the space provided in **Part 11. Additional Information**

### Remarks

**12.** **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 32,320.00

**13.** ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

**14.** ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.

## Federal Tax Return Information

**15.** Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

**NOTE:** You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

| For USCIS Use Only | |
|---|---|

## Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

| | Tax Year | Total Income |
|---|---|---|
| **16.a.** Most Recent | 2025 | $ 32,320 |
| **16.b.** 2nd Most Recent | 2024 | $ Zero |
| **16.c.** 3rd Most Recent | 2023 | $ 5,652 |

**17.** ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

| For USCIS Use Only | Household Size | Poverty Guideline | Sponsor's Household Income *(Page 5, Line 10)* | Remarks |
|---|---|---|---|---|
| | ☐ 1 ☐ 2 ☐ 3<br>☐ 4 ☐ 5 ☐ 6<br>☐ 7 ☐ 8 ☐ 9<br>☐ Other_____ | Year: 2 0____<br>Poverty Line:<br>$_____ | $_____ | *The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.* |

## Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

**Your Assets** (if applicable)

| | | |
|---|---|---|
| **1.** | Enter the balance of all cash, savings, and checking accounts. | $ N/A |
| **2.** | Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $ | $ N/A |
| **3.** | Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** | $ N/A |
| **4.** | Add together **Item Numbers 1. - 3.** and enter the number here. | $ N/A |

**Assets of your household members** (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

| | | |
|---|---|---|
| **5.** | Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here. | **TOTAL:** $ N/A |

## Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

**Assets of the principal sponsored immigrant** (if applicable).

The principal sponsored immigrant is the person listed in **Part 3.**, **Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

| | | |
|---|---|---|
| **6.** | Enter the balance of the principal immigrant's savings and checking accounts. | $ N/A |
| **7.** | Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) | $ N/A |
| **8.** | Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** | $ N/A |
| **9.** | Add together **Item Numbers 6. - 8.** and enter the number here. | $ N/A |

**Total Value of Assets**

| | | |
|---|---|---|
| **10.** | Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here. | **TOTAL: $** N/A |

## Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-864 Instructions before completing this part.

### *Sponsor's Contract*

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

**What is the Legal Effect of My Signing Form I-864?**

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

**What If I Choose Not to Sign Form I-864?**

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

**What Does Signing Form I-864 Require Me To Do?**

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

**A.** Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

**B.** Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

## Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

**What Other Consequences Are There?**

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

**What If I Do Not Fulfill My Obligations?**

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

**When Will These Obligations End?**

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

**A.** Becomes a U.S. citizen;

**B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;

**C.** No longer has lawful permanent resident status and has departed the United States;

**D.** Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or

**E.** Dies.

**NOTE:** Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

## Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

### *Sponsor's Statement*

1. Sponsor's Statement Regarding the Interpreter

   **A.** [X] I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

   **B.** [ ] The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in [ ], a language in which I am fluent, and I understood everything.

2. [X] At my request, the preparer named in **Part 10.**, [Otavio Haverroth Silva], prepared this affidavit for me based only upon information I provided or authorized.

### *Sponsor's Contact Information*

3. Sponsor's Daytime Telephone Number
   +1 7472509000

4. Sponsor's Mobile Telephone Number (if any)
   +1 7472509000

5. Sponsor's Email Address (if any)
   paulokoo200@gmail.com

### *Sponsor's Declaration and Certification*

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

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit 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 affidavit, and that all of this information is complete, true, and correct.

**A.** I know the contents of this affidavit of support that I signed;

**B.** I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

**C.** I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

**D.** Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

**E.** I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

**F.** I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

### *Sponsor's Signature*

6. Sponsor's Signature ➡ [signature]
   Date of Signature (mm/dd/yyyy): 07/27/2026

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

## Part 9. Interpreter's Contact Information, Certification, and Signature

### *Interpreter's Full Name*

**1.** Interpreter's Family Name (Last Name)
N/A

Interpreter's Given Name (First Name)
N/A

**2.** Interpreter's Business or Organization Name
N/A

### *Interpreter's Contact Information*

**3.** Interpreter's Daytime Telephone Number
N/A

**4.** Interpreter's Mobile Telephone Number (if any)
N/A

**5.** Interpreter's Email Address (if any)
N/A

### *Interpreter's Certification and Signature*

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

**6.** Interpreter's Signature

Date of Signature (mm/dd/yyyy)

## Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

### *Preparer's Full Name*

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

Preparer's Given Name (First Name)
Otavio

**2.** Preparer's Business or Organization Name
HS Law

### *Preparer's Contact Information*

**3.** Preparer's Daytime Telephone Number
+1 510 241 9336

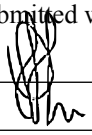
**4.** Preparer's Mobile Telephone Number (if any)
+1 510 241 9336

**5.** Preparer's Email Address (if any)
otavio@legalhs.com

### *Preparer's Certification and Signature*

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

**6.** Preparer's Signature



Date of Signature (mm/dd/yyyy)
07/27/2026

## Part 11. Additional Information

If you need extra space to provide any additional information within this contract, 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 contract 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.** Family Name (Last Name): **ALVES KOO** | Given Name (First Name): **Paulo** | Middle Name (if applicable): **N/A**

**2.** A-Number (if any) ► **A-** 029524368

**3.** Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**4.** Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**5.** Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**6.** Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

**N/A**

**N/A**

**N/A**

**N/A**

**N/A**

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| | |
|---|---|
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# Exhibit 1 - Raquel Teixeira's Identification Documents

Federative Republic of Brazil

State of Rio de Janeiro

Cláudio de Freitas F. Almeida,
Civil Registry Officer of Natural Persons of Mesquita
Rua Emílio Guadagny, 1969 – Mesquita – Rio de Janeiro (21) 3763-49780
Email: cartoriomesquita@gmail.com - C.N.P.J. 30.651.665/0001-26

RCPN AND NOTARY OFFICE
R. Emílio Guadagny
No. 1.969
Phone/Fax 3763-4978
Centro
Mesquita - RJ
MES RJ

# BIRTH CERTIFICATE

I certify that on page 58V of book No. 24, under entry No. 14530, the birth record of **RAQUEL TEIXEIRA** was registered, she was born on the twenty-third (23rd) day of May in nineteen sixty-one (1961), at 12:20 AM, at Hospital Evangélico, Tijuca, State of Guanabara. She is female, daughter of GENTIL TEIXEIRA and JULCELINA FRIAÇA TEIXEIRA, with paternal grandparents ABRAHÃO JACOB FILHO and JURACY TEIXEIRA CABRAL, and maternal grandparents DALVO FERNANDES FRIAÇA and MARIA JULIETA DA SILVEIRA FRIAÇA. The declarant was GENTIL TEIXEIRA. The witnesses were JORGE COSTA and JOSÉ MARIA DOS SANTOS. Notes: The birth registration was recorded on the thirteenth (13th) day of June in nineteen sixty-one (1961). It is recorded in the margin of the term the marriage of Raquel Teixeira to Talis Ferreira da Paixão, registered on September 24, 1993, in Book B-25 Auxiliary, Page 163, Entry 14511, at the 1st Civil Registry Office of Brasília, after which she adopted the name Raquel Teixeira da Paixão. It is also noted that Raquel Teixeira da Paixão and Talis Ferreira da Paixão underwent a consensual separation by a court ruling on November 16, 1995, and that the separation was converted into divorce by a court ruling on December 18, 1996, both issued by the 6th Family Court of Brasília. These annotations were recorded in the marriage register on page 163 of Book B-25 Auxiliary, under entry No. 14511, at the 1st Civil Registry Office of Brasília. Certificate Seal No. UML 25945. * - - *

Elizamar P. S. Carvalho
Authorized Clerk
CTPS No. 2365 S/071 81

I, Eliziana, clerk, transcribed the document. The above is true and I certify.

Mesquita, November 6, 2007

Elizamar P. S. Carvalho
Authorized Clerk
CTPS No. 2365 S/071 81

CIVIL REGISTRY OFFICE OF NATURAL PERSONS OF MESQUITA
JUDICIAL ADMINISTRATIVE DEPARTMENT - RJ
INSPECTION SEAL
(UNREADABLE)
OVD
UML25945

Fees:
Tab 1,4b + Tab 3,11b (10x) + Tab 3,11 + Tab 1,9 + Tab 1,10 + Tab 1,8 + 20% Judicial Tax + R$ 52.13

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: March 7, 2025.**

# República Federativa do Brasil

Estado do Rio de Janeiro

## Cláudio de Freitas F. Almeida,

Oficial do Reg. Civil das Pessoas Naturais de Mesquita
Rua Emilío Guadagny,1969 – Mesquita – Rio de Janeiro –(21)3763-4978
E-mail: cartoriomesquita@gmail.com – C.N.P.J. 30.651.665/0001-26

R.C.P.N. E TABELIONATO
R. Emílio Guadagny
nº 1.969
Tel/Fax: 3763-4978
Centro
Mesquita - RJ

## CERTIDÃO DE NASCIMENTO

Certifico que à fl. 58V do livro nº 24 sob o número de ordem 14530, foi lavrado o assentamento de **RAQUEL TEIXEIRA**, nascida aos vinte e três (23) dias do mês de Maio do ano de mil novecentos e sessenta e um (1961), às 00:20 horas, no(a) Hospital Evangélico, Tijuca - Estado da Guanabara, do sexo feminino, filha de GENTIL TEIXEIRA e JULCELINA FRIAÇA TEIXEIRA, sendo avós paternos: ABRAHÃO JACOB FILHO e JURACY TEIXEIRA CABRAL e maternos: DALVO FERNANDES FRIAÇA e MARIA JULIETA DA SILVEIRA FRIAÇA. Foi declarante GENTIL TEIXEIRA. Tendo como testemunhas: JORGE COSTA e JOSÉ MARIA DOS SANTOS. Observações: Registro feito aos treze (13) dias do mês de Junho do ano de mil novecentos e sessenta e um (1961). Consta à margem do termo anotação de casamento de Raquel Teixeira com Talis Ferreira da Paixão, registrado em 24 de setembro de 1993, no Livro B-25 Auxiliar, Folha 163, Termo 14511, no Cartório do 1º Ofício de Brasília, passando a registrada chamar-se Raquel Teixeira da Paixão. Consta também anotação da Separação Consensual de Raquel Teixeira da Paixão e Talis Ferreira da Paixão, decretada por sentença de 16/11/1995 e a Conversão da Separação em Divórcio, decretada por sentença de 18/12/1996, ambas do Juízo da 6ª Vara de Família de Brasília, foram averbadas à margem do termo de casamento à fls. 163, do Lv. B-25 Aux., sob o nº 14511, no Cartório do 1º Ofício de Registro Civil de Brasília. Selo de Certidão nº UML 25945.*--*

Eu _____, escrevente, a extraí. O referido é verdade e dou fé.

Lizamar P. S. Carvalho
Escrevente Autorizada
CTPS Nº 2365 S/071 RJ

Mesquita, 06 de Novembro de 2007

Lizamar P. S. Carvalho
Escrevente Autorizada
CTPS Nº 2365 S/071 RJ

CORREGEDORIA GERAL DA JUSTIÇA - RJ
SELO DE FISCALIZAÇÃO
MESQUITA
DVD
UML25945

Emolumentos:
Tab 1.4b + Tab 3.11b (10x) + Tab 3,11 + Tab 1,9 + Tab 1,10 + Tab 1,8 + 20% TJ + R$ 52,13

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

1

FW148748

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: FW148748

SOBRENOME / SURNAME: TEIXEIRA

NOME / GIVEN NAMES: RAQUEL

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 23 MAI/MAY 1961

IDENTIDADE Nº / PERSONAL No:

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: RIO DE JANEIRO/RJ

FILIAÇÃO / FILIATION:
GENTIL TEIXEIRA
JULCELINA FRIAÇA TEIXEIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 05 JUN/JUN 2018

AUTORIDADE / AUTHORITY: SR/DPF/DF

VALIDO ATÉ / DATE OF EXPIRY: 04 JUN/JUN 2028

P<BRATEIXEIRA<<RAQUEL<<<<<<<<<<<<<<<<<<<<<<<<
FW148748<3BRA6105239F2806044<<<<<<<<<<<<<<08

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





## INFORMAÇÕES PARA O TITULAR

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

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

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

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

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

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

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

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

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


DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
HOU
DEC 14 2021
Class
Until
B2
13JUN2022
ADMITTED
ATL
DEC 09 2020
Class
Until
B2
08Jun2024
VISTOS
VISAS


VISA
UNITED STATES OF AMERICA
Issuing Post Name
BRASILIA
Control Number
20181833890006
Surname
TEIXEIRA
Given Name
RAQUEL
Visa Type /Class
R B1/B2
Passport Number
FW148748
Sex
F
Birth Date
23MAY1961
Nationality
BRZL
Entries
M
Issue Date
05JUL2018
Expiration Date
02JUL2028
0110
Annotation
N3763506
*
VNUSATEIXEIRA<<RAQUEL<<<<<<<<<<<<<<<<<<<<<<<<
FW148748<3BRA6105239F2807029B3BRAOMGV1253040

PORTO
2368
VISTOS
VISAS
VISTOS
VISAS

VISTOS 10 VISAS

VISTOS 11 VISAS

VISTOS 16 VISAS

VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS

VISTOS 20 VISAS

VISTOS 21 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

# REPÚBLICA FEDERATIVA DO BRASIL




ESTE PASSAPORTE CONTÉM 32 PÁGINAS NUMERADAS
*CE PASSEPORT CONTIENT 32 PAGES NUMÉROTÉES*
*THIS PASSPORT CONTAINS 32 NUMBERED PAGES*

ESTE DOCUMENTO PERTENCE À
*CE DOCUMENT APPARTIENT À LA*
*THIS DOCUMENT IS THE PROPERTY OF THE*

## REPÚBLICA FEDERATIVA DO BRASIL

SÓ É VÁLIDO COM A ASSINATURA OU IMPRESSÃO DIGITAL DO TITULAR
*Non-valable sans la signature ou l'empreinte digitale du titulaire*
*Not valid without the bearer's signature or fingerprint*

Os endereços do titular estão na página 32
*Voir les adresses du titulaire en page 32*
*See information on the bearer's addresses on page 32*

**Nº C P 001515**

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*

NACIONALIDADE BRASILEIRA - *NATIONALITÉ BRÉSILIENNE - BRAZILIAN CITIZEN*

2

Nome / *Nom* / *Name*: RAQUEL TEIXEIRA GIRALDE

Sexo / *Sexe* / *Sex*: FEMININO

Lugar e data do nascimento / *Lieu et date de naissance* / *Place and date of birth*: RIO DE JANEIRO/RJ . 23/MAI/1961

Filiação / *Noms des parents* / *Father's and mother's name*: GENTIL TEIXEIRA e JULCELINA FRIAÇA TEIXEIRA

Repartição expedidora - *Délivré par - Issued by*:
Sup. Regional Polícia Federal
D E L E M I G /DF
BRASILIA - BRASIL

Válido até - *Valable jusqu'au - Valid until*: 26 / 07 /2009

Data da expedição - *Délivré le - Issued on*: 27 / 07 /2004

3




Marcio Duarte Guimarães
Delegado de Polícia Federal
Mat. 9539

Nome e cargo do funcionário que o concedeu
*Nom et qualité de l'agent expéditeur*
*Name and function of the issuing authority*

FILHOS - *ENFANTS - CHILDREN*

1
Nome - *Nom - Name* _____
Idade - *Age - Age* _____ Sexo - *Sexe - Sex* _____

2
Nome - *Nom - Name* _____
Idade - *Age - Age* _____ Sexo - *Sexe - Sex* _____

3
Nome - *Nom - Name* _____
Idade - *Age - Age* _____ Sexo - *Sexe - Sex* _____

4
Nome - *Nom - Name* _____
Idade - *Age - Age* _____ Sexo - *Sexe - Sex* _____

5
Nome - *Nom - Name* _____
Idade - *Age - Age* _____ Sexo - *Sexe - Sex* _____

4

Este passaporte é válido para
*Ce passeport est valable pour*
*This passport is valid for*

TODOS OS PAÍSES COM OS QUAIS O BRASIL MANTÉM RELAÇÕES DIPLOMÁTICAS

Condições especiais de saúde-*Conditions de santé-Health conditions*

5

Para as autoridades brasileiras
*Réservé aux autorités brésiliennes*
*For the use of Brazilian authorities*



6



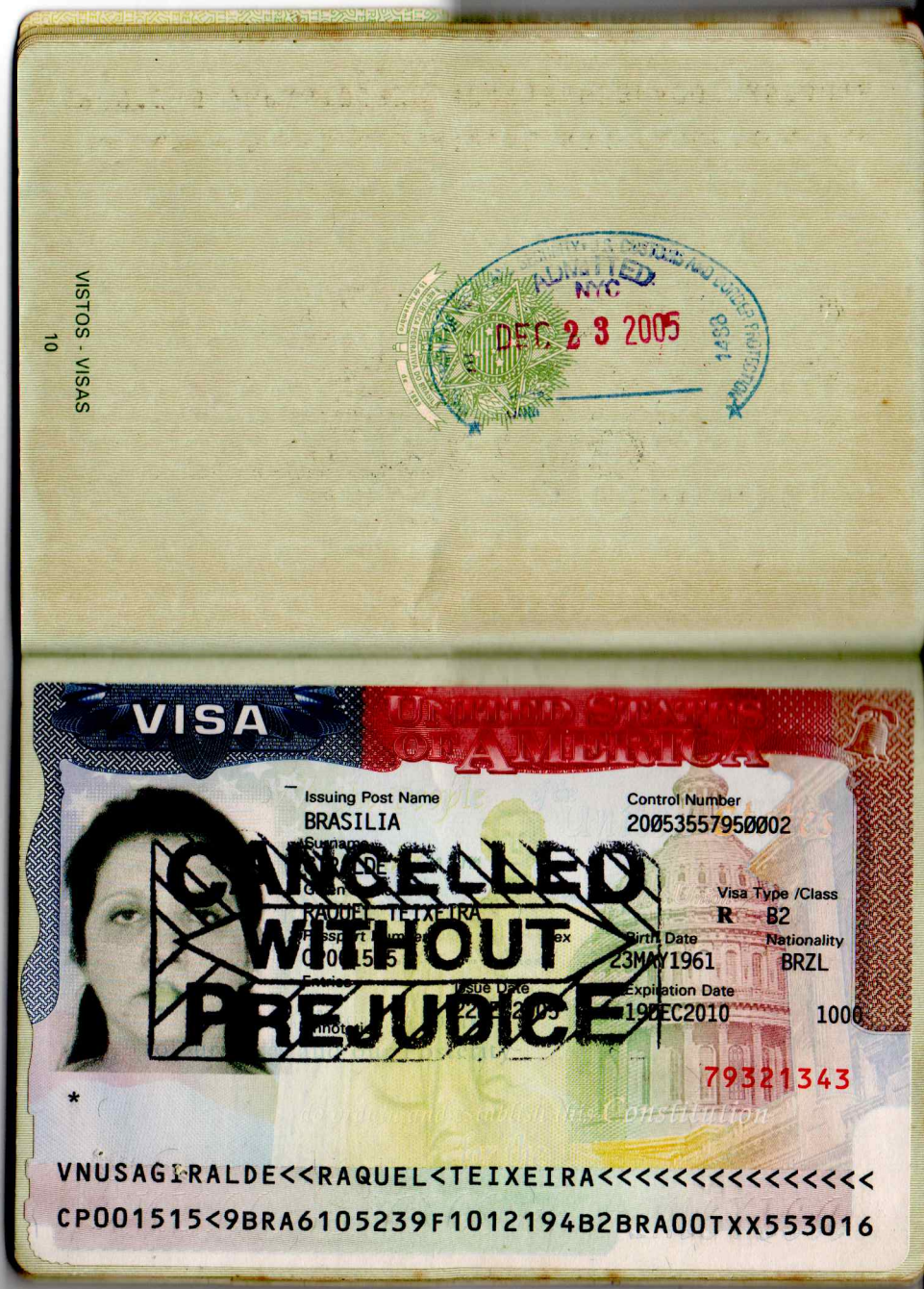

VISTOS - VISAS

7

VISTOS - VISAS
8

VISTOS - VISAS
9

U.S. IMMIGRATION
030 NYC 5191
ADMITTED
AUG 0 2 2004
CLASS
UNTIL


VISTOS - VISAS
10
ADMITTED
NYC
DEC 23 2005
VISA
UNITED STATES OF AMERICA
Issuing Post Name
BRASILIA
Control Number
20053557950002
CANCELLED
WITHOUT
PREJUDICE
Visa Type /Class
R B2
Birth Date
23MAY1961
Nationality
BRZL
Expiration Date
19DEC2010
1000
79321343
VNUSAGIRALDE<<RAQUEL<TEIXEIRA<<<<<<<<<<<<<<<
CPOO1515<9BRA6105239F1012194B2BRAOOTXX553016

VISTOS - VISAS
12

DEPARTMENT OF HOMELAND SECURITY-U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NEW
JUL 04 2006
Class
Until

APR 19 2006
Class
Until

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20053557950002

Surname
GIRALDE

Given Name
RAQUEL TEIXEIRA

Visa Type /Class
R B1/B2

Passport Number
CP001515

Sex
F

Birth Date
23MAY1961

Nationality
BRZL

Entries
M

Issue Date
31JAN2006

Expiration Date
29JAN2011

1000

Annotation

81412483

*

VNUSAGIRALDE<<RAQUEL<TEIXEIRA<<<<<<<<<<<<<<<

CP001515<9BRA6105239F1101292B3BRA00VBJ553013



VISTOS - VISAS

14



VISTOS - VISAS

15

CP001515





U.S. IMMIGRATION
NEW
ADMITTED
2135
NOV X 5 2004
CLASS
BL

DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION
3004
MAR 2 3 2005
Class
Until
10



ANULADO

CPD015

VISTOS - VISAS

18

VISTOS - VISAS

19

VISTOS - VISAS
20

VISTOS - VISAS
21

VISTOS - VISAS

22

VISTOS - VISAS

23

VISTOS - VISAS

24

VISTOS - VISAS

25

VISTOS - VISAS

26

VISTOS - VISAS

27

VISTOS - VISAS

28

VISTOS - VISAS

29

VISTOS - VISAS

30

VISTOS - VISAS

31

Boa viagem

As informações abaixo devem ser preenchidas pelo titular.
Como podem se modificar aconselha-se usar lápis preto.

ENDEREÇO PRINCIPAL E SECUNDÁRIO - *ADRESSES - ADDRESSES*

Rua _____

Cidade _____

País _____

Rua _____

Cidade _____

País _____

EM CASO DE ACIDENTE AVISE A:
*EN CAS D'ACCIDENT, PRIÈRE D'AVERTIR:*
*IN THE OCCURRENCE OF AN ACCIDENT, PLEASE CONTACT:*

Nome _____

Parentesco _____

Telefone _____

Rua _____

Cidade _____

País _____



INFORMAÇÕES PARA O TITULAR DESTE PASSAPORTE

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

É crime pela lei brasileira a utilização fraudulenta ou a cessão a outra pessoa, que não seja o titular, para seu uso, de um passaporte brasileiro. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte imediatamente após recebê-lo, no local previsto na página 1. Sem essa assinatura, o passaporte não é válido, e será apreendido pela autoridade competente.

O brasileiro residente no exterior ou de passagem por regiões conturbadas deve matricular-se na Repartição consular do Brasil mais próxima. Caso não possa comparecer pessoalmente ao Consulado deverá dirigir-se por carta ou telefone dando o nome, endereço e número do passaporte.

Mantenha em dia o seu passaporte e solicite a sua renovação antes de expirar a sua validade, para certificar-se de poder viajar quando precisar. A renovação de passaporte vencido pode depender de investigação demorada.

CASA DA MOEDA DO BRASIL

PASSAPORTE

# REPÚBLICA FEDERATIVA DO BRASIL




ESTE PASSAPORTE CONTÉM 32 PÁGINAS NUMERADAS
*CE PASSEPORT CONTIENT 32 PAGES NUMÉROTÉES*
*THIS PASSPORT CONTAINS 32 NUMBERED PAGES*

PASSAPORTE

ESTE DOCUMENTO PERTENCE À
*CE DOCUMENT APPARTIENT À LA*
*THIS DOCUMENT IS THE PROPERTY OF THE*
REPÚBLICA FEDERATIVA DO BRASIL

SO É VÁLIDO COM A ASSINATURA OU IMPRESSÃO DIGITAL DO TITULAR
*Non valable sans la signature ou l'empreinte digitale du titulaire*
*Not valid without the bearer's signature or fingerprint*

Os endereços do titular estão na página 32
*Voir les adresses du titulaire en page 32*
*See information on the bearer's addresses on page 32*

Nº C F 343703

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade
*Les Autorités des États 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*

1

NACIONALIDADE BRASILEIRA - *NATIONALITÉ BRÉSILIENNE - BRAZILIAN CITIZEN*

Nome / *Nom* / *Name*: RAQUEL TEIXEIRA

Sexo / *Sexe* / *Sex*: FEM.

Lugar e data do nascimento / *Lieu et date de naissance* / *Place and date of birth*: RIO DE JANEIRO/RJ
23/MAI/61

Filiação / *Noms des parents* / *Father's and mothers name*: GENTIL TEIXEIRA e
JULCELINA FRIAÇA TEIXEIRA

2

Repartição expedidora – *Délivré par – Issued by*:
SR/DPF/DF - SERVIÇO DE POLÍCIA MARÍTIMA AÉREA E DE FRONTEIRAS.
B R A S Í L I A

Válido até – *Valable jusqu'au – Valid until*: 11 / AGO. / 2003

Data da expedição – *Délivré le – Issued on*: 12 / AGO. / 1993



Carlos R. de S. Pinto
Ag. de Pol. Federal
Mat. 022.563

Nome e cargo do funcionário que o concedeu
*Nom et qualité de l'agent expéditeur*
*Name and function of the issuing authority*

3

FILHOS - *ENFANTS - CHILDREN*

1
Nome - *Nom - Name* _____
Idade - *Age* - *Age* _____ Sexo - *Sexe - Sex* _____

2
Nome - *Nom - Name* _____
Idade - *Age* - *Age* _____ Sexo - *Sexe - Sex* _____

3
Nome - *Nom - Name* _____
Idade - *Age* - *Age* _____ Sexo - *Sexe - Sex* _____

4
Nome - *Nom - Name* _____
Idade - *Age* - *Age* _____ Sexo - *Sexe - Sex* _____

5
Nome - *Nom - Name* _____
Idade - *Age* - *Age* _____ Sexo - *Sexe - Sex* _____

4

Este passaporte é válido para
*Ce passeport est valable pour*
*This passport is valid for*

TODOS OS PAISES COM OS QUAIS O BRASIL MANTÉM RELAÇÕES DIPLOMÁTICAS.

Condições especiais de saúde - *Conditions de santé - Health conditions*

5

CANCELADO

CANCELADO

CANCELADO

Para as autoridades brasileiras
*Réservé aux autorités brésiliennes*
*For the use of Brazilian authorities*



VISTOS - VISAS 8

VISTOS - VISAS 9

BRUXELLES MAROLLES
02-11-1993

RÉPUBLIQUE FRANÇAISE

VISA

25912697 3

| Nom | Nº passeport |
|---|---|
| TEIXEIRA= | CF 343703 |

Nombre d'entrées : uXXXX plusieurs

Durée maximum de séjour: XXXXXXX =10= JOURS

XXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXX Du 30 SEP 1993 au 10 DEC 1993

Délivré le 30 SEP 1993

Droit perçu : ****200 FF

XXXXXXXXXXXXXXXXXXXXXX

A BRASILIA

POLICE NATIONALE
HENDAYE GARE

FERNAND ARCAYA

71/VI

29 OCT. 1993
COS FRANCE

23 OCT. 1993
F 20 FRANCE

Ambassade de France
BRASILIA

02 NOV 93

02 NOV 93

CANCELADO

VISTOS - VISAS

10

VALICO FERROVIARIO
TARVISIO C.LE
08.OTT.93 F
31 POLIZIA FRONTIERA

VISTOS - VISAS

11

ENTERED

U.S. IMMIGRATION
BRASILIA
APR 19 1995
ADMITTED
UNTIL

VISTOS - VISAS

12

ENTERED

UNITED STATES OF AMERICA

VISA

Issuing Post Name
BRASILIA

Control Number
19951087230O5

Surname
TEIXEIRA

Given Name
RAQUEL

Passport Number
CF343703

Sex
F

Birth Date
23MAY1961

Visa Type/Class
R B2

Nationality
BRZL

Entries
M

Issue Date
18APR1995

Annotation

Expiry Date
17JUL1995

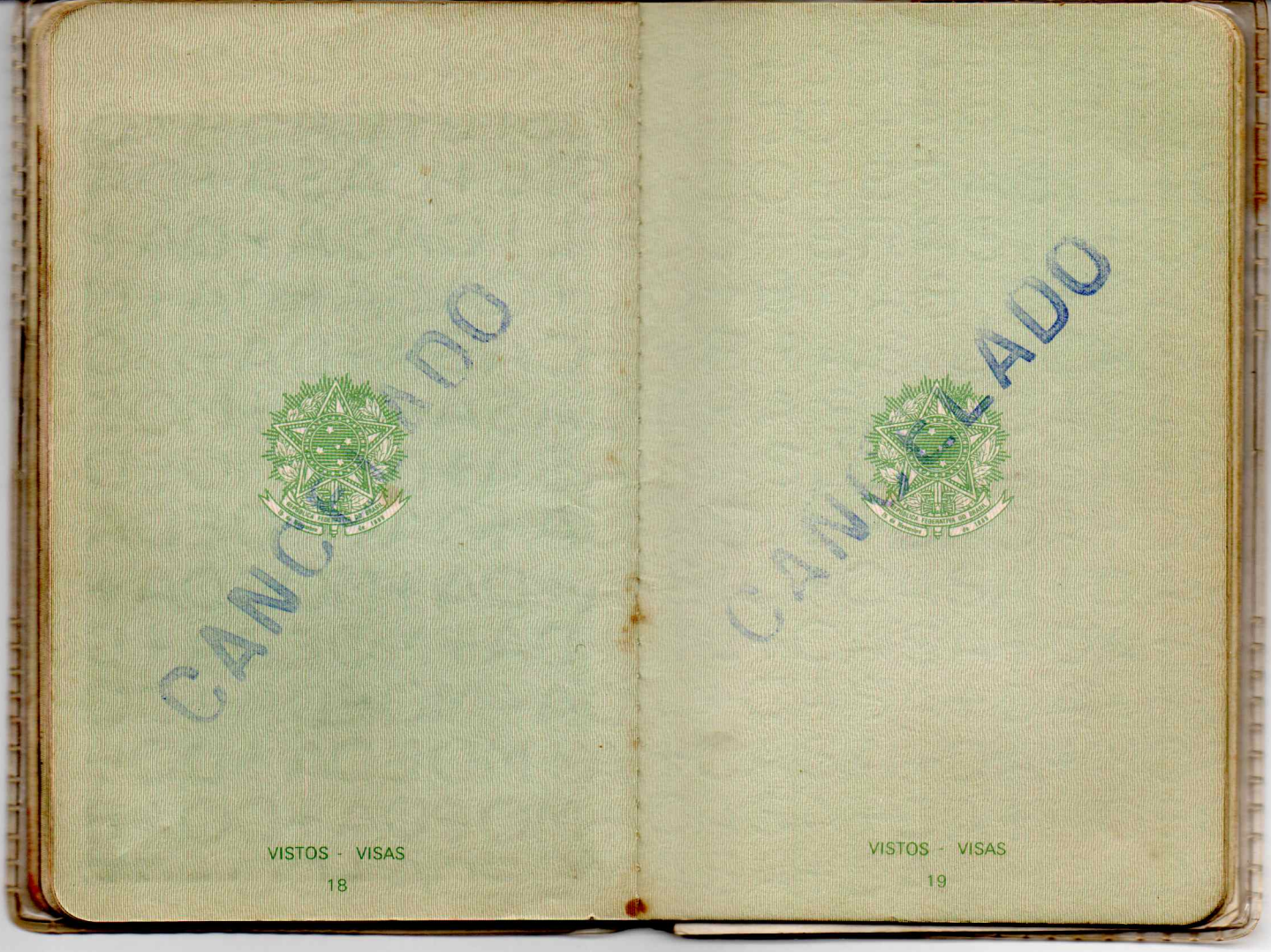
05580359

VNBRATEIXEIRA<<RAQUEL<<<<<<<<<<<<<<<<<<<<<<<<

CF343703<5BRA6105239F9504187B21005A05A8CCD70


U.S. IMMIGRATION
030 NYC 5093
ADMITTED
NOV 16 2002
CLASS
UNTIL
VISTOS - VISAS
14
U.S. IMMIGRATION
030 NYC 5044
ADMITTED
NOV 23 2002
U.S. IMMIGRATION
26 ATL
APR 16 1996
ADMITTED
UNTIL
CLASS
UNITED STATES OF AMERICA
VISA
Issuing Post Name
BRASILIA
Control Number
1996100720003
Surname
TEIXEIRA
Visa Type/Class
R B1/B2
Birth Date
23MAY1961
Nationality
BRZL
Expiry Date
08APR2006
CANCELLED WITHOUT PREJUDICE
11023300
VNBRATEIXEIRA<<RAQUEL<<<<<<<<<<<<<<<<<<<<<<<<
CF343703<5BRA6105239F9604098B310F96F195A80F2


NARITA(J)
23. NOV. 2002
IMMIGRATION
1296
JAPAN IMMIGRATION
17 NOV. 2002
在留資格 短 期 滞 在
Status: Temporary Visitor
90 days
NRT(A2)12581
VISTOS - VISAS
16
JAPAN VISA
日本国査証
EA0126389
USED
Narita Air Port
Place of issue
BRASILIA
Date of issue
11 NOV 02
Date of expiry
11 FEB 03
No. of entries
SINGLE
Issue No.
02A00389
For stay(s) of
90 DAYS
Category
(V) AS TEMPORARY VISITOR
Surname/Given name
TEIXEIRA RAQUEL
Passport No.
CF343703
Sex
F
Date of birth
23 MAY 61
Nationality
BRA
No. of applicants
Remarks
V<JPNTEIXEIRA<<RAQUEL<<<<<<<<<<<<<<<<<<<<<<<<
CF343703<5BRA6105239F030211702A00389403AV017




VISTOS - VISAS

18

VISTOS - VISAS

19



CANCELADO



VISTOS - VISAS

20

VISTOS - VISAS

21



VISTOS - VISAS

22

CANCELADO



VISTOS - VISAS

23



CANCELADO



VISTOS - VISAS

24

VISTOS - VISAS

25



CANCELADO





CANCELADO



VISTOS - VISAS

28

VISTOS - VISAS

29



VISTOS - VISAS

30



VISTOS - VISAS

31

Boa viagem

As informações abaixo devem ser preenchidas pelo titular. Como podem se modificar aconselha-se usar lápis preto.

ENDEREÇO PRINCIPAL E SECUNDÁRIO
*ADRESSES*
*ADDRESSES*

Rua _____

Cidade _____

País _____

Rua _____

Cidade _____

País _____

EM CASO DE ACIDENTE AVISE A:
*EN CAS D'ACCIDENT, PRIÈRE D'AVERTIR:*
*IN THE OCCURRENCE OF AN ACCIDENT, PLEASE CONTACT:*

Nome _____

Parentesco _____

Telefone _____

Rua _____

Cidade _____

País _____



## INFORMAÇÕES PARA O TITULAR DESTE PASSAPORTE

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

É crime pela lei brasileira a utilização fraudulenta ou a cessão a outra pessoa, que não seja o titular, para seu uso, de um passaporte brasileiro. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte imediatamente após recebê-lo, no local previsto na página 1. Sem essa assinatura, o passaporte não é válido, e será apreendido pela autoridade competente.

O brasileiro residente no exterior ou de passagem por regiões conturbadas deve matricular-se na Repartição consular do Brasil mais próxima. Caso não possa comparecer pessoalmente ao Consulado deverá dirigir-se por carta ou telefone dando o nome, endereço e número do passaporte.

Mantenha em dia o seu passaporte e solicite a sua renovação antes de expirar a sua validade, para certificar-se de poder viajar quando precisar. A renovação de passaporte vencido pode depender de investigação demorada.

Impresso na Casa da Moeda do Brasil

# Exhibit 2 – Raquel Teixeira's Current Immigration Status

For: **RAQUEL TEIXEIRA**

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

## Most Recent I-94

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

**Admission I-94 Record Number:** 932675536A4

**Arrival/Issued Date:** 2026 February 08

**Class of Admission:** B2

**Admit Until Date:** 2026 August 07

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

**Last/Surname:** TEIXEIRA

**First (Given) Name:** RAQUEL

**Birth Date:** 1961 May 23

**Document Number:** FW148748

**Country of Citizenship:** Brazil

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

**OMB No. 1651-0111**
**Expiration Date: 07/31/2026**

# View Travel History

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

## Travel History Results

Document Number: **FW148748**

Document Country of Issuance: **Brazil**

| Row | DATE | TYPE | LOCATION |
|---|---|---|---|
| 1 | 2026-02-08 | Arrival | MIA |
| 2 | 2024-01-28 | Departure | MIA |
| 3 | 2023-12-14 | Arrival | MIA |
| 4 | 2022-01-28 | Departure | HOU |
| 5 | 2021-12-14 | Arrival | HOU |
| 6 | 2021-01-20 | Departure | ATL |
| 7 | 2020-12-09 | Arrival | ATL |
| 8 | 2019-07-23 | Departure | MIA |
| 9 | 2019-06-23 | Arrival | MIA |
| 10 | 2018-11-06 | Departure | MIA |
| 11 | 2018-10-16 | Arrival | MIA |

**OMB No. 1651-0111 Expiration Date: 07/31/2026**

# Exhibit 3 - Paulo Alves Koo’s Identification Documents

# THE UNITED STATES OF AMERICA

## CERTIFICATE OF NATURALIZATION

No. 24363282

*Personal description of holder as of date of naturalization:*

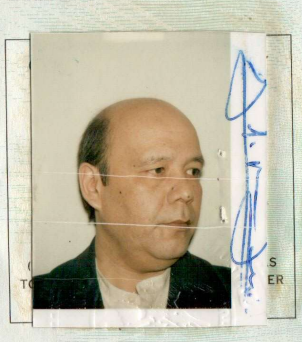
*Date of birth:* **NOVEMBER 05, 1953**

*Sex:* **MALE**

*Height:* **5** *feet* **6** *inches*

*Marital status:* **MARRIED**

*Country of former nationality:* **BRAZIL**



*INS Registration No.* **A029524368**

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

*(Complete and true signature of holder)*

*Be it known that, pursuant to an application filed with the Attorney General at:* **NEW YORK, NEW YORK**

*The Attorney General having found that:*

**PAULO ALVES KOO**

*then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the*

**U.S. IMMIGRATION AND NATURALIZATION SERVICE**

*at:* **BROOKLYN, NEW YORK** *on:* JUN 29 1999

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

Doris Meissner

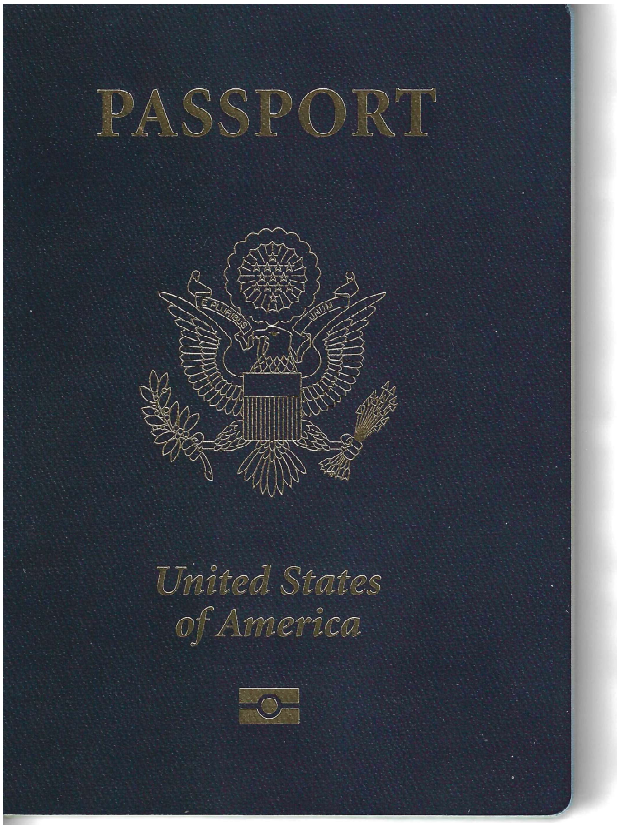
*Commissioner of Immigration and Naturalization*

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF JUSTICE

FORM N-550 REV. 6-91

BUREAU OF ENGRAVING AND PRINTING


PASSPORT
United States
of America

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

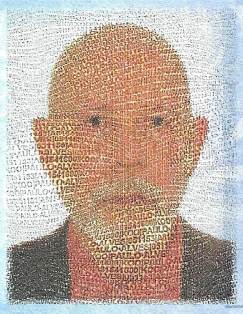
*The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.*

*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 délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.*

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

A01541600

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

USA

| Type/Type/Tipo | Code/Code/Código | Passport No./No. du Passeport/No. de Pasaporte |
|---|---|---|
| P | USA | A81541600 |

Surname/Nom/Apellidos
KOO

Given names/Prénoms/Nombres
PAULO ALVES

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
05 NOV 1953

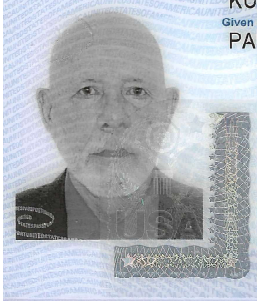
Sex/Sexe/Sexo
M

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

Date of issue/Date de délivrance/Fecha de expedición
13 MAR 2025

Date of expiration/Date d'expiration/Fecha de caducidad
12 MAR 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE





P<USAKOO<<PAULO<ALVES<<<<<<<<<<<<<<<<<<<<<<<<

A815416005USA5311057M3503122705645986<610186

## SECURITY INFORMATION

4

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



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



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



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



**PASSPORT NUMBER**
The passport number is perforated throughout the passport.



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



## IMPORTANT TRAVEL AND SAFETY DATA

5

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.

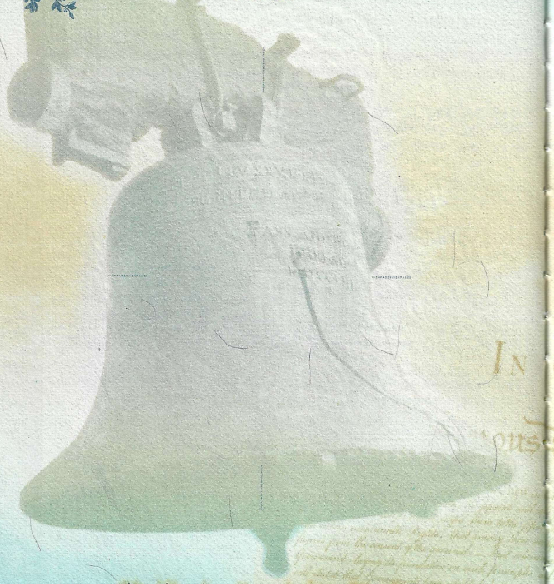
**This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.**

8

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

8

## *Visas*



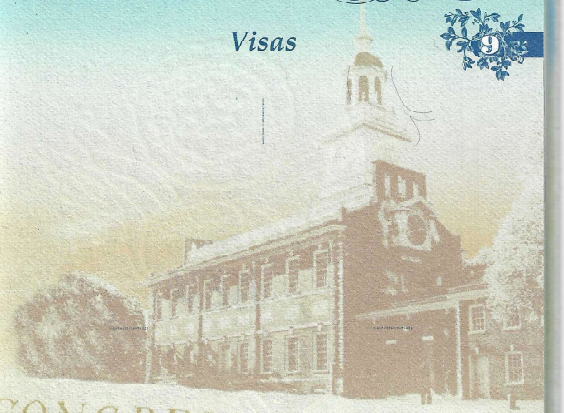
9

*and God grant that America will be true to her dream.*

***Martin Luther King, Jr.***

## *Visas*

9



IN CONGRESS, JULY 4, 1776.

...ons Declaration of the thirteen united 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***

## *Visas*





11

## *Visas*


12
This is a new nation, based on a mighty continent, of boundless possibilities.
Theodore Roosevelt
13
Visas
12
Visas
13
A81541600

14

*We send thanks to all the Animal life in the world.*
*We are glad they are still here and*
***Excerpt from***

## *Visas*

14



15

*They have many things to teach us as people.*
*we hope it will always be so.*
***Thanksgiving Address, Mohawk version***

## *Visas*

15

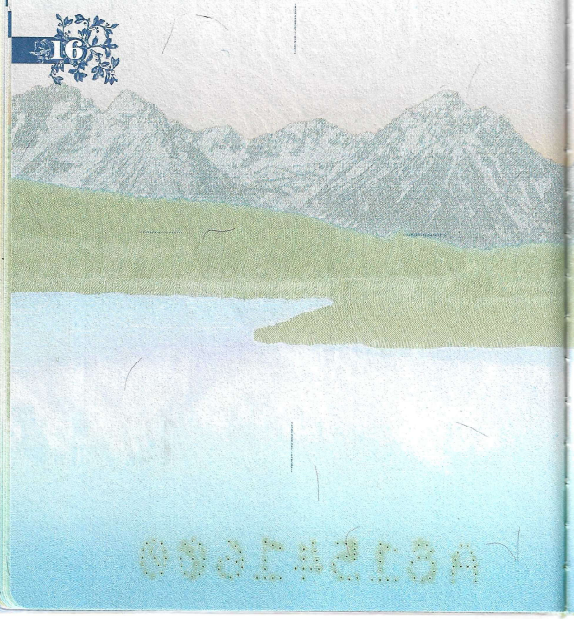


16

*The principle of free governments*
*It is bedded in it,*

## *Visas*

16



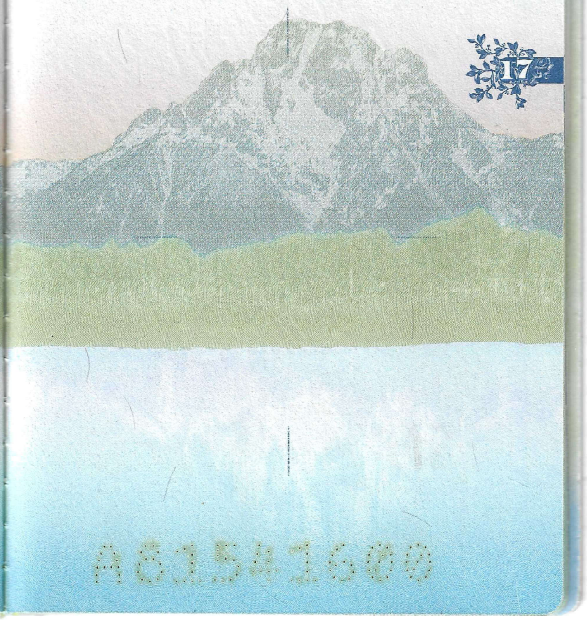
A615A1600

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

17

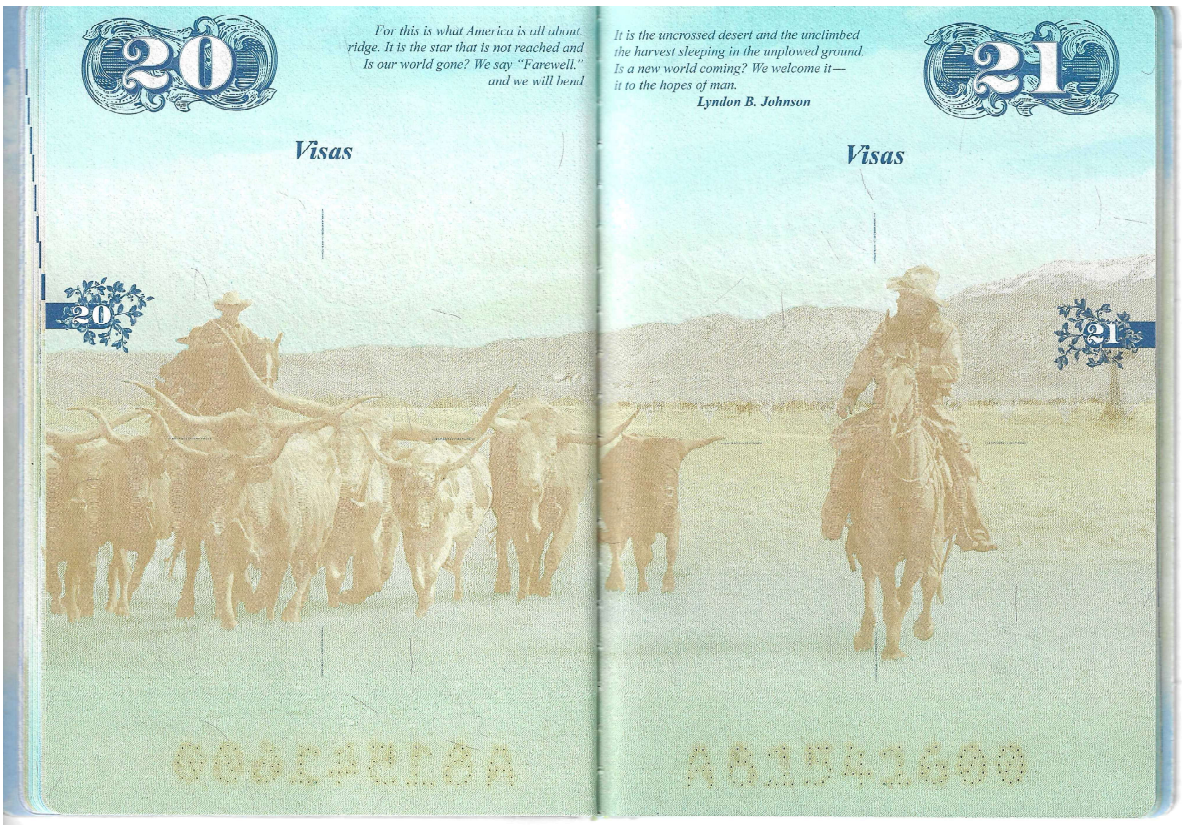
## *Visas*

17

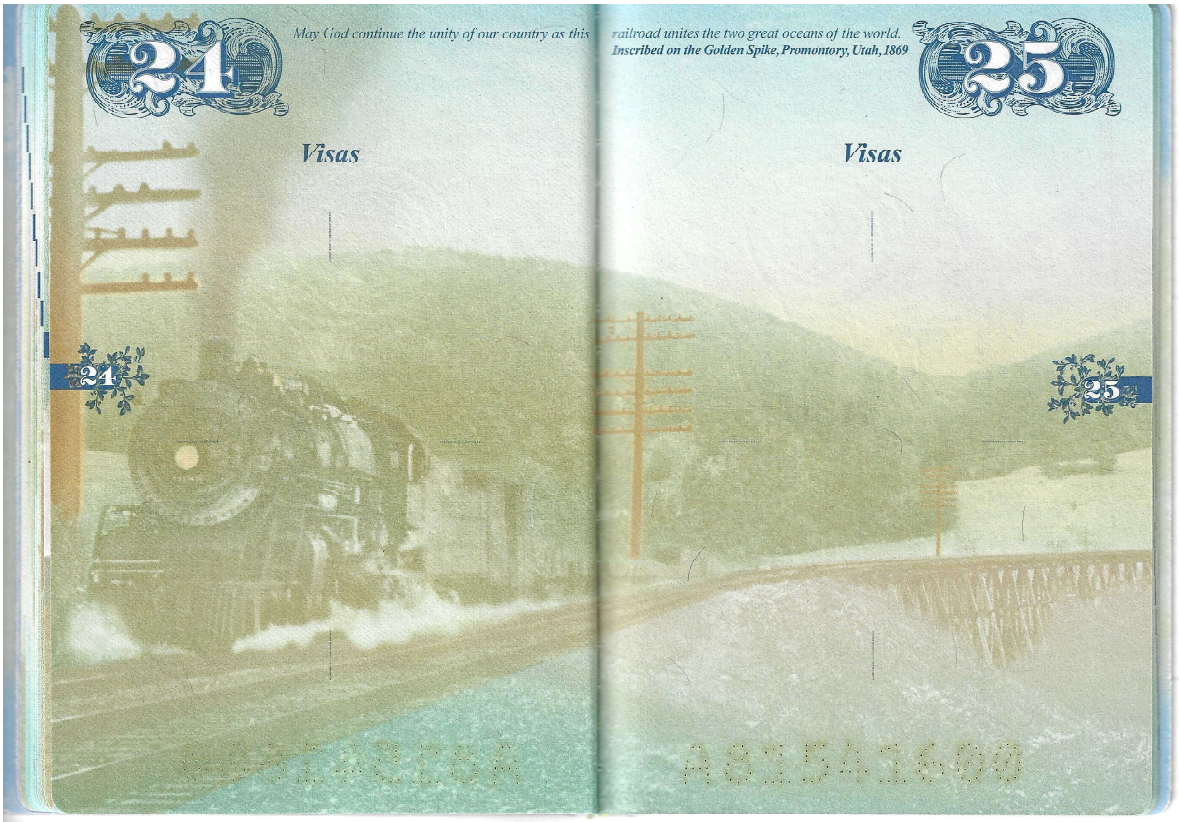


A615A1600


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
Visas
18
19
A81541600


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

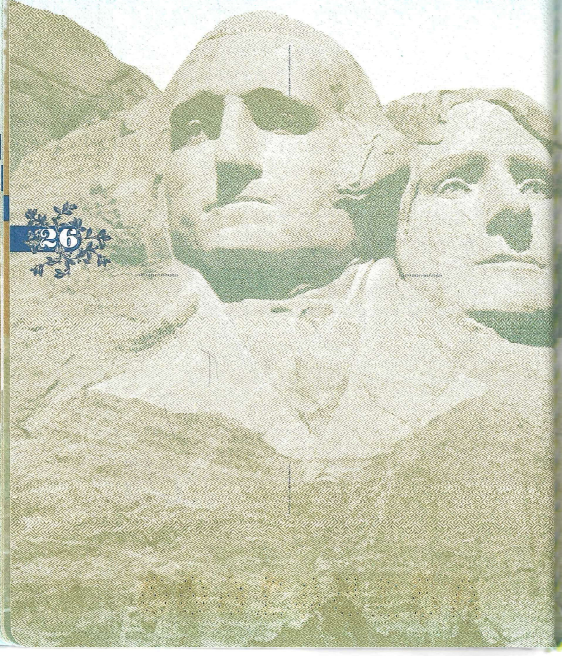

22
Every generation has the obligation to look out from a higher
Visas
22
23
to free men's minds for a look at new worlds… plateau than the last generation.
Ellison S. Onizuka
Visas
23


May God continue the unity of our country as this railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
24
25
Visas
Visas
24
25
A81541600

*Let us raise a standard to which the wise and honest can repair...*
*George Washington*

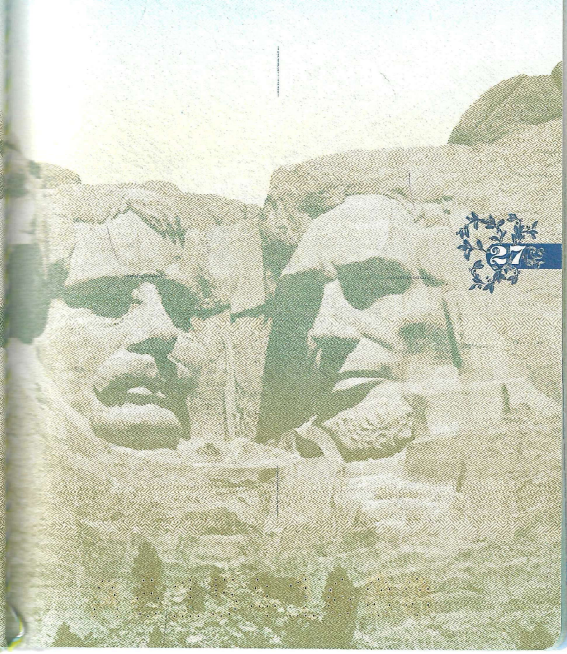


## Visas





Visas



*This nation has a banner... it is the*
*Every color means liberty.*



*Dawn. It means Liberty...*
*ad means liberty.*
***Henry Ward Beecher***

## *Visas*

*Visas*



30

*The God who gave us life, gave us liberty at the same time.*
***Thomas Jefferson***

31

## *Visas*

*Visas*



30

31


32
What a glorious
for our country.
Samuel Adams
33
Visas
Visas
32
33
IN CONGRESS. JULY 4, 1776.
States of America

34

*It seems to be a law of nature, inflexible and [illegible], that those who will not risk cannot win.*
**John Paul Jones**

35

## Visas





## Visas



*Go west, young man, an[illegible] up with the country.*
***Horace Greeley***



## *Visas*







A81541600

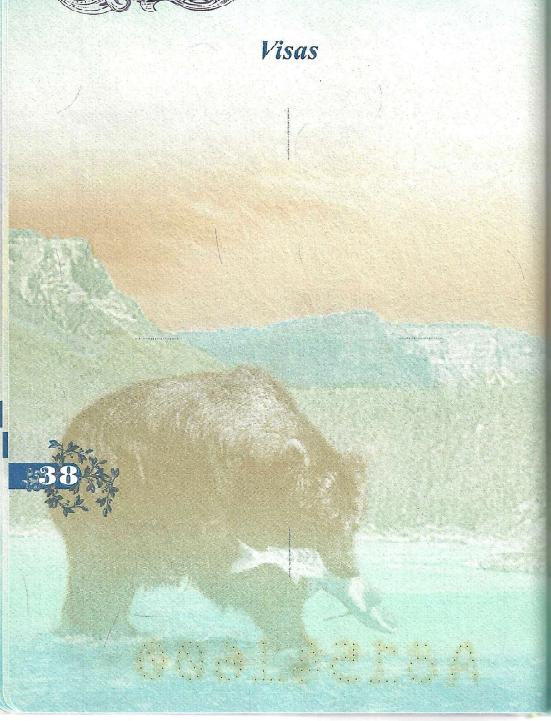
38

*We live in a world that is lit by ... So much is changing and will change, but so much ... and transcends time.*
***Ronald Reagan***

39

## Visas

Visas



*We are covered by the American banne*
*sacrifice ou*

## *Visas*

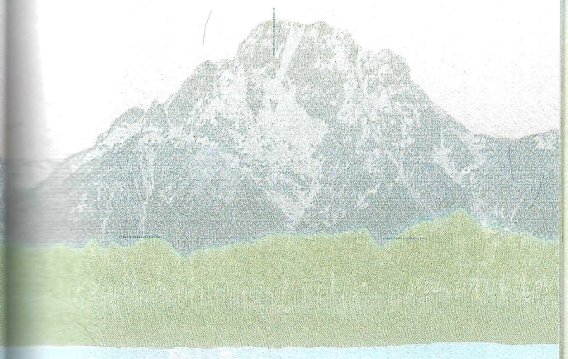






*ding to it, and if required,*
*defending it.*
*Antonio Navarro*

## *Visas*



...that this nation, under God ... have a new birth of freedom.
*Abraham Lincoln*

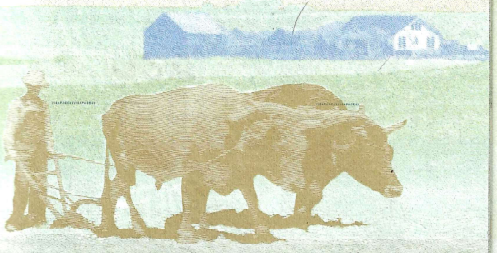


## *Visas*





## *Visas*



*Democracy is based upon the conviction that there ... ordinary possibilities in ordinary people.*
***Harry Emerson Fosdick***

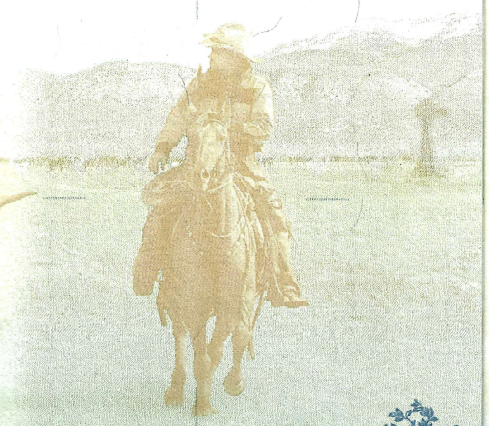


## *Visas*

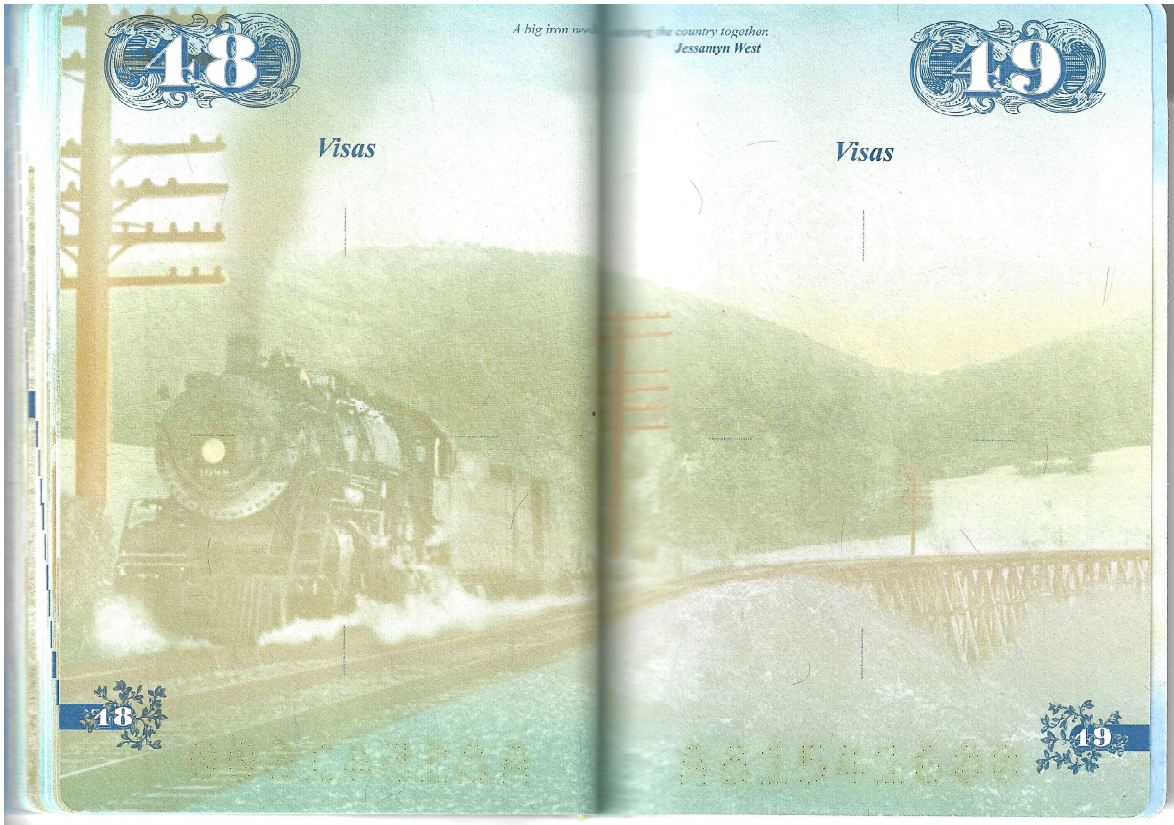




## *Visas*



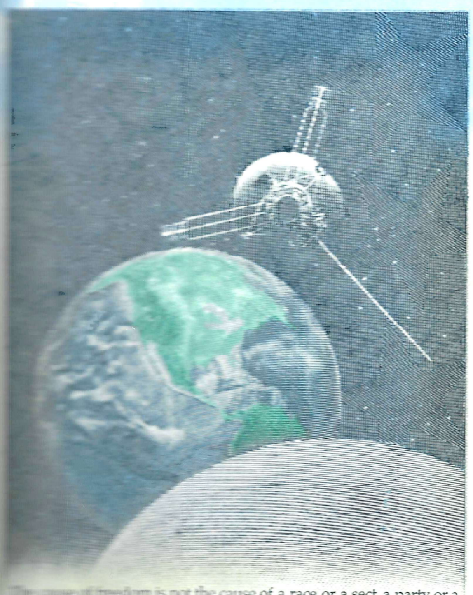

46
Liberty is never out of bounds or off limits; it spre
can capture the imagination of men.
E.B. White
47
Visas
Visas
46
47


48
A big iron ne
the country together.
Jessamyn West
49
Visas
Visas
48
49

50

*Visas*

50



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*

A81541600




PASSPORT
PASSEPORT
PASAPORTE

USA

# UNITED STATES OF AMERICA



Type / Type / Tipo: P

Code / Code / Codigo: USA

Passport No. / No. du Passeport / No. de Pasaporte: 530774252

Surname / Nom / Apellidos
KOO

Given Names / Prénoms / Nombres
PAULO ALVES

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
05 Nov 1953

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

Sex / Sexe / Sexo
M

Date of issue / Date de délivrance / Fecha de expedición
19 Oct 2015

Authority / Autorité / Autoridad
United States
Department of State

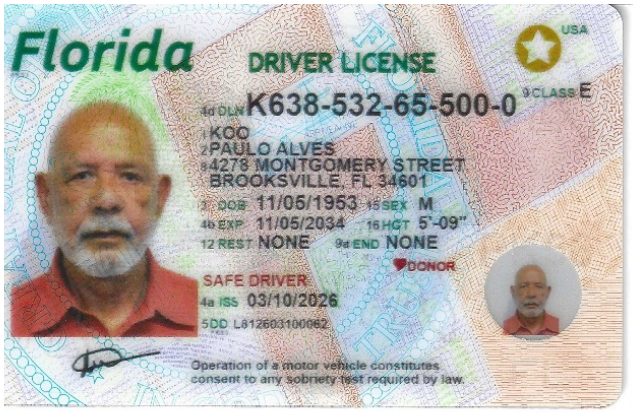
Date of expiration / Date d'expiration / Fecha de caducidad
18 Oct 2025

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51

USA

P<USAKOO<<PAULO<ALVES<<<<<<<<<<<<<<<<<<<<<<<<

5307742529USA5311057M2510181715289126<810110


Florida
DRIVER LICENSE
USA
4d DLN K638-532-65-500-0
9 CLASS E
1 KOO
2 PAULO ALVES
8 4278 MONTGOMERY STREET
BROOKSVILLE, FL 34601
3 DOB 11/05/1953
15 SEX M
4b EXP 11/05/2034
16 HGT 5'-09"
12 REST NONE
9d END NONE
DONOR
SAFE DRIVER
4a ISS 03/10/2026
5DD L612603100062
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

The State of Florida retains all property rights herein.
110553
Rev. 03/01/2020

21

01005552989
26021

1845 Florida



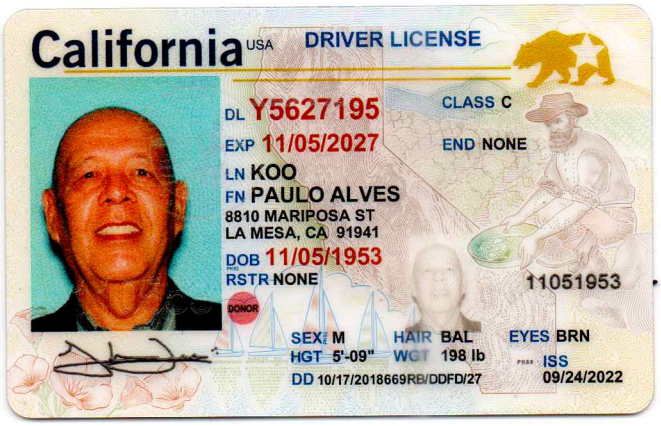
CLASS: E - Any non-commercial veh with a GVWR < 26.001 lbs. or any RV

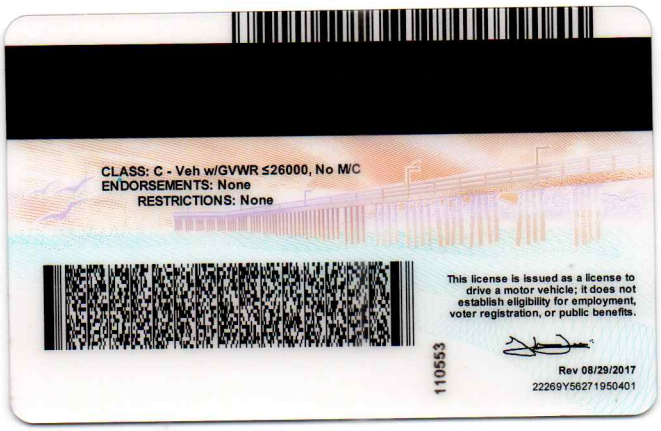
REST: None

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.

WWW.FLHSMV.GOV


California USA
DRIVER LICENSE
DL Y5627195
CLASS C
EXP 11/05/2027
END NONE
LN KOO
FN PAULO ALVES
8810 MARIPOSA ST
LA MESA, CA 91941
DOB 11/05/1953
RSTR NONE
11051953
DONOR
SEX M
HAIR BAL
EYES BRN
HGT 5'-09"
WGT 198 lb
ISS 09/24/2022
DD 10/17/2018669RB/DDFD/27


CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.
110553
Rev 08/29/2017
22269Y56271950401

# Exhibit 4 - Raquel Teixeira and Paulo Koo’s Marriage Certificate and Related Documentation

CERTIFICATION OF VITAL RECORD

# CLARK COUNTY, NEVADA

## CERTIFIED ABSTRACT OF MARRIAGE

**GROOM:** KOO PAULO ALVES

**BRIDE:** TEIXEIRA RAQUEL

**DATE OF MARRIAGE:** SEPTEMBER 21, 2007

**RECORDED:** SEPTEMBER 27, 2007 **BOOK:** 20070927 **INSTRUMENT:** 03730

**APPLICATION:** 20070919000800390

This is to certify that this document is a true abstract of the marriage record filed with the County Recorder of Clark County, Nevada

Debbie Conway

Debbie Conway
Clark County Recorder

ISSUED: 10-04-2007

SAO

C646844

Patent #5,636,874

TouchSafe®

This copy is not valid unless prepared on *SafeImage*™ paper, impressed with the raised seal of the Clark County Recorder.

CLARK COUNTY NEVADA

NEVADA FORMS SPECIALISTS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

State of Nevada

# Marriage Certificate

State of Nevada } ss:
County of Clark }

No. 20070919000800390

This is to certify that the undersigned, Rev. Phillip Williams (PRINT NAME AND TITLE OF OFFICIAL PERFORMING MARRIAGE),

did on the 21st day of September, 2007,

at Tropicana Hotel & Casino (ADDRESS OR CHURCH), Las Vegas (CITY), Nevada,

join in lawful wedlock PAULO ALVES KOO

of LONG BRANCH, State/Country of NEW JERSEY,

and RAQUEL TEIXEIRA

of LONG BRANCH, State/Country of NEW JERSEY,

with their mutual consent, in the presence of Diana Corbin Cyr-Miguelon (WITNESS)

UNITED STATES OF AMERICA OF THE SEAL COUNTY OF CLARK STATE OF NEVADA

Shirley B. Parraguirre

Shirley B. Parraguirre, County Clerk

Signature of Official Performing Marriage (Black Ink Only)

Rev. Phillip Williams
Print Name and Title of Official

1467 Flintrock Rd.
Address of Official Performing Marriage

Henderson, NV, 89014
City, State and Zip Code

Original: To be given to the parties married

20070927-0003730

Fee: $10.00
N/C Fee: $0.00

09/27/2007 13:55:23
T20070173511
Requestor:
RECORDER CLARK COUNTY

Debbie Conway DOM
Clark County Recorder Pgs: 1

# State of Nevada
# Marriage Certificate

No. 20070919000800390

State of Nevada } SS:
County of Clark }

This is to certify that the undersigned, Rev. Phillip Williams,
(print name and title of official performing marriage)

did on the 21st day of September 2007,

at Tropicana Hotel & Casino, Las Vegas Nevada,
(address or church) (City)

join in lawful wedlock PAULO ALVES KOO
(Groom)

of LONG BRANCH, State/Country of NEW JERSEY,

and RAQUEL TEIXEIRA
(Bride)

of LONG BRANCH, State/Country of NEW JERSEY,

with their mutual consent, in the presence of DIANA CORBIN CYR-MIQUELON.
(Witness)

UNITED STATES OF AMERICA
SEAL
COUNTY OF CLARK
STATE OF NEVADA

Rev. Phillip Williams
Signature of Official Performing Marriage (Black Ink Only)

Rev. Phillip Williams
Print Name and Title of Official

1467 Flintrock Rd.
Address of Official Performing Marriage

Henderson, NV, 89014
City, State and Zip Code

Shirley B. Parraguirre
SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

Bride/Groom Address: 228 WARDELL PLACE

LONG BRANCH, NJ 07740

This Certificate must be presented to the Clark County Recorder within ten days.
500 S.Grand Central Parkway. Las Vegas, Nevada 89155-1510

# Affidavit of Application for Marriage License

Expires 09/19/2008 No. 20070919000800390

State of Nevada } SS:
County of Clark }

## Groom

Social Security Number: 101-74-8101
Name: PAULO ALVES KOO
Residence: LONG BRANCH, NEW JERSEY
Date of Birth: 11/05/1953 Age: 53
State of Birth: BRAZIL
Marital Status: DIVORCED
When: 06/12/2007
Where: JERSEY CITY, NEW JERSEY
Number of this Marriage: 2
Father's Name: KOO LE TIA
Father's State of Birth: CHINA
Mother's Maiden Name: THEREZINHA ALVES LIMA
Mother's State of Birth: BRAZIL

## Bride

Social Security Number: NONE
Name: RAQUEL TEIXEIRA
Residence: LONG BRANCH, NEW JERSEY
Date of Birth: 05/23/1961 Age: 46
State of Birth: BRAZIL
Marital Status: DIVORCED
When: 05/22/2007
Where: PALMAS - TO, BRAZIL
Number of this Marriage: 3
Father's Name: GENTIL TEIXEIRA
Father's State of Birth: BRAZIL
Mother's Maiden Name: JULCELINA FERNANDES FRIACA
Mother's State of Birth: BRAZIL

We, the bride and groom named above, each respectively state that the foregoing information is correct to the best of our knowledge and belief; and that no legal objection to the marriage nor the issuance of a license to authorize the same is known to us.

Groom Bride

Subscribed and sworn to before me this 19th day of SEPTEMBER, 2007.

SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

By: Courtney Stillman Deputy Clerk

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE DOCUMENT ON FILE
MINUS ANY REDACTED PORTIONS
SEP. 19. 2007
COUNTY CLERK
STATE OF NEVADA

UNITED STATES OF AMERICA
OF THE
SEAL
COUNTY OF CLARK
STATE OF NEVADA

ORIGINAL AFFIDAVIT

# DOCUMENT RETRIEVAL SERVICE



## Order Confirmation

Thank you, your order has been received and is being processed.

For marriages performed in:

**Clark county** *(including Las Vegas)*
Your certificate(s) will be mailed within 1 business day.

**Washoe county** *(including Reno)*
Your certificate(s) will be mailed within 5 business days.

### NOTE

This is your official confirmation. You will not receive an e-mail.
Click here to print this page.

### SUMMARY

| | |
|---|---|
| Tracking Number: | 275B |
| Certificate Number: | 20070919000800390 |
| Name of Bride: | RAQUEL TEIXEIRA |
| Name of Groom: | PAULO KOO |
| Date of Marriage: | September 21, 2007 |
| PhoneNumber: | (973) 583-3200 |
| Email: | paulokoo@msn.com |
| Pay To: | Document Retrieval Service |
| Payment For: | 2 Certified Abstract of Marriage Certificate(s) |
| | 2 Certified Marriage Certificate(s) |
| Total: | $65.00 |
| First Class Mail: | $0.00 |
| Total Cost: | $65.00 |

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Terms & Conditions

Site designed by Lixar I.T. Inc.

20070927-0003730

Fee: $10.00
N/C Fee: $0.00

09/27/2007 13:55:23
T20070173511
Requestor:
RECORDER CLARK COUNTY

Debbie Conway DOM
Clark County Recorder Pgs: 1

# State of Nevada
# Marriage Certificate

No. 20070919000800390

State of Nevada }
County of Clark } SS:

This is to certify that the undersigned, Rev. Phillip Williams (print name and title of official performing marriage),

did on the 21st day of September 20 07,

at Tropicana Hotel & Casino (address or church), Las Vegas (City) Nevada,

join in lawful wedlock PAULO ALVES KOO (Groom)

of LONG BRANCH, State/Country of NEW JERSEY,

and RAQUEL TEIXEIRA (Bride)

of LONG BRANCH, State/Country of NEW JERSEY,

with their mutual consent, in the presence of DIANA CORBIN CYR-MIQUELON (Witness)

UNITED STATES OF AMERICA OF THE SEAL COUNTY OF CLARK STATE OF NEVADA

Rev. Phillip Williams
Signature of Official Performing Marriage (Black Ink Only)

Rev. Phillip Williams
Print Name and Title of Official

1467 Flintrock Rd.
Address of Official Performing Marriage

Henderson, NV, 89014
City, State and Zip Code

Shirley B. Parraguirre
SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

Bride/Groom Address: 228 WARDELL PLACE

LONG BRANCH, NJ 07740

This Certificate must be presented to the Clark County Recorder within ten days.
500 S.Grand Central Parkway. Las Vegas, Nevada 89155-1510

# Exhibit 5 - Evidence of Pending Form I-130 Petition. (Doc: Form I-797C, Notice of Action - Petition for Alien Relative (Form I-130) filed by Paulo Alves Koo on behalf of Raquel Teixeira)

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

# Form I-797C, Notice of Action

## THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

| NOTICE TYPE | | NOTICE DATE |
|---|---|---|
| Receipt | | June 03, 2025 |
| CASE TYPE | | USCIS ALIEN NUMBER |
| I-130, Petition for Alien Relative | | A029524368 |
| RECEIPT NUMBER | RECEIVED DATE | PAGE |
| IOE0932213360 | May 30, 2025 | 1 of 1 |
| PRIORITY DATE | PREFERENCE CLASSIFICATION | DATE OF BIRTH |
| May 30, 2025 | 201 B INA SPOUSE OF USC | November 05, 1953 |

PAULO ALVES KOO
C/O OTAVIO HAVERROTH SILVA HS LAW CORP
P.O. BOX 90487
SAN DIEGO, CA 92169

15 00005066

**PAYMENT INFORMATION:**

| | |
|---|---|
| **Application/Petition Fee:** | $675.00 |
| **Total Amount Received:** | $675.00 |
| **Total Balance Due:** | $0.00 |

**APPLICANT/PETITIONER NAME AND MAILING ADDRESS**

We have received your form and are currently processing the above case for the following beneficiaries:

| Name | Date of Birth | Country of Birth | Class (If Applicable) |
|---|---|---|---|
| TEIXEIRA, RAQUEL | 5/23/1961 | BRAZIL | |

If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

**USCIS Office Address:**
USCIS
Texas Service Center
6046 N. Beltline Rd STE. 110
Irving, TX 75038

**USCIS Contact Center Number:**
(800)375-5283
ATTORNEY COPY

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

## Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

# Exhibit 6 - Evidence of Bona Fide Marriage

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

BofA REWARDS

**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

PAULO A KOO
RAQUEL TEIXEIRA
2365 DOG LEG CT
BROOKSVILLE, FL 34604-9242

# Your Adv Plus Banking
# BofA Rewards Preferred Plus

for May 6, 2026 to June 4, 2026

Account number: 3251 0344 3317

**PAULO A KOO RAQUEL TEIXEIRA**

## Account summary

| | |
|---|---|
| Beginning balance on May 6, 2026 | $1,598.77 |
| Deposits and other additions | 19,164.93 |
| Withdrawals and other subtractions | -19,604.79 |
| Checks | -0.00 |
| Service fees | -0.00 |
| **Ending balance on June 4, 2026** | **$1,158.91** |

*Your account is enrolled in Balance Connect™ for overdraft protection. You can manage your overdraft protection preferences, including linked accounts, in Online and Mobile Banking.*


Available in English and Spanish

Make bank transfers in the Mobile Banking app

Use our app or Online Banking to send domestic wires or international wires in 140+ currencies to over 200 countries.

**Scan the code or visit bofa.com/wiretransfers.**

When you use the QRC feature, certain information is collected from your mobile device for business purposes.
Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices.
Message and data rates may apply.
Fees or other costs may apply to wire transfers.

SSM-11-25-0293.B | 8604277

# 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.

© 2026 Bank of America Corporation

Bank of America, N.A. Member FDIC and Equal Housing Lender

## Deposits and other additions

| Date | Description | Amount |
|---|---|---|
| 05/06/26 | Zelle payment from CONCEPT AUTO REPAIR INC Conf# agb1452jg | 1,327.00 |
| 05/14/26 | Zelle payment from 0800 LIMOS Inc for "Thanks"; Conf# 0K5YVBK7T | 500.00 |
| 05/18/26 | Zelle payment from HUSSAIN MOURAD Conf# T126J9Y4N | 1,547.63 |
| 05/19/26 | Zelle payment from RAYSA TEIXEIRA GIRALDE Conf# JwKEtNbLd | 171.64 |
| 05/20/26 | Zelle payment from 0800 LIMOS Inc Conf# 0K641NGRM | 1,100.00 |
| 05/21/26 | Online Banking transfer from SAV 6694 Confirmation# 7337080828 | 300.00 |
| 05/21/26 | Online Banking transfer from SAV 6694 Confirmation# 8137055869 | 200.00 |
| 05/26/26 | Zelle payment from 0800 LIMOS Inc for "Docartao"; Conf# 0K6A7601N | 4,100.00 |
| 05/26/26 | Zelle payment from RAYSA TEIXEIRA GIRALDE Conf# FhfHs8XPf | 462.54 |
| 05/29/26 | Zelle payment from 0800 LIMOS Inc for "Thank you"; Conf# 0K6D9USQO | 4,500.00 |
| 05/29/26 | MegatraxProducti DES:EDI PYMNTS ID:102866135855651 INDN:Paulo ALVES Koo CO ID:1462121493 PPD | 2,900.00 |
| 06/01/26 | Zelle payment from HUSSAIN MOURAD for "OBRIGADO"; Conf# T127T3WP4 | 952.12 |
| 06/03/26 | SSA TREAS 310 DES:XXSOC SEC ID:XXXXXXXXXA SSA INDN:PAULO A KOO CO ID:9031736039 PPD | 1,104.00 |
| **Total deposits and other additions** | | **$19,164.93** |

## Withdrawals and other subtractions

| Date | Description | Amount |
|---|---|---|
| 05/06/26 | 4002273 Clover L DES:Autopay ID:A25128675 INDN:Bank of America CO ID:9000572265 PPD | -856.35 |
| 05/06/26 | DUKEENERGY DES:BILL PAY ID:910196197474 INDN:PAULO KOO CO ID:DEFJPM4588 TEL | -120.34 |
| 05/08/26 | CHASE CREDIT CRD DES:EPAY ID:9350145978 INDN:PAULO KOO CO ID:5760039224 WEB | -667.78 |
| 05/08/26 | PAYPAL DES:INST XFER ID:PPCR CC REPAYME INDN:PAULO KOO CO ID:PAYPALSI77 WEB | -101.96 |

*continued on the next page*

## Important information about payment scams

**We will never...**

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.

Treat Zelle® payments like cash – once you send money, you are unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

Zelle® and the Zelle® related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

SSM-05-25-0349.B | 7958562

## Withdrawals and other subtractions - continued

| Date | Description | Amount |
|---|---|---|
| 05/11/26 | AMERICAN EXPRESS DES:ACH PMT ID:A7058 INDN:Paulo Koo CO ID:3133133497 WEB | -156.00 |
| 05/11/26 | Lowes DES:SYF PAYMNT ID:798214102420272 INDN:XPS247INC CO ID:9069872103 CCD | -100.00 |
| 05/11/26 | Synchrony Bank DES:CC PYMT ID:650172446054399 INDN:PAULO KOO CO ID:9856794001 WEB | -100.00 |
| 05/12/26 | Online Banking payment to CRD 6732 Confirmation# 7659273250 | -100.00 |
| 05/12/26 | GM Financial DES:GMF Pymt ID:00112101022471 INDN:PAULO KOO CO ID:IXXXXXXXXX PPD | -354.68 |
| 05/13/26 | PROG AMERICAN DES:INS PREM ID:XXXXXXXXX Paulo INDN:Paulo Koo CO ID:9409348120 PPD | -119.00 |
| 05/14/26 | CITI AUTOPAY DES:PAYMENT ID:272012203290034 INDN:PAULO A KOO CO ID:CITICARDAP WEB | -519.31 |
| 05/18/26 | CHASE CREDIT CRD DES:EPAY ID:9362161272 INDN:PAULO KOO CO ID:5760039224 WEB | -120.00 |
| 05/19/26 | CHECKCARD 0518 APPLE.COM/BILL 866-712-7753 CA 24430996138755115898481 RECURRING | -0.99 |
| 05/19/26 | MACHAEN ENTERPRI DES:SALE ID: INDN:PAULO ALVES KOO CO ID:9215986202 WEB | -1,525.00 |
| 05/21/26 | Online Banking payment to CRD 5852 Confirmation# 8237041237 | -100.00 |
| 05/21/26 | Zelle payment to Sandra Pernell Conf# wc1ierm7h | -1,200.00 |
| 05/21/26 | TRUIST MC/VISA DES:OLB PYMT ID:00001756862 INDN:Xps 247 Inc CO ID:4470535472 WEB | -200.00 |
| 05/22/26 | Zelle payment to Sandra Pernell for "Penalty of late fee - Duke"; Conf# tu59tddpk | -100.00 |
| 05/26/26 | BANK OF AMERICA DES:AUTO PAY ID:5243301048358 52 INDN:KOO PAULO ALVES CO ID:DIRECT DEB PPD | -44.00 |
| 06/01/26 | Zelle payment to Mark Lederman for "XPS247 Inc. Invoice # XP0027H"; Conf# s61slvufo | -575.00 |
| 06/01/26 | Zelle Scheduled payment to Sandra Pernell for "3 payment Duke"; Conf# t964mu46s | -1,500.00 |
| 06/01/26 | TRANSFER PAULO A KOO RAQUEL T:Megatrax Production Confirmation# 1431649808 | -7,283.78 |
| 06/01/26 | Online Banking transfer to CHK 9509 Confirmation# 7234386145 | -1,500.00 |
| 06/01/26 | Zelle payment to Generic Pharmacy for "Raquel Teixeira"; Conf# u8kqux4qv | -89.00 |
| 06/01/26 | Zelle payment to Golf Cars Of Tampa Bay Llc for "Thank you"; Conf# t1h1ymw4w | -200.00 |
| 06/01/26 | Online Banking payment to CRD 4381 Confirmation# 7435327820 | -150.00 |
| 06/02/26 | AMERICAN EXPRESS DES:ACH PMT ID:A9014 INDN:Paulo Koo CO ID:3133133497 WEB | -1,516.73 |
| 06/02/26 | AMERICAN EXPRESS DES:ACH PMT ID:W9096 INDN:Paulo Koo CO ID:1133133497 WEB | -200.00 |
| 06/03/26 | DUKEENERGY DES:BILL PAY ID:910196197474 INDN:PAULO KOO CO ID:DEFJPM4588 TEL | -104.87 |
| **Total withdrawals and other subtractions** | | **-$19,604.79** |

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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Citibank Client Services 013
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
**Account**
**42007374236**

**Statement Period**
**May 6 - Jun 7, 2026**

PAULO A KOO
RAQUEL TEIXEIRA
2365 Dog Leg Court
Brooksville FL 34604-9242



## YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF JUNE 7, 2026

**Relationship Summary:**

| | |
|---|---|
| **Checking** | **$1,560.01** |
| **Savings** | **$501.62** |
| **Investments (not FDIC Insured)** | ----- |
| **Loans** | ----- |

Effective August 1, 2026, the Online Outgoing Wire Transfer-Domestic fee will increase to $30.00 as a standard fee and $25.00 for Citi Priority. The Online Outgoing Wire Transfer-International fee will increase to $40.00 for standard and $35.00 for Citi Priority.

| **Checking** | **Balance** |
|---|---|
| Regular Checking | $1,560.01 |
| **Savings** | **Balance** |
| Citi® Savings | $501.62 |
| **Total Checking and Savings at Citibank** | **$2,061.63** |

Effective April 20, 2026, No Penalty and Step Up CDs will automatically renew into the same product type, keeping their existing features, and other CD types will be permitted to convert to a No Penalty or Step Up CD at renewal. If interest is set to pay to a closed Citi account, it will be added to your CD balance. If your CD is closed, interest will be deposited into another Citi deposit account you hold or sent to you by check if you have no other Citi deposit accounts.

## Your Citibank Statement

When customers own accounts as Joint account owners, the Combined Average Monthly Balance shown on their Joint Account Statement will show the highest Combined Average Monthly Balance range among account owners. The Relationship Tier associated with the account will be determined by the highest Relationship Tier among joint owners. Different processes -New to Relationship customer status, Re-Tiering, Tier Acceleration, and Tier Exclusions- determine whether an individual owner is eligible for Relationship Tiers.

| Calendar Month [1] | Combined Average Monthly Balance Range [2] | Relationship Tier [3] |
|---|---|---|
| March 2026 | $0 - $14,999 | None |
| April 2026 | $0 - $14,999 | None |
| May 2026 | $0 - $14,999 | None |

## Account Fees and Charges[4]

| Account Type | Account | Monthly Service Fee | Non-Citi ATM Fee | Average Monthly Balance | Waiver Applied |
|---|---|---|---|---|---|
| Regular Checking | 42007374236 | None | None | N/A | No Fee - Courtesy Waiver |
| Citi® Savings | 42007374319 | None | None | N/A | No Fee - Qualifying Activity Met |
| Total | | None | None | | |

**Fees.** When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

## CHECKING ACTIVITY

### Regular Checking

**42007374236**

**Beginning Balance:** $1,560.01
**Ending Balance:** $1,560.01

## SAVINGS ACTIVITY

### Citi® Savings

**42007374319**

**Beginning Balance:** $501.61
**Ending Balance:** $501.62

| Date | Description | Amount Subtracted | Amount Added | Balance |
|---|---|---|---|---|
| 06/05 | Interest paid for 33 days, Annual Percentage Yield Earned 0.02% | | 0.01 | 501.62 |

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

## CUSTOMER SERVICE INFORMATION

| IF YOU HAVE QUESTIONS ON: | YOU CAN CALL*: | YOU CAN WRITE: |
|---|---|---|
| Checking<br>Savings / Money Market | 888-248-4226<br>For TTY:We accept 711 or other Relay Service. | Citibank Client Services<br>100 Citibank Drive<br>San Antonio, TX 78245-9966 |

* To ensure quality service, calls are randomly monitored.

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

**Important Disclosures**

**Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.**

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

**TRANSACTIONS OUTSIDE OF YOUR HOME COUNTRY - FOR NON-US PERSONS ONLY**

Transactions may be executed outside of your country and without any participation from any Citigroup or Citibank subsidiary, branch or affiliate in your country. Some products may not be registered with the Financial Regulatory body of your country governing such financial products, nor may they be governed or protected by the laws and regulations of your country. Products and services offered by Citi and its affiliates are subject to the applicable local laws and regulations of the jurisdiction where they are booked and offered. Not all accounts, products, and services as well as pricing are available in all jurisdictions or to all customers. Your country of citizenship, domicile, or residence may have laws, rules, and regulations that govern or affect your application for and use of our accounts, products and services, including laws and regulations regarding taxes, exchange and/or capital controls.

If your country of residence is other than the United States or the Commonwealth of Puerto Rico, you acknowledge that you are responsible for, and agree that you will comply with, all laws, regulations, and rules applicable to your accounts, products and services with us, including any tax, foreign exchange, or capital controls, and for all payments, reporting or filing requirements that may apply as a result of your country of citizenship, domicile, or residence.

**CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT**

**FDIC Insurance:**

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

**APY and Interest Rate:**

For current interest rates and annual percentage yields, please visitCiti.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

**IN CASE OF ERRORS**

**In Case of Errors or Questions About Your Electronic Fund Transfers:**

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

***Give us the following information:*** (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the 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. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

**The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country**: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

**Citibank is an Equal Housing Lender.**




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Citibank credit cards are issued by Citibank, N.A. AAdvantage® is a registered trademark of American Airlines, Inc.
Citi, Citi and Arc Design and other marks used herein are service marks of Citigroup Inc. or its affiliates, used and registered throughout the world.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   *Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.*

   *Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.*

3. **CAMB Balance Range Chart**

| | **Citi Priority** | **Citigold** | **Citigold Private Client** |
|---|---|---|---|
| **To attain Relationship Tier** | $30,000-199,999.99 | $200,000-999,999.99 | $1,000,000 or more |
| **To remain in Relationship Tier** | $30,000-199,999.99 | $180,000-999,999.99 | $800,000 or more |

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

| **Monthly Service Fee and Non-Citi ATM Fee Chart** | | | | |
|---|---|---|---|---|
| | **Standard Fees** | | **Monthly Service Fee and Non-Citi ATM Fee will not be charged for months where the following situations apply** | |
| **Description** | **Monthly Service Fee** | **Non--Citi ATM Fee** | **Activity** | **Citigold Private Client, Citigold or Citi Priority Relationship Tier status** |
| Regular Checking** | $15 | $2.50 | Enhanced Direct Deposit* of $250 or more<br>Important: Non-Citi ATM fee is non-waivable | Yes |
| Access Checking** | $5 | $2.50 | Enhanced Direct Deposit* of $250 or more<br>Important: Non-Citi ATM fee is non-waivable | Yes |
| Citi Savings** | $4.50 | $2.50 | Average Monthly Balance of $500 or more<br>or<br>Any owner also owns a checking account | Yes |
| Citi Accelerate Savings | $4.50 | $2.50 | Average Monthly Balance of $500 or more<br>or<br>Any owner also owns a checking account | Yes |
| Citi Miles Ahead Savings | $0 | $0 | N/A | N/A |
| COMMA Savings Account | $0 | $0 | N/A | N/A |

*An Enhanced Direct Deposit (EDD) is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking or savings account. An EDD also includes Zelle® incoming payments and other funds from person-to-person (P2P) payments when transferred through the ACH Network using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, debit card funding transfers, and P2P payment transfers sent to a Citibank debit card do not qualify as EDDs. Any funds transferred from another financial institution or P2P provider through an instant transfer service will also not qualify as an EDD.

**Checking accounts and Savings accounts owned as Uniform Transfers to Minors Accounts (UTMA) are not charged a Monthly Service Fee or Non-Citi ATM Fee when the beneficiary is younger than 18 years of age.

SICOOB - System of Credit Cooperatives of Brazil

Sicoob Financial Services Platform - SISBR

01/25/2025 CHECKING ACCOUNT STATEMENT
8:59:44 P<

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COOP.....: 3003-1 - SICOOB SUL

ACCOUNT.....: 122.368-2 - PAULO ALVES KOO

2nd HOLDER..: RAQUEL TEIXEIRA

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| DATE | DOCUMENT | TRANSACTION | AMOUNT |
|---|---|---|---|
| 12/31/2024 | | PREVIOUS BALANCE | 480,01C |
| 12/31/2024 | | PREVIOUS BLOCKED BALANCE | 0,00C |
| 01/08/2025 | Pix | PIX RECEIVED - OTHER FINANCIAL INSTITUTION - SAME HOLDER | 1.500,00C |
| | | Pix Receipt | |
| | | PAULO ALVES KOO | |
| | | ***.845.958-** | |
| | | BALANCE OF THE DAY | 1.980,01C |
| 01/10/2025 | CONSORTIUMS | AUTOMATIC DEBIT FOR OTHER COMPANIES | -422,02D |
| 01/10/2025 | 129 | SERVICE PACKAGE DEBIT | -25,85D |
| | | BALANCE OF THE DAY | 1.532,14C |
| 01/13/2025 | Pix | PIX RECEIVED - OTHER FINANCIAL INSTITUTION | 66,88C |
| | | Pix Receipt | |
| | | Foreign Exchange | |
| | | 71.677.850 0001-77 | |
| | | BALANCE OF THE DAY | 1.599,02C |
| 01/20/2025 | Pix | PIX RECEIVED - OTHER FINANCIAL INSTITUTION - SAME HOLDER | 600,00C |
| | | Pix Receipt | |

PAULO ALVES KOO

***.845.958-**

BALANCE OF THE DAY

2.199,02C

01/22/2025 MASTERCARD AUTOMATIC DEBIT FOR OTHER COMPANIES

-1.669,75D

BALANCE OF THE DAY

529,27C

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SUMMARY

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CHECKING ACCOUNT BALANCE (+).....:

529,27C

INVESTMENT ACCOUNT BALANCE (+).....:

0,00C

OVERDRAFT LIMIT.....:

0,00C

AVAILABLE BALANCE (=).....:

529,27C

BLOCKED BALANCE IN CHECKING ACCOUNT.....:

0,00C

BLOCKED BALANCE IN INVESTMENT ACCOUNT.....:

0,00C

Overdraft Fee (monthly).....:

6,97%

EXPECTED CPMF (Provisional Contribution on Financial Transactions).....:

0,00D

EXPECTED IOF (Tax on Financial Transactions).....:

0,00D

EXPECTED CHARGES.....:

0,00D

EXPECTED FEES.....:

25,85D

CAPITAL ACCOUNT BALANCE.....:

409,15C

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Available Credit Limits

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Access the Credit menu to check the available credit limits.

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STATEMENT No.:000

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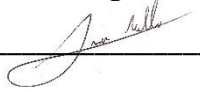
Customer Service: 0800 724 4420 / SICOOB Ombudsman: 08007250996

**I, André Vinícius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: February 11, 2025**

SICOOB - Sistema de Cooperativas de Crédito do Brasil

Plataforma de Serviços Financeiros do Sicoob - SISBR

25/01/2025 20:59:44 EXTRATO CONTA CORRENTE

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COOP.....: 3003-1 - SICOOB SUL

CONTA.....: 122.368-2 - PAULO ALVES KOO

2º TITULAR..: RAQUEL TEIXEIRA

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| DATA | DOCUMENTO | HISTÓRICO | VALOR |
|---|---|---|---|
| 31/12/2024 | | SALDO ANTERIOR | 480,01C |
| 31/12/2024 | | SALDO BLOQUEADO ANTERIOR | 0,00C |
| 08/01/2025 | Pix | PIX RECEBIDO - OUTRA IF - MESMA TIT. | 1.500,00C |
| | | Recebimento Pix | |
| | | PAULO ALVES KOO | |
| | | ***.845.958-** | |
| | | SALDO DO DIA | 1.980,01C |
| 10/01/2025 | CONSÓRCIOS | DÉB.CONV.DEMAIS EMPRESAS | -422,02D |
| 10/01/2025 | 129 | DÉBITO PACOTE SERVIÇOS | -25,85D |
| | | SALDO DO DIA | 1.532,14C |
| 13/01/2025 | Pix | PIX RECEBIDO - OUTRA IF | 66,88C |
| | | Recebimento Pix | |
| | | Frente Cambio | |
| | | 71.677.850 0001-77 | |
| | | SALDO DO DIA | 1.599,02C |
| 20/01/2025 | Pix | PIX RECEBIDO - OUTRA IF - MESMA TIT. | 600,00C |
| | | Recebimento Pix | |

PAULO ALVES KOO

***.845.958-**

SALDO DO DIA
2.199,02C
22/01/2025 MASTERCARD DÉB.CONV.DEMAIS EMPRESAS
-1.669,75D
SALDO DO DIA
529,27C

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RESUMO

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SALDO EM CONTA CORRENTE(+).....:
529,27C
SALDO EM CONTA INVESTIMENTO(+).....:
0,00C
LIMITE CHEQUE ESPECIAL.....:
0,00C
SALDO DISPONÍVEL(=).....:
529,27C
SALDO BLOQUEADO EM CONTA CORRENTE.....:
0,00C
SALDO BLOQUEADO EM CONTA INVESTIMENTO.....:
0,00C
Taxa cheque especial (a.m.).....:
6,97%
PREVISÃO CPMF.....:
0,00D
PREVISÃO IOF.....:
0,00D
PREVISÃO ENCARGOS.....:
0,00D
PREVISÃO TARIFAS.....:
25,85D
SALDO EM CONTA CAPITAL.....:
409,15C

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Limites de Crédito Disponíveis

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Acesse o menu Crédito para consulta dos limites de crédito disponíveis.

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EXTRATO No.:000

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SAC: 0800 724 4420 / OUVIDORIA SICOOB: 08007250996

**Contracted Party**: (I) **Banco do Brasil S.A.,** with head office in Brasília, Federal District, through its branch 1886-4 - AVENIDA JK ( TO ), registered with CNPJ no. 000.000/4616-79, (II) **Associação de Poupança e Empréstimo - Poupex**, CNPJ no. 00.655.522/0001-21, a non-profit civil society, with head office in Brasília, Federal District, as manager of the Poupança Poupex (Savings Account) product, hereinafter referred to as **Poupex**, through **Banco do Brasil S.A.**

**Proposer/Contracting Party 1: RAQUEL TEIXEIRA,** registered with the CPF under no. 280.104.421-00 ,able-bodied, female, Brazilian, born 05/23/1961 in RIO DE JANEIRO RJ, daughter of GENTIL TEIXEIRA and JULCELINA FRIACA TEIXEIRA, bearer of identity card no. 505867, issued on 12/01/1994, by the SSP DF, retired or pensioner, home address: RUA DOS EUCALIPTOS BLOCK 26 HOUSE 02 FLORESTINHA I CONDOMINIUM, FLORESTINHA I (TAMOIOS), CABO FRIO - RJ , ZIP Code 28.929-446 ,Phone(s) (22) 99866-6688, divorced, steady union with PAULO ALVES KOO, CPF no. 842.845.958-49.

**Proposer/Contracting Party 2: PAULO ALVES KOO,** registered with the CPF under no. 842.845.958-49, able-bodied, male, born in SAO PAULO SP, on 05/11/1953, son of KOO LE TIA and THEREZINHA ALVES KOO, bearer of identity card no. 5433574-7, issued on 04/07/1988 by the SSP SP, businessman, residential address: RUA DOS EUCALIPTOS BLOCK 26 HOUSE 2 FLORESTINHA I-TAMOI CONDOMINIUM, FLORESTINHA I (TAMOIOS), CABO FRIO - RJ , ZIP Code 28. 929-446, phone(s) (22) 2630-4526 / (61) 99903-8866, divorced, steady union with RAQUEL TEIXEIRA, CPF no. 280.104.421-00.

**Account Data**

Branch 1886-4, Checking Account no. 3.188-7, Gold Savings account no. 510.003.188-X, Poupex Savings account no. 960.003.188-1, joint account, joint holders, opened on 08.23.1999.

**PACKAGE OF SERVICES**: The **Proposer**(s)**/Contracting Party(ies**) declare(s) that they are aware that they can choose between:

a) **ADHERE** to the package of services offered by **Banco do Brasil S.A.** in the form of BACEN Circular Letter no. 3.594, of 04/22/2013, by means of the Term of Adhesion to the Deposit Account Services Package - Individual, attached to this proposal/checking account opening contract.
b) **ADHERE** to the Service Package contained in the Service Package Adhesion Term attached to the proposal/checking account opening contract.
c) **NOT TO ADHERE** to a package of services, aware that: (a) you may use individual services and tariffs; (b) you will be entitled to ESSENTIAL SERVICES without burden, being subject to a charge, in accordance with the tariff table published by **Banco do Brasil**, for the individual services used that exceed the quantities considered as ESSENTIAL SERVICES or that are not considered ESSENTIAL SERVICES.

**Declarations and authorizations**

**The treatment and processing of personal data of the Proposer(s)/Contracting Party(ies) by BANCO DO BRASIL S.A. will be carried out for the purpose of allowing the full and proper execution of the object of this Proposal/Contract, as well as for the fulfillment of legal and/or regulatory obligation, in compliance with the principles and rules established in the legislation on the protection of Personal Data in force, including, but not limited to, Law No. 13,709, of August 14, 2018 (LGPD).**

**The Proposer(s)/Contracting Party(ies), also for the purposes of the LGPD, authorize their**

**personal data, including sensitive data, to be used in situations related to the contracting processes and the conduct of the object of this Proposal/Contract, which will be kept under close protection and security of access.**

**The Proposer(s)/Contracting Party(ies) declare(s) that they are aware that BANCO DO BRASIL S.A. may keep and process, in physical or electronic form, their personal data that are necessary for the execution of this Proposal/Contract or for compliance with legal and regulatory obligations or, furthermore, to guarantee the prevention of fraud and the security of the holder, ensuring, upon request to be sent by electronic means, the right to easy access to information on the processing of their personal data, in the manner established in the LGPD.**

**The processing of personal data of minors, when applicable for the full and proper execution of the Proposal/Contract, will take place with the authorization of their legal guardian and will be carried out in their best interests.**

**In the event of the opening of a bank account, the object of this Proposal/Contract, by a minor, their legal guardian AUTHORIZES the treatment and processing of personal data of the Proposer(s)/Contracting Party(ies), minor(s) by BANCO DO BRASIL S. A., for the purpose of allowing the full and proper execution of the object of this Proposal/Contract, as well as for the fulfillment of legal and/or regulatory obligations, in compliance with the principles and rules established in the legislation on the protection of Personal Data in force, including, but not limited to, the LGPD.**

**The Proposer(s)/Contracting Party(ies) authorize BANCO DO BRASIL S.A. to make available all their personal data, including sensitive data, to the companies of its conglomerate or to its service providers, for the specific purpose of carrying out the activities necessary for the full execution of this Instrument, to comply with the legal and/or regulatory obligations linked to it and to guarantee the prevention of fraud and security.**

**The personal data provided by the Proposer(s)/Contracting Party(ies) to the companies acting as Banking Correspondents of BANCO DO BRASIL S.A. or contracted/agreed by it will be processed in accordance with the provisions of the LGPD and will be forwarded to BANCO DO BRASIL in order to enable the necessary negotiations for the opening of the account arising from this Proposal/Contract.**

**The Proposer(s)/Contracting Party(ies) declare(s) that they are aware that: (i) compliance with the obligations arising from the LGPD will only be enforceable as from the commencement of its term; and (ii) information about the processing of personal data by BANCO DO BRASIL S.A. and how to request access to rights are stated in its Privacy Policy, the full content of which is available at bb.com.br/privacy.**

**The Proposer(s)/Contracting Party(ies) declare(s) that they are also aware that BANCO DO BRASIL S.A., even after closing this Proposal/Contract, will keep their personal data on file for the fulfillment of legal and regulatory obligations, under close protection and security of access.**

The Proposer(s)/Contracting Party(ies) declare(s) that they are aware of and in full agreement with the provisions contained in the General Clauses of the Checking Account and Gold Savings Account



and/or Poupex Savings Account Contract, registered with the 1st Office of the Registry of Deeds and Documents of the city of Brasília (DF), under microfilm no. 01027236 on 10/26/2023, which are part of this contract, and also, with the Essential Information - Checking Account and Savings Account, forming a single and indivisible document, and which was previously made available to the Bidder(s)/Contracting Party(ies) by SMS Message or e-mail or physical means and, as of the minutes of the signing of this instrument, will be available for consultation, at any time, on the Banco do Brasil website (www.bb.com.br), in the self-service option, and/or in the Banco do Brasil mobile application.

**The Proposer(s)/Contracting Party(ies) declare(s) that they are aware that, at any time, they may either cancel the current package, or sign up for another package of services, among those made available by BB, by signing a new Service Package Adhesion Agreement.**

**The Proposer(s)/Contracting Party(ies) authorize(s) that debit balances in the current account hereby opened which are not paid on the respective due dates may be automatically offset against existing credits in other current accounts or financial investments held by the Proposer(s)/Contracting Party(ies) at Banco do Brasil S.A., by debiting the respective accounts.**

The **Proposer(s)/Contracting Party(**ies) declare(s) that the information provided and the documents supplied to Banco do Brasil S/A on the lawfulness of the origin of their income, billing and assets are true, as well as declare(s) that they are aware that transactions in foreign currency, securities, credit securities or any asset that can be converted into cash and withdrawals in cash, that exceed the limits and conditions set by the Central Bank of Brazil, must be reported to the **Bank** before the operation is carried out with this financial institution, and the omission, incorrect presentation or false information and/or documents, will subject the declarant to the penalties of the law, especially the provisions of arts. 297, 298 and 299 of the Penal Code and Law 9.613/98.

The **Proposer(s)/Contracting Party(ies**) declare(s) that they are aware that **Banco do Brasil S/A** must inform the Financial Activities Control Council (COAF), refraining from informing any person, including the person to whom the information refers, within 24 (twenty-four) hours, of the proposal or carrying out of operations that may constitute evidence of the crimes provided for in Law no. 9.613/98, as well as those contained in arts. 297, 298 and 299 of the Penal Code.

**The Proposer(s)/Contracting Party(ies) irrevocably and irrevocably authorize the Bank, for an indefinite period, to debit from any current accounts, savings accounts or financial investments, which they hold or will hold at any branch of the Bank, with the exception of non-solidarity joint accounts, amounts arising from obligations duly contracted and due, including their charges, arising from the purchase of products and/or services made available by the Bank.**

**Acceptance of this Proposal/Contract does not imply acceptance of the proposal by Banco do Brasil S.A., such acceptance being conditional on the signature of an official of Banco do Brasil S.A. and the eventual approval of the credit limit, being subject to changes in the credit limits of the products.**
For information, suggestions, complaints or any other clarifications that may be necessary regarding these Clauses, the **Contracted** Party places at your disposal the telephone numbers of the Banco do Brasil Relationship Center - CRBB 4004 0001 or 0800 729 0001, Customer Service - SAC 0800

729 0722, for the Hearing Impaired 0800 729 0088, Technical Support for Individuals 0800 729 0200, Technical Support for Legal Entities 3003 0500* or 0800 729 0500. If the **Proposer(s)/Contracting Party(**ies) consider(s) that the solution given to the previously registered occurrence merits revision, they should contact the BB Ombudsman on 0800 729 5678. *Local call costs and taxes are charged according to the state of origin. In the case of cell phone calls, call costs plus taxes are charged according to the operator.
Privacy and Personal Data Protection: bb.com.br/privacy.

**Declare(s), under the penalty of law, that the information contained in this document is true.**

Place and date
PALMAS (TO), 01/27/2025

**Contracted Party**

**Board of Payment Solutions and Services**

**Pedro Bramont**
**Director**

**Proposer(s)/Contracting party(ies)**

Name: RAQUEL TEIXEIRA
CPF: 280.104.421-00

Name: PAULO ALVES KOO
CPF: 842.845.958-49

**I, Pedro Peski Ribeiro Lopes, 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 12, 2025.**

**Contratado**: (I) **Banco do Brasil S.A.,** com sede em Brasília, Distrito Federal, por sua agência 1886-4 - AVENIDA JK ( TO ), inscrita no CNPJ nº 000.000/4616-79, (II) **Associação de Poupança e Empréstimo - Poupex**, CNPJ n.º 00.655.522/0001-21, sociedade civil sem fins lucrativos, com sede em Brasília, Distrito Federal, na qualidade de gestora do produto da Poupança Poupex, doravante denominada **Poupex**, por intermédio do **Banco do Brasil S.A.**.

**Proponente/Contratante 1: RAQUEL TEIXEIRA,** inscrito(a) no CPF sob o n.º 280.104.421-00 , capaz, sexo feminino, brasileiro(a), natural de RIO DE JANEIRO RJ, nascido(a) em 23/05/1961, filho(a) de GENTIL TEIXEIRA e JULCELINA FRIACA TEIXEIRA, portador(a) do(a) carteira de identidade n°. 505867, emitido(a) em 01/12/1994, pelo(a) SSP DF , aposentado ou pensionista, endereço residencial: R RUA DOS EUCALIPTOS QD 26 CASA 02 CONDOMINIO FLORESTINHA I, FLORESTINHA I (TAMOIOS), CABO FRIO - RJ , CEP 28.929-446 , telefone(s) (22) 99866-6688, divorciado(a), união estável com PAULO ALVES KOO, CPF n° 842.845.958-49.

**Proponente/Contratante 2: PAULO ALVES KOO,** inscrito(a) no CPF sob o n.º 842.845.958-49, capaz, sexo masculino, brasileiro(a), natural de SAO PAULO SP, nascido(a) em 05/11/1953, filho(a) de KOO LE TIA e THEREZINHA ALVES KOO, portador(a) do(a) carteira de identidade n°. 5433574-7, emitido(a) em 07/04/1988, pelo(a) SSP SP , empresario, endereço residencial: R RUA DOS EUCALIPTOS QD 26 CASA 2 CONDOMINIO FLORESTINHA I-TAMOI, FLORESTINHA I (TAMOIOS), CABO FRIO - RJ , CEP 28.929-446 , telefone(s) (22) 2630-4526 / (61) 99903-8866, divorciado(a), união estável com RAQUEL TEIXEIRA, CPF n° 280.104.421-00.

**Dados da conta**

Agência 1886-4, Conta-Corrente n.º 3.188-7, Poupança Ouro n.º 510.003.188-X, Poupança Poupex n.º 960.003.188-1, conta conjunta , titulares solidários, aberta em 23.08.1999.

**PACOTE DE SERVIÇOS**: O(s) **Proponente(s)/Contratante(s)** declara(m) ter conhecimento de que pode(m) optar por:

a) **ADERIR** ao pacote de serviços na modalidade oferecida pelo **Banco do Brasil S.A.** na forma da Carta Circular BACEN n.º 3.594, de 22/04/2013, por meio do Termo de Adesão a Pacote de Serviços de Conta de Depósitos – Pessoa Física, anexo a esta proposta/contrato de abertura de conta-corrente.

b) **ADERIR** ao Pacote de Serviços constante do Termo de Adesão a Pacote de Serviços anexo à proposta/contrato de abertura de conta-corrente.

c) **NÃO ADERIR** a um pacote de serviços, ciente de que: (a) poderá utilizar serviços e tarifas individualizadas; (b) fará jus sem ônus aos SERVIÇOS ESSENCIAIS, estando sujeito à cobrança, de acordo com a tabela de tarifas divulgada pelo **Banco do Brasil**, pelos serviços avulsos utilizados que ultrapassarem as quantidades tidas como SERVIÇOS ESSENCIAIS ou que não sejam considerados SERVIÇOS ESSENCIAIS.

**Declarações e autorizações**

**O tratamento e processamento de dados pessoais do(s) Proponente(s)/Contratante(s) pelo BANCO DO BRASIL S.A. será realizado com o propósito de permitir a plena e adequada execução do objeto desta Proposta/Contrato, bem como para o cumprimento de obrigação legal e/ou regulatória, em observância aos princípios e regras estabelecidas nas legislações sobre proteção de Dados Pessoais vigentes, incluindo, mas não se limitando à Lei nº 13.709,**

**de 14 de agosto de 2018 (LGPD).**

**O(s) Proponente(s)/Contratante(s), igualmente para os fins da LGPD, autoriza(m) que seus dados pessoais, inclusive os sensíveis, sejam utilizados em situações relacionadas aos processos de contratação e condução do objeto desta Proposta/Contrato, os quais serão mantidos sob estreita proteção e segurança de acessos.**

**O(s) Proponente(s)/Contratante(s) declara(am) estar ciente(s) que o BANCO DO BRASIL S.A. poderá manter e tratar, em meio físico ou eletrônico, os seus dados pessoais que sejam necessários para a execução desta Proposta/Contrato ou para cumprimento de obrigações legais e regulatórias ou, ainda, para garantia da prevenção à fraude e à segurança do titular, assegurando, mediante requerimento a ser encaminhado por meio eletrônico, o direito de acesso facilitado às informações sobre o tratamento de seus dados pessoais, na forma estabelecida na LGPD.**

**O tratamento de dados pessoais de menores de idade, quando aplicável para a plena e adequada execução da Proposta/Contrato, ocorrerá mediante autorização de seu responsável legal e serão realizados em seu melhor interesse.**

**Em caso de abertura de conta bancária, objeto desta Proposta/Contrato, por menor de idade, seu responsável legal AUTORIZA o tratamento e o processamento de dados pessoais do(s) Proponente(s)/Contratante(s), menor(es) de idade pelo BANCO DO BRASIL S.A, com o propósito de permitir a plena e adequada execução do objeto desta Proposta/Contrato, bem como para o cumprimento de obrigação legal e/ou regulatória, em observância aos princípios e regras estabelecidas nas legislações sobre proteção de Dados Pessoais vigentes, incluindo, mas não se limitando à LGPD.**

**O(s) Proponente(s)/Contratante(s) autoriza(m) o BANCO DO BRASIL S.A. a disponibilizar todos os seus dados pessoais, inclusive os sensíveis, às empresas do seu conglomerado ou aos seus prestadores de serviço, com a finalidade específica de realizar as atividades necessárias à plena execução deste Instrumento, ao cumprimento das obrigações legais e/ou regulatórias a ele vinculadas e para garantia da prevenção à fraude e à segurança.**

**Os dados pessoais fornecidos pelo (s) Proponente(s)/Contratante(s) às empresas que atuam como Correspondente Bancário do BANCO DO BRASIL S.A. ou por este contratadas/conveniadas terão o tratamento de acordo com as determinações da LGPD e serão encaminhados ao BANCO DO BRASIL, para possibilitar as tratativas necessárias à abertura de conta decorrente desta Proposta/Contrato.**

**O(s) Proponente(s)/Contratante(s) declara(am) estar ciente(s) que: (i) o cumprimento das obrigações decorrentes da LGPD somente serão exigíveis a partir do início de sua vigência; e (ii) as informações acerca das atividades de tratamento de dados pessoais pelo BANCO DO BRASIL S.A. e forma de requerer o acesso aos direitos encontram-se declaradas em sua Política de Privacidade, cujo inteiro teor está disponível no site bb.com.br/privacidade.**

**O(s) Proponente(s)/Contratante(s) declara(am) estar ciente(s) ainda que o BANCO DO BRASIL S.A., mesmo depois de encerrado a(o) presente Proposta/Contrato, manterá seus dados pessoais arquivados para o cumprimento de obrigação legal e regulatória, sob**

**estreita proteção e segurança de acessos.**

O(s) Proponente(s)/Contratante(s) declara(m)-se ciente(s) e de pleno acordo com as disposições contidas nas Cláusulas Gerais do Contrato de Conta-Corrente e Conta de Poupança Ouro e/ou Poupança Poupex, registrado no Cartório do 1º Ofício de Registro de Títulos e Documentos da cidade de Brasília (DF), sob o microfilme n.º 01027236 em 26/10/2023, que integram este contrato, e também, com as Informações Essenciais - Conta-Corrente e Conta-Poupança, formando um documento único e indivisível, e que foi previamente disponibilizado ao(s) Proponente(s)/Contratante(s) por meio de Mensagem SMS ou e-mail ou via física e, a partir do ato da assinatura deste instrumento, estará disponível para consulta, a qualquer tempo, no sítio do Banco do Brasil na internet (*www.bb.com.br*), na opção autoatendimento, e/ou no aplicativo do Banco do Brasil no celular.

**O(s) Proponente(s)/Contratante(s) declara(m)-se ciente(s) de que, a qualquer momento, poderá(ão) ou cancelar o pacote atual, ou aderir outro pacote de serviços, dentre aqueles disponibilizados pelo BB, mediante assinatura de novo Termo de Adesão a Pacote de Serviços.**

**O(s) Proponente(s)/Contratante(s) autoriza(m) que os saldos devedores na conta-corrente ora aberta e que não forem pagos nos respectivos vencimentos poderão ser automaticamente compensados com créditos existentes em outras contas-correntes ou aplicações financeiras de que o(s) Proponente(s)/Contratante(s) seja(m) titular(es) no Banco do Brasil S.A., mediante débito nas respectivas contas.**

O(s) **Proponente(s)/Contratante(s)** declara(m) que são verídicas as informações prestadas e os documentos fornecidos ao Banco do Brasil S/A sobre a licitude da origem de sua renda, seu faturamento e patrimônio, bem como declara(m)-se ciente(s) de que as transações em moeda estrangeira, títulos e valores mobiliários, títulos de crédito ou qualquer ativo passível de ser convertido em dinheiro e os saques em espécie, que ultrapassarem os limites e condições fixadas pelo Banco Central do Brasil, deverão ser comunicados ao **Banco** antes da realização da operação junto a esta instituição financeira, sendo que a omissão, apresentação incorreta ou de informações e/ou documentos falsos, sujeitará o declarante às penas da lei, especialmente o disposto nos arts. 297, 298 e 299 do Código Penal e na Lei nº 9.613/98.

O(s) **Proponente(s)/Contratante(s)** declara(m)-se ciente(s) de que o **Banco do Brasil S/A** deverá comunicar ao Conselho de Controle de Atividades Financeiras – COAF, abstendo-se de dar ciência de tal ato a qualquer pessoa, inclusive àquela à qual se refira a informação, no prazo de 24 (vinte e quatro) horas, quanto a proposta ou realização de operações que possuam constituir-se em indícios dos crimes previstos na Lei nº 9.613/98, bem como do contido nos arts. 297, 298 e 299 do Código Penal.

**O(s) Proponente(s)/Contratante(s) autoriza(m) o Banco, de forma irrevogável e irretratável e por prazo indeterminado, a debitar de quaisquer contas-correntes, contas de poupança ou aplicações financeiras, que seja(m) ou venha(m) a ser titular(es) em qualquer agência do Banco, à exceção de conta conjunta não-solidária, valores oriundos de obrigações regularmente contratadas e exigíveis, inclusive seus encargos, decorrentes da aquisição de produtos e/ou serviços disponibilizados pelo Banco.**

**O acolhimento desta Proposta/Contrato não implica em aceitação da proposta por parte do**

**Banco do Brasil S.A., estando tal aceitação condicionada à assinatura de funcionário do Banco do Brasil S.A. e a eventual aprovação do limite de crédito, estando sujeito inclusive a alterações nos limites de crédito contratados nos produtos.**

Para informações, sugestões, reclamações ou quaisquer outros esclarecimentos que se fizerem necessários a respeito destas Cláusulas, o **Contratado** coloca a sua disposição os telefones da Central de Relacionamento do Banco do Brasil – CRBB 4004 0001 ou 0800 729 0001, Serviço de Atendimento ao Cliente – SAC 0800 729 0722, para Deficientes Auditivos 0800 729 0088, Suporte Técnico Pessoa Física 0800 729 0200, Suporte Técnico Pessoa Jurídica 3003 0500* ou 0800 729 0500. Caso os **Proponente(s)**/**Contratante(s)** considere(m) que a solução dada à ocorrência registrada anteriormente mereça revisão, deverá(ão) entrar em contato com a Ouvidoria BB pelo 0800 729 5678. *Custos de ligações locais e impostos são cobrados conforme o Estado de origem. No caso de ligação via celular, custos da ligação mais impostos conforme a operadora.
Privacidade e Proteção de Dados Pessoais: bb.com.br/privacidade.

**Declara(m), sob as penas da lei, que as informações constantes deste documento são verdadeiras.**

Local e data
PALMAS (TO), 27/01/2025

**Contratado**




**Proponente(s)/Contratante(s)**

Nome: RAQUEL TEIXEIRA
CPF: 280.104.421-00

Nome: PAULO ALVES KOO
CPF: 842.845.958-49

| SPG/Special Groups | BRADESCO SAÚDE - TECHNICAL INVOICE |
|---|---|

| Co. | Branch | Policy(ies) | Coverage | Invoice M/Y No. | Policyholder | PK PRODUCOES EIRELI | Area | Issuing Date | Page |
|---|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICAL | 04/2025 01 | Sub-invoice | 0001- PK PRODUCOES EIRELI (GNS) | 876 - MULTI HEALTH COMPANY | 03/17/2025 | 1 |

| Summary | Policyholders | Dependents | Total Insured | Entries | Amount | Ins. Share |
|---|---|---|---|---|---|---|
| • (AC) INVOICE ADJUSTMENT (CHARGE) | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (RS) CLAIM RECOVERY | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • ( ) REMAINING LIVES FROM PREVIOUS MONTH | 2 | 1 | 3 | 3 | 8.075,58 | 0,00 |
| • (IM) INCLUSIONS THIS MONTH | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (IR) RETROACTIVE INCLUSIONS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (RM) REACTIVATIONS NAMES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (RR) RETROACTIVE REACTIVATIONS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (TM) NAME TRANSFERS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (TR) RETROACTIVE TRANSFERS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (AM) NAME CHANGES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (AR) RETROACTIVE CHANGES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (RE) REDEMPTION COLLECTION | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| • (TC) TOTAL AMOUNT TO BE CHARGED | 2 | 1 | 3 | 3 | 8.075,58 | 0,00 |
| • (AD) INVOICE ADJUSTMENT (REFUND) | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (CM) NAME CANCELLATIONS | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (CR) RETROACTIVE CANCELLATIONS | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (TM) NAME TRANSFERS | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (TR) RETROACTIVE TRANSFERS | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (AM) NAME CHANGES | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (AR) RETROACTIVE CHANGES | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (DM) REDEMPTION REFUND (NAMES) | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (DR) RETROACTIVE REDEMPTION REFUND | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (TD) TOTAL AMOUNT TO BE REFUNDED | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (TS) TOTAL SUB-INVOICE AMOUNT | 2 | 1 | 3 | 3 | 8.075,58 | 0,00 |

**In the case of a retroactive cancellation (CR), if there are expenses for events carried out by the policyholder and/or dependent after the reported cancellation date, these will be covered by the Policyholder through the extension of the premium until the date of the last event, with the cancellation taking effect on D+1 (D = date of the last use of the plan), and the premium will be adjusted in the invoice following the month of the cancellation processing. In any case, for such situations (CR), the cancellation date will not exceed the date the request was acknowledged by the Insurer.**

**Bradesco** | 237-2 |

| Insurer | CNPJ | Proposal | Installment | Control | Due Date |
|---|---|---|---|---|---|
| BRADESCO SAUDE S/A | 092.693.118/0001-60 | 121403 | 01/01 | 05-06 | 04/06/2025 |

| Issuing Date | Policy Number | Address/Invoice | Additional Information |
|---|---|---|---|
| 03/17/2025 | 8360688852 | 836758040 | SF0001 |

| Effective Period | Insured's Name |
|---|---|
| FROM 04/06/2025 TO 05/05/2025 | PK PRODUCOES EIRELI |

| Currency | Total Premium | Broker's Name |
|---|---|---|
| R$ | **********8.267,77 | REAL CERBINO CORR E ADM DE SEGS |

| Insured Branch | Portfolio | Our Number | Account | Key |
|---|---|---|---|---|
| ****** | 5 | 00205404561889 | ******** | 83657187606888520875804001 |

**Mechanical Authentication**

**Bradesco** | 237-2 | 23790.00108 52054.045613 88026.538806 3 1043000082677

**Place of Payment**

**BANCO BRADESCO S/A**
**PREFERRED PAYMENT AT ANY BRADESCO AGENCY**

**Due date**

**04/06/2025**

**Beneficiary**

**BRADESCO SAUDE S/A CNPJ: 92.693.118/0001-60 ZIP Code: 20931-675 No. 000555 State: RJ**

**Beneficiary Branch/Account**

**********/********

| Issuing Date | Proposal | Reissuance | Installment | Policy Number | Address/Invoice | Control |
|---|---|---|---|---|---|---|
| 03/17/2025 | 121403 | N | 01/01 | 8360688852 | 836758040 | 05-06 |

**Portfolio / Our No.** 5/00205404561889

| Portfolio | Currency | Quantity | Currency Value |
|---|---|---|---|
| 5 | R$ | | |

**(=) Document Amount** **********8.267,77

**Instructions**

**Attention, Cashier, Until the due date, charge the amount of R$8,267.77. After the due date, add a 2.00% fine and interest of R$2.76 per day of delay to the bill amount.**

**(-) Discount / Rebate**

**(-) Other Deductions**

**(+) Late Fee / Fine**

**(+) Other Additions**

**Key**

**83657187606888520875804001**

**IOF (Tax on Financial Transactions) amount**

*******192, 19

**(=) Charged Amount**

**Payer**

**PK PRODUCOES EIRELI** **CNPJ: 31.901.750/0001-68**
**AV JOSE SILVA DE AZEVEDO NETO 200 BL 006 ROOM 0 RJ**
**ZIP Code: 22775-056**

**Drawer / Guarantor**

**Write-Off Code:**

**Mechanical Authentication Compensation Form**

| SPG/Special Groups | BRADESCO SAÚDE - TECHNICAL INVOICE |
|---|---|

| Co. | Branch | Policy(ies) | Coverage | Invoice M/Y No. | Policyholder | PK PRODUCOES EIRELI | Area | Issuing Date | Page |
|---|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICAL | 04/2025 01 | Sub-invoice | 0001- PK PRODUCOES EIRELI (GNS) | 876 - MULTI HEALTH COMPANY | 03/17/2025 | 2 |

| Summary | Policyholders | Dependents | Total Insured | Entries | Amount | Ins. Share |
|---|---|---|---|---|---|---|
| • ( ) REMAINING LIVES FROM PREVIOUS MONTH | 1 | 1 | 2 | 2 | 6.916,06 | 0,00 |
| • (TC) TOTAL AMOUNT TO BE CHARGED | 1 | 1 | 2 | 2 | 6.916,06 | 0,00 |
| • (TD) TOTAL AMOUNT TO BE REFUNDED | 0 | 0 | 0 | 0 | 0 | 0,00 |
| • (TS) TOTAL SUB-INVOICE AMOUNT | 1 | 1 | 2 | 2 | 6.916,06 | 0,00 |

**In the case of a retroactive cancellation (CR), if there are expenses for events carried out by the policyholder and/or dependent after the reported cancellation date, these will be covered by the Policyholder through the extension of the premium until the date of the last event, with the cancellation taking effect on D+1 (D = date of the last use of the plan), and the premium will be adjusted in the invoice following the month of the cancellation processing. In any case, for such situations (CR), the cancellation date will not exceed the date the request was acknowledged by the Insurer.**

| Certif. | Insured's Name | Sub-invoice No. N = New A = Old | Date of Birth | Sex | Marital Status | Relationship | Plan | Start Date | M O v | Entry | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Month/Year | Amount | Inst. Share |
| 0000027/00 | PAULO ALVES KOO | | 11/05/1953 | M | MAR | | TNQQ | 03/06/2020 | | 04/2025 | 3.458,03 | 0,00 |
| 0000027 /0I | RAQUEL TEIXEIRA | | 05/23/1961 | F | MAR | SPOUSE | TNQQ | 03/06/2020 | | 04/2025 | 3.458,03 | 0,00 |

## MESSAGES

**CUSTOMER SERVICE CENTER: 4004-2700 (CAPITALS AND METROPOLITAN REGIONS)**
**0800 701 2700 (OTHER LOCATIONS)**
**INQUIRIES, INFORMATION, AND TRANSACTIONAL SERVICES. AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.**
**SAC - CUSTOMER SERVICE: 0800 727 9966**
**SAC - HEARING OR SPEECH IMPAIRMENT: 0800 701 2708**
**COMPLAINTS, CANCELLATIONS, AND GENERAL INQUIRIES. AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.**
**OMBUDSMAN: 0800 701 7000**
**CONTACT THE OMBUDSMAN IF YOU ARE NOT SATISFIED WITH THE SOLUTION PROVIDED.**
**AVAILABLE FROM 8 AM TO 6 PM, MONDAY TO FRIDAY, EXCEPT HOLIDAYS.**

**GROUP INSURANCE WITH SPONSOR**
**REGISTRATION No.: 443100036 BRADESCO SAUDE TOP NATIONAL Q CE A**

**THE NETWORK OF MEDICAL-HOSPITAL PROVIDERS, AS WELL AS THE NETWORK OF DENTAL PROVIDERS, ARE AVAILABLE ON THE BRADESCO SAUDE AND BRADESCO DENTAL PORTALS ON THE INTERNET (BRADESCOSAUDE.COM.BR AND BRADESCODENTAL.COM.BR), RESPECTIVELY. FURTHERMORE, BRADESCO SAUDE PROVIDES A LIST OF NON-HOSPITAL PROVIDERS, AS WELL AS ODONTOPREV PROVIDES A LIST OF DENTAL PROVIDERS, RECENTLY REPLACED IN THE NETWORKS, FOR CONSULTATION THROUGH THEIR PORTALS OR THE CUSTOMER SERVICE CHANNELS LISTED ON THE BACK OF THE INSURED/BENEFICIARY IDENTIFICATION CARD.**

**……**
**BRADESCO SAUDE AND ODONTOPREV PROVIDE ON THEIR PORTALS, IN THE EXCLUSIVE AREA FOR INSURED/BENEFICIARY ACCESS, INFORMATION RELATING TO THEIR PLAN AND REGISTRATION, INCLUDING THE NATIONAL HEALTH CARD (CNS) NUMBER, AS REQUIRED BY ANS.**
**PLEASE SHARE THIS INFORMATION WITH YOUR EMPLOYEES, INSURED/BENEFICIARIES OF THE PLAN.**
**……**

**I, André Vinícius Inacio Penna Mello, 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: March 31, 2025**

SPG/Grupos Especiais

# BRADESCO SAÚDE - FATURA TÉCNICA

| Cia | Suc | Apol.(s) | Cob | Fatura M/A nr | Estipulante | Ramo | Data Emissão | Pág. |
|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICA | 04/2025 01 | Subfatura 0001 - PK PRODUCOES EIRELI (GNS) | 876 - MULTI SAUDE EMPRESA | 17/03/2025 | 1 |

| Resumo | Titulares | Dependentes | Tot. Segurados | Lançamentos | Valor | Part. Seg. |
|---|---|---|---|---|---|---|
| (AC)ACERTO DE FATURA(COBRAR) | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RS)RECUPERACAO SINISTRO | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| ( )VIDAS REMAN. MES ANTERIOR | 2 | 1 | 3 | 3 | 8.075,58 | 0,00 |
| (IM)INCLUSOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (IR)INCLUSOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RM)REATIVACOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RR)REATIVACOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TM)TRANSFERENCIAS NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TR)TRANSFERENCIAS RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AM)ALTERACOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AR)ALTERACOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RE)COBRANCA DE REMIDO | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TC)TOTAIS A COBRAR | 2 | 1 | 3 | 3 | 8.075,58 | 0,00 |
| (AD)ACERTO DE FATURA(DEVOLVER) | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (CM)CANCELAMENTOS NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (CR)CANCELAMENTOS RETROATIVOS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TM)TRANSFERENCIAS NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TR)TRANSFERENCIAS RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AM)ALTERACOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AR)ALTERACOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (DM)DEVOLUCAO REMIDO NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (DR)DEVOLUCAO REMIDO RETROAT. | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TD)TOTAIS A DEVOLVER | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TS)TOTAIS DA SUBFATURA | 2 | 1 | 3 | 3 | 8.075,58 | 0,00 |

Em caso de cancelamento retroativo (CR), havendo despesas de eventos realizados pelo titular e/ou dependente após a data de cancelamento informada, estas serão custeadas pelo Estipulante através da extensão do prêmio até a data do último evento, efetivando-se o cancelamento em D+1 (D=data da última utilização do plano), sendo ajustado o prêmio na fatura subsequente ao mês do processamento do cancelamento. De todo modo, para casos desta natureza (CR), a data de cancelamento não ultrapassará a data de ciência do pedido à Seguradora

---

**Bradesco** | 237-2 |

| Seguradora | CNPJ | Proposta | Prest. | Cont. | Vencimento |
|---|---|---|---|---|---|
| BRADESCO SAUDE S/A | 092.693.118/0001-60 | 121403 | 01/01 | 05-06 | 06/04/2025 |

| Data Emissão | Nº Apólice | End./Fatura | Informações Complementares |
|---|---|---|---|
| 17/03/2025 | 8360688852 | 836758040 | SF0001 |

| Início de Vigência | Nome do Segurado |
|---|---|
| DE 06/04/2025 A 05/05/2025 | PK PRODUCOES EIRELI |

| Moeda | Prêmio Total | Nome do Corretor |
|---|---|---|
| R$ | *********8.267,77 | REAL CERBINO CORR E ADM DE SEGS |

| Ag. Beneficiário | Carteira | Nosso nº | Conta | Chave |
|---|---|---|---|---|
| ****** | 5 | 00205404561889 | ******** | 83657187606888520875804001 |

Autenticação Mecânica

---

**Bradesco** | 237-2 | 23790.00108 52054.045613 88026.538806 3 10430000826777

Local de Pagamento
BANCO BRADESCO S/A
PAGÁVEL PREFERENCIALMENTE EM QUALQUER AGÊNCIA BRADESCO

Vencimento: 06/04/2025

Beneficiário
BRADESCO SAUDE S/A CNPJ: 92.693.118/0001-60 CEP: 20931-675 Nº: 000555 UF: RJ

Agência / Conta Beneficiário: **********/********

| Dt. Emissão | Proposta | Reemissão | Prestação | Nº Apolice | End./Fatura | Controle |
|---|---|---|---|---|---|---|
| 17/03/2025 | 121403 | N | 01/01 | 8360688852 | 836758040 | 05-06 |

| Carteira | Espécie da Moeda | Quantidade | Valor da Moeda |
|---|---|---|---|
| 5 | R$ | | |

Carteira / Nosso nº: 5/00205404561889

(=) Valor do Documento: *********8.267,77

Instruções
Atenção Sr. Caixa Até o vencimento cobrar o valor de R$ 8.267,77 Após o vencimento, adicionar ao valor do título multa de 2,00% e juros de R$ 2,76 por dia de atraso.

(-) Desconto / Abatimento
(-) Outras Deduções
(+) Mora / Multa
(+) Outros Acréscimos
(=) Valor Cobrado

| Chave | Valor do IOF |
|---|---|
| 83657187606888520875804001 | *******192,19 |

Pagador
PK PRODUCOES EIRELI CNPJ: 31.901.750/0001-68
AV JOSE SILVA DE AZEVEDO NETO 200 BL 006 SALA 0 RJ
CEP 22775-056
Sacador / Avalista

Código de Baixa:

Autenticação Mecânica Ficha de Compensaçao

SPG/Grupos Especiais

# BRADESCO SAÚDE - FATURA TÉCNICA

| Cia | Suc | Apol.(s) | Cob | Fatura M/A nr | Estipulante | PK PRODUCOES EIRELI | Ramo | Data Emissão | Pág. |
|---|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICA | 04/2025 01 | Subfatura | 0001 - PK PRODUCOES EIRELI | 876 - MULTI SAUDE EMPRESA | 17/03/2025 | 2 |

| Resumo | Titulares | Dependentes | Tot. Segurados | Lançamentos | Valor | Part. Seg. |
|---|---|---|---|---|---|---|
| ( )VIDAS REMAN. MES ANTERIOR | 1 | 1 | 2 | 2 | 6.916,06 | 0,00 |
| (TC)TOTAIS A COBRAR | 1 | 1 | 2 | 2 | 6.916,06 | 0,00 |
| (TD)TOTAIS A DEVOLVER | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TS)TOTAIS DA SUBFATURA | 1 | 1 | 2 | 2 | 6.916,06 | 0,00 |

Em caso de cancelamento retroativo (CR), havendo despesas de eventos realizados pelo titular e/ou dependente após a data de cancelamento informada, estas serão custeadas pelo Estipulante através da extensão do prêmio até a data do último evento, efetivando-se o cancelamento em D+1 (D=data da última utilização do plano), sendo ajustado o prêmio na fatura subsequente ao mês do processamento do cancelamento. De todo modo, para casos desta natureza (CR), a data de cancelamento não ultrapassará a data de ciência do pedido à Seguradora

| Certif. | Nome Segurado | Subfatura Nº N = Nova A = Antiga | Data Nascimento | Sexo | Est. Civil | Paren. | Plano | Data Início | Mov. | Lançamento | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Mês/Ano | Valor | Part. Seg. |
| 0000027/00 | PAULO ALVES KOO | | 05/11/1953 | MAS | CAS | | TNQQ | 06/03/2020 | | 04/2025 | 3.458,03 | 0,00 |
| 0000027/01 | RAQUEL TEIXEIRA | | 23/05/1961 | FEM | CAS | CONJ | TNQQ | 06/03/2020 | | 04/2025 | 3.458,03 | 0,00 |

## MENSAGENS

CENTRAL DE RELACIONAMENTO: 4004-2700 (CAPITAIS E REGIOES METROPOLITANAS)
0800 701 2700 (DEMAIS LOCALIDADES).
CONSULTAS, INFORMACOES E SERVICOS TRANSACIONAIS. ATENDIMENTO24 HORAS, 7 DIAS POR SEMANA.
SAC - SERVICO DE ATENDIMENTO AO CONSUMIDOR: 0800 727 9966
SAC - DEFICIENCIA AUDITIVA OU DE FALA: 0800 701 2708
RECLAMACOES, CANCELAMENTOS E INFORMACOES GERAIS. ATENDIMENTO 24 HORAS, 7 DIAS POR SEMANA.
OUVIDORIA: 0800 701 7000
CONTATE A OUVIDORIA SE NAO FICAR SATISFEITO COM A SOLUCAO APRESENTADA.
ATENDIMENTO DE 08H AS 18H, DE SEGUNDA A SEXTA, EXCETO FERIADOS.

SEGURO COLETIVO COM PATROCINADOR
N.REG: 443100036 BRADESCO SAUDE TOP NACIONAL Q CE A

A REDE DE PRESTADORES MEDICO-HOSPITALARES, ASSIM COMO A REDEDE PRESTADORES ODONTOLOGICOS, ESTAO DISPONIVEIS NOS PORTAIS DA BRADESCO SAUDE E DA BRADESCO DENTAL NA INTERNET (BRADESCOSAUDE.COM.BR E BRADESCODENTAL.COM.BR), RESPECTIVAMENTE. ALEM DISSO, A BRADESCO SAUDE DISPONIBILIZA A RELACAO DE PRESTADORES NAO HOSPITALARES, ASSIM COMO A ODONTOPREV DISPONIBILIZA A RELACAO DE PRESTADORES ODONTOLOGICOS, RECENTEMENTE SUBSTITUIDOS NAS REDES, PARA CONSULTA POR MEIO DE SEUS PORTAIS OU DOS CANAIS DE ATENDIMENTO LISTADOS NO VERSO DO CARTAO DE IDENTIFICACAO DOS SEGURADOS/BENEFICIARIOS.

.....

A BRADESCO SAUDE E ODONTOPREV DISPONIBILIZAM EM SEUS PORTAIS, NA AREA DE ACESSO EXCLUSIVO AOS SEGURADOS/BENEFICIARIOS, AS INFORMACOES RELATIVAS AO SEU PLANO E CADASTRO, INCLUSIVE O NUMERO DO CARTAO NACIONAL DE SAUDE (CNS), CONFORME DETERMINA A ANS.
DIVULGUE ESSA INFORMACAO A SEUS COLABORADORES, SEGURADOS/BENEFICIARIOS DO PLANO.

.....

| SPG/Special Groups | BRADESCO SAÚDE - TECHNICAL INVOICE |
|---|---|

| Co. | Branch | Policy(ies) | Coverage | Invoice M/Y No. | Policyholder | PK PRODUCOES EIRELI | Area | Issuing Date | Page |
|---|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICAL | 02/2025 01 | Sub-invoice | 0001- PK PRODUCOES EIRELI (GNS) | 876 - MULTI HEALTH COMPANY | 01/13/2025 | 1 |

| Summary | Policyholders | Dependents | Total Insured | Entries | Amount | Ins. Share |
|---|---|---|---|---|---|---|
| • (AC) INVOICE ADJUSTMENT (CHARGE) | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (RS) CLAIM RECOVERY | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • ( ) REMAINING LIVES FROM PREVIOUS MONTH | 2 | 1 | 3 | 3 | 6,676.24 | 0.00 |
| • (IM) INCLUSIONS THIS MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (IR) RETROACTIVE INCLUSIONS | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (RM) REACTIVATIONS DURING THE MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (RR) RETROACTIVE REACTIVATIONS | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TM) TRANSFERS DURING THE MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TR) RETROACTIVE TRANSFERS | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (AM) CHANGES DURING THE MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (AR) RETROACTIVE CHANGES | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (RE) REDEMPTION COLLECTION | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TC) TOTAL AMOUNT TO BE CHARGED | 2 | 1 | 3 | 3 | 6,676.24 | 0.00 |
| • (AD) INVOICE ADJUSTMENT (REFUND) | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (CM) ANCELLATIONS DURING THE MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (CR) RETROACTIVE CANCELLATIONS | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TM) TRANSFERS DURING THE MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TR) RETROACTIVE TRANSFERS | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (AM) CHANGES DURING THE MONTH | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (AR) RETROACTIVE CHANGES | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (DM) REDEMPTION REFUND (NAMES) | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (DR) RETROACTIVE REDEMPTION REFUND | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TD) TOTAL AMOUNT TO BE REFUNDED | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TS) TOTAL SUB-INVOICE AMOUNT | 2 | 1 | 3 | 3 | 6,676.24 | 0.00 |

In the case of a retroactive cancellation (CR), if there are expenses for events carried out by the policyholder and/or dependent after the reported cancellation date, these will be covered by the Policyholder through the extension of the premium until the date of the last event, with the cancellation taking effect on D+1 (D = date of the last use of the plan), and the premium will be adjusted in the invoice following the month of the cancellation processing. In any case, for such situations (CR), the cancellation date will not exceed the date the request was acknowledged by the Insurer.

**Bradesco** | 237-2 |

| Insurer | CNPJ | Proposal | Installment | Control | Due Date |
|---|---|---|---|---|---|
| BRADESCO SAUDE S/A | 092.693.118/0001-60 | 072886 | 01/01 | 07-04 | 02/06/2025 |

| Issuing Date | Policy Number | Address/Invoice | Additional Information |
|---|---|---|---|
| 01/13/2025 | 8360688852 | 836743711 | SF0001 |

| Effective Period | Insured's Name |
|---|---|
| FROM 02/06/2025 TO 03/05/2025 | PK PRODUCOES EIRELI |

| Currency | Total Premium | Broker's Name |
|---|---|---|
| R$ | **********6,676.24 | REAL CERBINO CORR E ADM DE SEGS |

| Insured Branch | Portfolio | Our Number | Account | Key |
|---|---|---|---|---|
| ****** | 5 | 00209003657706 | ******** | 83657187606888520874371101 |

Mechanical Authentication

**Bradesco** | 237-2 | 23790.00108 52090.036576 70026.538804 2 99840000683513

| Place of Payment | Due date |
|---|---|
| BANCO BRADESCO S/A<br>PREFERRED PAYMENT AT ANY BRADESCO AGENCY | 02/06/2025 |
| Beneficiary | Beneficiary Branch/Account |
| BRADESCO SAUDE S/A CNPJ: 92.693.118/0001-60 ZIP Code: 20931-675 No. 000555 State: RJ | **********/******** |

| Issuing Date | Proposal | Reissuance | Installment | Policy Number | Address/Invoice | Control | Portfolio / Our No. |
|---|---|---|---|---|---|---|---|
| 01/13/2025 | 072886 | N | 01/01 | 8360688852 | 836743711 | 07-04 | 5/00209003657706 |

| Portfolio | Currency | Quantity | Currency Value | (=) Document Amount |
|---|---|---|---|---|
| 5 | R$ | | | **********6,835.13 |

**Instructions**

**Attention, Cashier, Until the due date, charge the amount of R$6,835.13. After the due date, add a 2.00% fine and interest of R$2.28 per day of delay to the bill amount.**

(-) Discount / Rebate

(-) Other Deductions

(+) Late Fee / Fine

(+) Other Additions

| Key | IOF (Tax on Financial Transactions) amount | (=) Charged Amount |
|---|---|---|
| 83657187606888520874371101 | *******158, 89 | |

Payer

PK PRODUCOES EIRELI
CNPJ: 31.901.750/0001-68
AV JOSE SILVA DE AZEVEDO NETO 200 BL 006 ROOM 0 RJ
ZIP Code: 22775-056

Drawer / Guarantor

Write-Off Code:

Mechanical Authentication Compensation Form

| SPG/Special Groups | BRADESCO SAÚDE - TECHNICAL INVOICE |
|---|---|

| Co. | Branch | Policy(ies) | Coverage | Invoice M/Y No. | Policyholder | PK PRODUCOES EIRELI | Area | Issuing Date | Page |
|---|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICAL | 02/2025 01 | Sub-invoice | 0001- PK PRODUCOES EIRELI (GNS) | 876 - MULTI HEALTH COMPANY | 01/13/2025 | 2 |

| Summary | Policyholders | Dependents | Total Insured | Entries | Amount | Ins. Share |
|---|---|---|---|---|---|---|
| • ( ) REMAINING LIVES FROM PREVIOUS MONTH | 1 | 1 | 2 | 2 | 5,717.64 | 0.00 |
| • (TC) TOTAL AMOUNT TO BE CHARGED | 1 | 1 | 2 | 2 | 5,717.64 | 0.00 |
| • (TD) TOTAL AMOUNT TO BE REFUNDED | 0 | 0 | 0 | 0 | 0.00 | 0.00 |
| • (TS) TOTAL SUB-INVOICE AMOUNT | 1 | 1 | 2 | 2 | 5,717.64 | 0.00 |

In the case of a retroactive cancellation (CR), if there are expenses for events carried out by the policyholder and/or dependent after the reported cancellation date, these will be covered by the Policyholder through the extension of the premium until the date of the last event, with the cancellation taking effect on D+1 (D = date of the last use of the plan), and the premium will be adjusted in the invoice following the month of the cancellation processing. In any case, for such situations (CR), the cancellation date will not exceed the date the request was acknowledged by the Insurer.

| Certif. | Insured's Name | Sub-invoice No. N = New A = Old | Date of Birth | Sex | Marital Status | Relationship | Plan | Start Date | M O v | Entry | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Month/Year | Amount | Inst. Share |
| 0000027/00 | PAULO ALVES KOO | | 11/05/1953 | M | MAR | | TNQQ | 03/06/2020 | | 02/2025 | 2,858.82 | 0.00 |
| 0000027/01 | RAQUEL TEIXEIRA | | 05/23/1961 | F | MAR | SPOUSE | TNQQ | 03/06/2020 | | 02/2025 | 2,858.82 | 0.00 |

## MESSAGES

CUSTOMER SERVICE CENTER: 4004-2700 (CAPITALS AND METROPOLITAN REGIONS)
0800 701 2700 (OTHER LOCATIONS)
INQUIRIES, INFORMATION, AND TRANSACTIONAL SERVICES. AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.
SAC - CUSTOMER SERVICE: 0800 727 9966
SAC - HEARING OR SPEECH IMPAIRMENT: 0800 701 2708
COMPLAINTS, CANCELLATIONS, AND GENERAL INQUIRIES. AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.
OMBUDSMAN: 0800 701 7000
CONTACT THE OMBUDSMAN IF YOU ARE NOT SATISFIED WITH THE SOLUTION PROVIDED.
AVAILABLE FROM 8 AM TO 6 PM, MONDAY TO FRIDAY, EXCEPT HOLIDAYS.

GROUP INSURANCE WITH SPONSOR
REGISTRATION No.: 443100036 BRADESCO SAUDE TOP NATIONAL Q CE A

THE NETWORK OF MEDICAL-HOSPITAL PROVIDERS, AS WELL AS THE NETWORK OF DENTAL PROVIDERS, ARE AVAILABLE ON THE BRADESCO SAUDE AND BRADESCO DENTAL PORTALS ON THE INTERNET (BRADESCOSAUDE.COM.BR AND BRADESCODENTAL.COM.BR), RESPECTIVELY. FURTHERMORE, BRADESCO SAUDE PROVIDES A LIST OF NON-HOSPITAL PROVIDERS, AS WELL AS ODONTOPREV PROVIDES A LIST OF DENTAL PROVIDERS, RECENTLY REPLACED IN THE NETWORKS, FOR CONSULTATION THROUGH THEIR PORTALS OR THE CUSTOMER SERVICE CHANNELS LISTED ON THE BACK OF THE INSURED/BENEFICIARY IDENTIFICATION CARD.

……
BRADESCO SAUDE AND ODONTOPREV PROVIDE ON THEIR PORTALS, IN THE EXCLUSIVE AREA FOR INSURED/BENEFICIARY ACCESS, INFORMATION RELATING TO THEIR PLAN AND REGISTRATION, INCLUDING THE NATIONAL HEALTH CARD (CNS) NUMBER, AS REQUIRED BY ANS.
PLEASE SHARE THIS INFORMATION WITH YOUR EMPLOYEES, INSURED/BENEFICIARIES OF THE PLAN.
……

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

Marina Viana

**Date: July 22, 2026**

SPG/Grupos Especiais

# BRADESCO SAÚDE - FATURA TÉCNICA

| Cia | Suc | Apol.(s) | Cob | Fatura M/A nr | Estipulante | Ramo | Data Emissão | Pág. |
|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICA | 02/2025 01 | PK PRODUCOES EIRELI | 876 - MULTI SAUDE EMPRESA | 13/01/2025 | 1 |
| | | | | Subfatura | 0001 - PK PRODUCOES EIRELI (GNS) | | | |

| Resumo | Titulares | Dependentes | Tot. Segurados | Lançamentos | Valor | Part. Seg. |
|---|---|---|---|---|---|---|
| (AC)ACERTO DE FATURA(COBRAR) | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RS)RECUPERACAO SINISTRO | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| ( )VIDAS REMAN. MES ANTERIOR | 2 | 1 | 3 | 3 | 6.676,24 | 0,00 |
| (IM)INCLUSOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (IR)INCLUSOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RM)REATIVACOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RR)REATIVACOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TM)TRANSFERENCIAS NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TR)TRANSFERENCIAS RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AM)ALTERACOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AR)ALTERACOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (RE)COBRANCA DE REMIDO | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TC)TOTAIS A COBRAR | 2 | 1 | 3 | 3 | 6.676,24 | 0,00 |
| (AD)ACERTO DE FATURA(DEVOLVER) | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (CM)CANCELAMENTOS NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (CR)CANCELAMENTOS RETROATIVOS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TM)TRANSFERENCIAS NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TR)TRANSFERENCIAS RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AM)ALTERACOES NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (AR)ALTERACOES RETROATIVAS | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (DM)DEVOLUCAO REMIDO NO MES | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (DR)DEVOLUCAO REMIDO RETROAT. | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TD)TOTAIS A DEVOLVER | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TS)TOTAIS DA SUBFATURA | 2 | 1 | 3 | 3 | 6.676,24 | 0,00 |

Em caso de cancelamento retroativo (CR), havendo despesas de eventos realizados pelo titular e/ou dependente após a data de cancelamento informada, estas serão custeadas pelo Estipulante através da extensão do prêmio até a data do último evento, efetivando-se o cancelamento em D+1 (D=data da última utilização do plano), sendo ajustado o prêmio na fatura subsequente ao mês do processamento do cancelamento. De todo modo, para casos desta natureza (CR), a data de cancelamento não ultrapassará a data de ciência do pedido à Seguradora

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**Bradesco** | 237-2

| Seguradora | CNPJ | Proposta | Prest. | Cont. | Vencimento |
|---|---|---|---|---|---|
| BRADESCO SAUDE S/A | 092.693.118/0001-60 | 072886 | 01/01 | 07-04 | 06/02/2025 |

| Data Emissão | Nº Apólice | End./Fatura | Informações Complementares |
|---|---|---|---|
| 13/01/2025 | 8360688852 | 836743711 | SF0001 |

| Início de Vigência | Nome do Segurado |
|---|---|
| DE 06/02/2025 A 05/03/2025 | PK PRODUCOES EIRELI |

| Moeda | Prêmio Total | Nome do Corretor |
|---|---|---|
| R$ | *********6.835,13 | REAL CERBINO CORR E ADM DE SEGS |

| Ag. Beneficiário | Carteira | Nosso nº | Conta | Chave |
|---|---|---|---|---|
| ****** | 5 | 00209003657706 | ******** | 83657187606888520874371101 |

Autenticação Mecânica

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**Bradesco** | 237-2 | 23790.00108 52090.036576 70026.538804 2 99840000683513

Local de Pagamento
BANCO BRADESCO S/A
PAGÁVEL PREFERENCIALMENTE EM QUALQUER AGÊNCIA BRADESCO

Vencimento: 06/02/2025

Beneficiário
BRADESCO SAUDE S/A CNPJ: 92.693.118/0001-60 CEP: 20931-675 Nº: 000555 UF: RJ

Agência / Conta Beneficiário: **********/********

| Dt. Emissão | Proposta | Reemissão | Prestação | Nº Apolice | End./Fatura | Controle |
|---|---|---|---|---|---|---|
| 13/01/2025 | 072886 | N | 01/01 | 8360688852 | 836743711 | 07-04 |

| Carteira | Espécie da Moeda | Quantidade | Valor da Moeda |
|---|---|---|---|
| 5 | R$ | | |

Carteira / Nosso nº: 5/00209003657706

(=) Valor do Documento: *********6.835,13

Instruções
Atenção Sr. Caixa Até o vencimento cobrar o valor de R$ 6.835,13 Após o vencimento, adicionar ao valor do título multa de 2,00% e juros de R$ 2,28 por dia de atraso.

(-) Desconto / Abatimento
(-) Outras Deduções
(+) Mora / Multa
(+) Outros Acréscimos
(=) Valor Cobrado

Chave: 83657187606888520874371101
Valor do IOF: *******158,89

Pagador
PK PRODUCOES EIRELI CNPJ: 31.901.750/0001-68
AV JOSE SILVA DE AZEVEDO NETO 200 BL 006 SALA 0 RJ
CEP 22775-056

Sacador / Avalista

Código de Baixa:

Autenticação Mecânica Ficha de Compensaçao

SPG/Grupos Especiais

# BRADESCO SAÚDE - FATURA TÉCNICA

| Cia | Suc | Apol.(s) | Cob | Fatura M/A nr | Estipulante | PK PRODUCOES EIRELI | Ramo | Data Emissão | Pág. |
|---|---|---|---|---|---|---|---|---|---|
| 571 | 836 | 0688852 | MEDICA | 02/2025 01 | Subfatura | 0001 - PK PRODUCOES EIRELI | 876 - MULTI SAUDE EMPRESA | 13/01/2025 | 2 |

| Resumo | Titulares | Dependentes | Tot. Segurados | Lançamentos | Valor | Part. Seg. |
|---|---|---|---|---|---|---|
| ( )VIDAS REMAN. MES ANTERIOR | 1 | 1 | 2 | 2 | 5.717,64 | 0,00 |
| (TC)TOTAIS A COBRAR | 1 | 1 | 2 | 2 | 5.717,64 | 0,00 |
| (TD)TOTAIS A DEVOLVER | 0 | 0 | 0 | 0 | 0,00 | 0,00 |
| (TS)TOTAIS DA SUBFATURA | 1 | 1 | 2 | 2 | 5.717,64 | 0,00 |

Em caso de cancelamento retroativo (CR), havendo despesas de eventos realizados pelo titular e/ou dependente após a data de cancelamento informada, estas serão custeadas pelo Estipulante através da extensão do prêmio até a data do último evento, efetivando-se o cancelamento em D+1 (D=data da última utilização do plano), sendo ajustado o prêmio na fatura subsequente ao mês do processamento do cancelamento. De todo modo, para casos desta natureza (CR), a data de cancelamento não ultrapassará a data de ciência do pedido à Seguradora

| Certif. | Nome Segurado | Subfatura Nº N = Nova A = Antiga | Data Nascimento | Sexo | Est. Civil | Paren. | Plano | Data Início | Mov. | Lançamento | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Mês/Ano | Valor | Part. Seg. |
| 0000027/00 | PAULO ALVES KOO | | 05/11/1953 | MAS | CAS | | TNQQ | 06/03/2020 | | 02/2025 | 2.858,82 | 0,00 |
| 0000027/01 | RAQUEL TEIXEIRA | | 23/05/1961 | FEM | CAS | CONJ | TNQQ | 06/03/2020 | | 02/2025 | 2.858,82 | 0,00 |

## MENSAGENS

CENTRAL DE RELACIONAMENTO: 4004-2700 (CAPITAIS E REGIOES METROPOLITANAS)
0800 701 2700 (DEMAIS LOCALIDADES).
CONSULTAS, INFORMACOES E SERVICOS TRANSACIONAIS. ATENDIMENTO24 HORAS, 7 DIAS POR SEMANA.
SAC - SERVICO DE ATENDIMENTO AO CONSUMIDOR: 0800 727 9966
SAC - DEFICIENCIA AUDITIVA OU DE FALA: 0800 701 2708
RECLAMACOES, CANCELAMENTOS E INFORMACOES GERAIS. ATENDIMENTO 24 HORAS, 7 DIAS POR SEMANA.
OUVIDORIA: 0800 701 7000
CONTATE A OUVIDORIA SE NAO FICAR SATISFEITO COM A SOLUCAO APRESENTADA.
ATENDIMENTO DE 08H AS 18H, DE SEGUNDA A SEXTA, EXCETO FERIADOS.

SEGURO COLETIVO COM PATROCINADOR
N.REG: 443100036 BRADESCO SAUDE TOP NACIONAL Q CE A

A REDE DE PRESTADORES MEDICO-HOSPITALARES, ASSIM COMO A REDEDE PRESTADORES ODONTOLOGICOS, ESTAO DISPONIVEIS NOS PORTAIS DA BRADESCO SAUDE E DA BRADESCO DENTAL NA INTERNET (BRADESCOSAUDE.COM.BR E BRADESCODENTAL.COM.BR), RESPECTIVAMENTE. ALEM DISSO, A BRADESCO SAUDE DISPONIBILIZA A RELACAO DE PRESTADORES NAO HOSPITALARES, ASSIM COMO A ODONTOPREV DISPONIBILIZA A RELACAO DE PRESTADORES ODONTOLOGICOS, RECENTEMENTE SUBSTITUIDOS NAS REDES, PARA CONSULTA POR MEIO DE SEUS PORTAIS OU DOS CANAIS DE ATENDIMENTO LISTADOS NO VERSO DO CARTAO DE IDENTIFICACAO DOS SEGURADOS/BENEFICIARIOS.
.....
A BRADESCO SAUDE E ODONTOPREV DISPONIBILIZAM EM SEUS PORTAIS, NA AREA DE ACESSO EXCLUSIVO AOS SEGURADOS/BENEFICIARIOS, AS INFORMACOES RELATIVAS AO SEU PLANO E CADASTRO, INCLUSIVE O NUMERO DO CARTAO NACIONAL DE SAUDE (CNS), CONFORME DETERMINA A ANS.
DIVULGUE ESSA INFORMACAO A SEUS COLABORADORES, SEGURADOS/BENEFICIARIOS DO PLANO.
.....



# ENDORSEMENT
# ALLIANZ AUTO
## VEHICLE

Dear **RAQUEL TEIXEIRA**,

You are receiving the **endorsement for your insurance policy**, which contains the main information regarding your coverage. Your **GWM HAVAL H6 PHEV19 (Hybrid), Automatic, 4-Door car is insured under the Allianz Auto Insurance policy through 09/28/2024.** For complete information regarding your coverages and assistance services, please consult the General Conditions of the Allianz Auto Insurance Policy available at allianz.com.br.

**We are always here whenever you need us!**

PORTI ALEGRE, August 15, 2024

Eduard Folch Rue
CEO - Allianz Seguros S.A.

08.16.2024 05:18:24 AM 041111008401TF22B152 8821989 125208125/00000 OP

Allianz

ENDORSEMENT

# ALLIANZ AUTO

VEHICLE



## IMPORTANT INFORMATION

### YOUR CONTACT INFORMATION

**(51) 99958-0504 | marco@aronecorretora.com**

Please verify the information contained in this endorsement to your policy. Your telephone number and e-mail address are the communication channels used to contact you whenever necessary. To update this information, please contact the Allianz Direct Line at: 4090-1110 (State Capitals and Metropolitan Areas) and 0800-777-7243 (Other Locations)

### DIGITAL INSURANCE CARD

**If the telephone number registered with us is a mobile phone number, you will receive an SMS message containing a link to download your digital insurance card.** On iOS devices, the card will be stored in the Wallet application. On Android devices, you must first install a digital wallet application before accessing the link.

### ALLIANZ CUSTOMER PORTAL

At **allianzcliente.com.br,** you can access all of your insurance information in one place. Log in using your registered e-mail address to view your policy information.

### CONTACT US

To request assistance under your insurance policy, simply contact us using one of the telephone numbers below and provide the insured's CPF/CNPJ number.

Allianz Direct Line
4090-1110 (State Capitals and Metropolitan Areas)
and 0800-777-7243 (Other Locations)

**24-Hour Assistance** (Towing Service, Residential Repairs, and Other Services):
08000-130-700
**Glass Assistance:** 0800-70-111-70 or online assistance at abraja.com.br/allianz

**Claims Reporting and Courtesy Car Requests:** Please contact the Direct Line.

**24-Hour Assistance for Individuals with Hearing or Speech Disabilities:** 08000-121-239

**24-Hour Customer Service (SAC):** 08000-115-215

**Ombudsman's Office:** 0800-771-3313

### YOUR INSURANCE BROKER

ARONE CORRETORA DE SEGUROS LTDA
**E-mail:** aroneseguros@brturbo.com.br
**Telephone:** (51) 3336-1138 **Code:** 8821989
**SUSEP Registration No.:** 202015227 **Branch:** 57

## YOUR INFORMATION

**Insured:** RAQUEL TEIXEIRA
**CPF/CNPJ:** 280.104.421-00 **Telephone:** 51 99958-0504 **E-mail:** marco@aronecorretora.com
**Address:** R. DOS EUCALIPTOS, 26, 1, LOT 1 AND 2 HOUSE - FLORESTINHA I (TAMOIOS) - CABO FRIO/ RIO DE JANEIRO - 28929-446

## PRIMARY DRIVER INFORMATION

**Name:** PAULO ALVES KOO **CPF:** 842.845.958-49

**Age:** 70 years old

**Marital Status:** Married or living in a common-law marriage

**Would you like to extend the insurance coverage to drivers of the insured vehicle between 18 and 25 years of age?** No. I acknowledge that there will be no coverage for drivers between 18 and 25 years of age.

**The primary driver resides in:** Gated community residence

## YOUR INSURANCE INFORMATION

**Policy Period:** From 12:00 AM on 08/15/2024 to 12:00 AM on 09/28/2024
**Type of Insurance:** Allianz Renewal – No Claims
**Vehicle:** GWM HAVAL H6 PHEV19 (HYBRID), AUTOMATIC, 4-DOOR
**FIPE Code:** 096008-0
**License Plate:** SSM3C08
**Vehicle Identification Number (VIN):** LGWEFUA5XSH910935
**Brand New Vehicle:** Yes
**Model Year:** 2025
**Risk Category:** Private Passenger Automobile
**Overnight ZIP Code:** 28929-446
**Purpose of Use:** Personal

**Endorsement No.:** 2
**Original Policy No.:** 5177202357311762481
**Proposal No.:** 125208123
**Issue Date:** 08/15/2024
**Line of Business:** 31 – Automobile
**Product:** Automobiles 1211
**Version:** 000132/132.00
**General Conditions:** 08/2024b
**Bonus Class:** 07 **Group:** 02
**Class Code:** 51723144637544

## RENEWAL INFORMATION

**Previous Policy No.:** 0112511
**Previous Insurer:** 5177
**Same Vehicle as Previous Policy:** No

**Class Code:** 51723127273122
**Previous Policy Expiration Date:** 06/30/2023

## SELECTED COVERAGE

The table below indicates the Maximum Indemnity Limit purchased under this policy, which may be used in the event of a claim with covered risk. The Price per Coverage corresponds to the Premium. Refer to the General Conditions of your insurance policy at allianz.com.br.

| EXCLUSIVE | | |
|---|---|---|
| **Coverage** | **Maximum Indemnity Limit** | **Price per Coverage** |
| Physical Damage – Comprehensive Coverage - Collision, Fire, Robbery, and Theft | 100% of FIPE* | R$ 62.78 |
| RCF* – Property Damage | R$ 1,000,000.00 | R$ 37.63 |
| RCF* – Bodily Injury | R$ 1,000,000.00 | R$ 12.76 |
| RCF* – Moral Damages | R$ 150,000.00 | R$ 63.68 |

| Coverage | Maximum Indemnity Limit | Price per Coverage |
|---|---|---|
| Personal Accident Coverage for Passengers (APP) – Death | R$ 30,000.00 | R$ 1.40 |
| Personal Accident Coverage for Passengers (APP) – Permanent Disability | R$ 30,000.00 | R$ 1.40 |
| 24-Hour Roadside Assistance | Plan 2 | R$ 7.72 |
| Glass Coverage | Plan 1 | R$ 39.12 |
| Courtesy car | 7 Days | R$ -0.54 |
| Net Premium | | R$ 225.95 |
| Total Premium (IOF and Interest Included) | | R$ 242.63 |

* FIPE: In case of an accident, the compensation will be calculated according to the FIPE quotation on the date of the claim. * RCF: Optional Third-Party Liability Coverage. * APP: Personal Accident Coverage for Passengers. The Maximum Indemnity Limit under the Personal Accident Coverage for Passengers applies per passenger.

**DEDUCTIBLE – MANDATORY INSURED'S PARTICIPATION**

In the event of a covered partial loss, you will be responsible for paying the applicable deductible as your mandatory share of the loss.

| Deductible | Amount (R$) |
|---|---|
| Reduced Deductible | 7,417.76 |

**24-HOUR ROADSIDE ASSISTANCE**

Some of the services available under your plan include:

| PLAN 2 | |
|---|---|
| **Services** | |
| On-site repairs or towing following a mechanical breakdown, accident, robbery, or qualified theft: Up to 500 km | Second towing service for the same mechanical breakdown |
| Fuel delivery assistance (Out of Fuel) | Emergency transportation |
| Locksmith services | Flat tire assistance |

The information above provides a summary of the 24-Hour Roadside Assistance services. Access the General Conditions of Allianz Auto Insurance on the website allianz.com.br/carro for a complete description of the services included in the selected plan, eligibility requirements, and the scope of coverage.

**HOME ASSISTANCE**

| Services | |
|---|---|
| Locksmith services | Roof tile replacement |
| Plumbing repairs | Help Desk |
| Drain unclogging services | Referral to repair professionals |
| Electrical repairs | |

For additional information, please refer to the Allianz Automobile Insurance Benefits Guide available at allianz.com.br.

Translator's Note: FIPE refers to the Fundação Instituto de Pesquisas Econômicas (Foundation Institute of Economic Research), a Brazilian organization that publishes the FIPE Price Index, the standard reference used nationwide to determine the average market value of motor vehicles. In automobile insurance policies, coverage expressed as a percentage of the FIPE Value means that the maximum indemnity is calculated based on the vehicle's market value as published in the FIPE Price Index at the time of the covered loss.

## COURTESY CAR

| Vehicle Category | Number of Days |
|---|---|
| Basic Vehicle with Air Conditioning | 7 days |

For the terms and conditions, please refer to the General Conditions of the Allianz Auto Insurance Policy available at allianz.com.br.

## GLASS, TAILLIGHT, HEADLIGHT, AND SIDE MIRROR COVERAGE – PLAN 1

| Coverage Item | Deductible (R$) | Coverage Item | Deductible (R$) |
|---|---|---|---|
| Windshield | 805.00 | Rear Window | 755.00 |
| Side Windows | 320.00 | | |

For claims involving glass, taillights, headlights, or rearview mirrors, if more than one part is damaged in the same event, the deductible will be charged for the damaged part with the highest value. The insured will not be required to pay deductibles for the remaining damaged parts resulting from the same occurrence.

Please refer to the coverage conditions, scope, and the damages, items, and technologies not covered for each service in the Allianz Auto Insurance General Conditions at allianz.com.br.

## PAYMENT INFORMATION

| Payment Method | Card Number: 5549********3985 | |
|---|---|---|
| **Credit Card*<br>1 Installment** | **Net Premium: R$ 225.95** | **Monthly Interest Rate: 0.00%** |
| | **Interest Amount: R$ 0.00** | **IOF: R$ 16.68** |
| | **Total Premium (Taxes Included):** | **R$ 242.63** |

| Installments | Due Date | Installment Amount |
|---|---|---|
| 1 | 09/13/2024 | R$ 242.63 |

**IMPORTANT:** If you have chosen to pay in installments, the total purchase amount does not reduce your available credit card limit all at once, since the installments are charged monthly to your credit card statement. You must have sufficient available credit on the date each installment is charged for your insurance coverage to remain in force. The date on which an installment is charged does not affect the due date of your credit card statement. Click here to learn more.

## ALLIANZ NETWORK REPAIR SHOPS

With Allianz Auto Insurance, you may have your vehicle repaired either at shops within the Allianz Network, with guaranteed workmanship and prompt service, or at a repair facility of your choice. To locate an Allianz Network repair shop or obtain additional information, please refer to the Allianz Benefits Guide or visit:
www.allianz.com.br/servicos/auto_moto_caminhao/oficinas.html

## DISCOUNT ON OTHER PRODUCTS

**A special offer available to you when purchasing Allianz Homeowners Insurance or Individual Personal Accident Insurance!** Enjoy this exclusive discount for Allianz customers and protect what matters most to you. Please contact your insurance broker.

## CLAUSES

150 – Coverage for Compressed Natural Gas Conversion Kit

211 – Glass Coverage – Plan 1

252 – Referenced Market Value – Valor Econômico

253 – Molicar – 2nd Reference Table – Revista Carro

308 – Glass Coverage – Plan 1

6316 – 24-Hour Roadside Assistance – Plan 2 / Towing – 500 km

7507 – Courtesy Car – 7 Days

## ADDITIONAL INFORMATION

**Risk Assessment Questionnaire:** The selected option was based on the characteristics of the primary driver.

**Premium Payment:** In the event of non-payment of the installments, the policy period shall be adjusted in accordance with the Premium Payment clause of the General Conditions of the insurance policy.

**Brand-New Vehicle Indemnity:** In the event of the first covered loss under the policy occurring within one hundred eighty (180) days from the date the vehicle was purchased from an authorized dealership, the indemnity shall be calculated based on the brand-new vehicle value listed in the reference table specified in this document.

**Replacement Parts for Repairs:** In the event of a covered loss under the Comprehensive Coverage for Collision, Fire, Robbery, and Theft, Allianz undertakes to use new original manufacturer parts when repairing the insured vehicle.

## SUSEP PROCEEDINGS

**SUSEP** (Superintendence of Private Insurance) is the Brazilian federal regulatory authority responsible for supervising, regulating, and overseeing the insurance, open private pension, capitalization, reinsurance, and insurance brokerage markets. Public Service Telephone: 0800-021-8484.

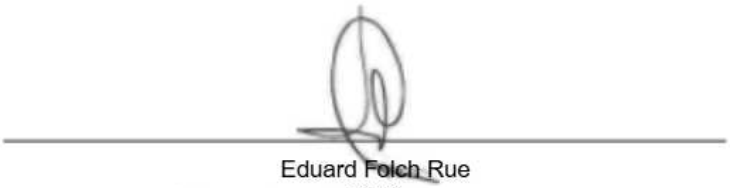
The contractual terms and conditions governing this product, as filed by the insurer with SUSEP, may be consulted at www.susep.gov.br using the process number indicated in the policy/proposal.

**SUSEP Process No.:** 15414.002216/2004-57. To submit complaints, visit: www.consumidor.gov.br. The registration of this insurance product is automatic and does not constitute approval or endorsement by SUSEP.

## PERSONAL DATA PRIVACY

Allianz processes your personal data in accordance with the applicable laws and the terms and conditions set forth in its Data Privacy Policy (available at allianz.com.br). Allianz also implements appropriate security measures to protect your personal data against unauthorized access and any unlawful or improper processing.

Porto Alegre, August 15, 2024



Eduard Folch Rue
CEO
Allianz Seguros S.A.

**ALLIANZ DIRECT LINE**
Service: Mon–Fri, 8 AM – 8 PM; Sat, 8 AM – 2 PM.

**4090-1110** State Capitals and Metropolitan Areas **0800-777-7243** Other Locations

**08000 121 239** 24-hour service for the hearing or speech impaired

**24-HOUR ROADSIDE ASSISTANCE 0800-130-700**
Towing Service, Home Assistance, and Other Services

**GLASS ASSISTANCE 0800-70-111-70**
or via the website: **www.abraja.com.br/allianz**

**CLAIM REPORTING AND COURTESY CAR COVERAGE REQUESTS**
Please contact the Allianz Direct Line.

**MERCOSUR COUNTRIES – 24-HOUR 00 55 11 4331-5126**

**Customer Service 24H 08000 115 215 OMBUDSMAN 0800-771-3313**

SUSEP Process No.: 15414.002216/2004-57. The registration of this insurance product is automatic and does not constitute approval or endorsement by SUSEP.

**Insured**
**RAQUEL TEIXEIRA**

**ALLIANZ AUTO**
VEHICLE

**Policy No.**
**5177202357311762481**

**Expiration Date:**
**09/28/2024**

**Vehicle:**
**GWM HAVAL H6 PHEV19 (Hybrid), Automatic, 4-Door**

**License Plate:**
**SSM-3C08**

**Insurance Broker:**
**ARONE CORRETORA DE SEGUROS LTDA**

**Telephone:**
**51 3336-1138**

**Vehicle Deductible:**
**R$ 7,417.76**

Allianz

08/16/2024 05:18:24AM 411810127ITF22B1528821989

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

Marina Viana

**Date: July 23, 2026**



# ENDOSSO ALLIANZ AUTO

## AUTOMÓVEL

Olá **RAQUEL TEIXEIRA,**

Você está recebendo o **endosso referente à sua apólice,** com as principais informações do seu seguro. **O seu carro GWM HAVAL H6 PHEV19 (HIBRIDO) AUT. 4P está protegido pelo seguro Allianz Auto até 28/09/2024.** Para saber todos os detalhes das coberturas e assistências, consulte as Condições Gerais do Seguro Allianz Auto em allianz.com.br

**Conte conosco sempre que precisar!**

PORTO ALEGRE, 15 de Agosto de 2024

Eduard Folch Rue
Presidente Allianz Seguros S.A.

16-08-2024 05:18:24 041110008401T22BI52 8821989 125208123/00000 OP

Allianz

ENDOSSO

# ALLIANZ AUTO

## AUTOMÓVEL



## INFORMAÇÕES IMPORTANTES

### SEUS DADOS CADASTRAIS

**(51) 99958-0504** | **marco@aronecorretora.com**

Por favor, confirme seus dados que constam neste endosso de sua apólice. Seu telefone e e-mail são os meios de comunicação utilizados em qualquer eventualidade. Para atualizá-los, ligue para a Linha Direta Allianz 4090 1110 (Capitais e Regiões Metropolitanas) e 0800 777 7243 (Outras Localidades).

### CARTEIRINHA DIGITAL

**Caso seu telefone cadastrado seja um celular, você irá receber um link via SMS para baixar sua carteirinha digital.** Em celulares com sistema IOS, ela será armazenada no aplicativo Wallet. No caso de celulares Android, é só baixar um aplicativo para carteirinhas digitais antes de clicar no link.

### PORTAL ALLIANZ CLIENTE

No **allianzcliente.com.br** você tem acesso a todas as informações do seu seguro em um só lugar! Acesse com seu e-mail cadastrado e confira.

### FALE CONOSCO

Para acionar o seu seguro, basta entrar em contato conosco por um de nossos telefones e informar o número do CPF/CNPJ do segurado:

**Linha Direta Allianz:**
4090 1110 (Capitais e Regiões Metropolitanas)
e 0800 777 7243 (Outras Localidades)

**Assistência 24h** (Solicitação de Guincho, Reparos Residenciais e demais serviços): 08000 130 700

**Assistência Vidros:** 0800 70 111 70 ou atendimento no site abraja.com.br/allianz

**Abertura de Sinistro e Solicitação de Carro Reserva:** ligue para Linha Direta

**Atendimento à pessoa com deficiência auditiva ou de fala 24h:** 08000 121 239

**SAC 24 horas:** 08000 115 215
**Ouvidoria:** 0800 771 3313

### SEU CORRETOR

ARONE CORRETORA DE SEGUROS LTDA
**E-MAIL:** aroneseguros@brturbo.com.br
**TEL:** (51) 3336-1138 **CÓDIGO:** 8821989
**SUSEP Nº:** 202015227 **FILIAL:** 57

## SUAS INFORMAÇÕES

**Segurado:** RAQUEL TEIXEIRA

**CPF/CNPJ:** 280.104.421-00 **Tel:** 51999580504 **E-mail:** marco@aronecorretora.com

**Endereço:** R. DOS EUCALIPTOS, 26, 1, LT 1 E 2 CASA - FLORESTINHA I (TAMOIOS) - CABO FRIO/RIO DE JANEIRO - 28929446

## INFORMAÇÕES DO CONDUTOR PRINCIPAL

**Nome:** PAULO ALVES KOO **CPF:** 842.845.958-49
**Idade:** 70 anos
**Estado Civil:** Casado[a] ou convive em união estável
**Deseja ampliar a cobertura do seguro para condutores do veículo segurado com idade entre 18 a 25 anos:** Não. Estou ciente que não haverá cobertura para condutores entre 18 a 25 anos.
**O principal condutor reside em:** Casa em condomínio fechado

## INFORMAÇÕES DO SEU SEGURO

**Vigência:** das 24H de 15/08/2024 às 24H de 28/09/2024
**Tipo de Seguro:** Renovação Allianz sem sinistro
**Veículo:** GWM HAVAL H6 PHEV19 (HIBRIDO) AUT. 4P
**Cód. FIPE:** 096008-0
**Placa:** SSM3C08
**Chassi:** LGWEFUA5XSH910935
**Zero Km:** Sim
**Ano/Modelo:** 2025
**Categoria de Risco:** Automóvel - Particular
**CEP Pernoite:** 28929-446
**Finalidade de Uso:** Particular

**Endosso Nº.:** 2
**Apólice de Origem Nº.:** 5177202357311762481
**Proposta Nº.:** 125208123
**Emissão:** 15/08/2024
**Ramo:** 31 - Automóvel
**Produto:** Automoveis 1211
**Versão:** 000132/132.00
**Condições Gerais:** 08/2024b
**Classe Bônus:** 07 **Grupo:** 02
**Cód. CI:** 51723144637544

## INFORMAÇÕES DA RENOVAÇÃO

**Nº. Apólice Anterior:** 0112511
**Seguradora Anterior:** 5177
**Veículo Igual ao Anterior:** Não

**Cód. CI:** 51723127273122
**Fim da vigência anterior:** 30/06/2023

## OFERTA ESCOLHIDA

A tabela abaixo indica o Limite Máximo de Indenização contratado, que poderá ser utilizado em caso de sinistro com risco coberto. O Preço por Cobertura corresponde ao Prêmio. Para saber mais detalhes, consulte as Condições Gerais do Seguro Allianz Auto em allianz.com.br

| EXCLUSIVO | | |
|---|---|---|
| **Coberturas** | **Limite Máximo de Indenização** | **Preço por Cobertura** |
| Casco - Básica Compreensiva - Colisão, Incêndio, Roubo e Furto | 100% FIPE * | R$ 62,78 |
| RCF* - Danos Materiais | R$ 1.000.000,00 | R$ 37,63 |
| RCF* - Danos Corporais | R$ 1.000.000,00 | R$ 12,76 |
| RCF* - Danos Morais | R$ 150.000,00 | R$ 63,68 |

| Coberturas | Limite Máximo de Indenização | Preço por Cobertura |
|---|---|---|
| APP* - Morte | R$ 30.000,00 | R$ 1,40 |
| APP* - Invalidez Permanente | R$ 30.000,00 | R$ 1,40 |
| Assistência 24 hs | Plano 2 | R$ 7,72 |
| Vidros | Plano 1 | R$ 39,12 |
| Carro Reserva | 7 Dias | R$ -0,54 |
| Preço Líquido | | R$ 225,95 |
| **Preço Total** (IOF + Juros inclusos) | | **R$ 242,63** |

* FIPE: Em caso de sinistro, a indenização será calculada de acordo com a cotação da FIPE na data de ocorrência do sinistro.
* RCF: Responsabilidade Civil Facultativa *App: Acidentes Pessoais de Passageiros. O Limite Máximo de Indenização da cobertura de APP se refere ao valor de indenização por passageiro.

## FRANQUIA - PARTICIPAÇÃO OBRIGATÓRIA

Você terá participação obrigatória, como parte do valor dos prejuízos, em caso de sinistro indenizável de perda parcial:

| Franquia | Valor (R$) |
|---|---|
| Franquia Reduzida | 7.417,76 |

## ASSISTÊNCIA 24H

Alguns dos serviços que você pode acionar:

| PLANO 2 | |
|---|---|
| **Serviços** | |
| Reparo no local ou reboque após pane, acidente, roubo ou furto qualificado: 500 Km | 2º Guincho em caso da mesma pane |
| Pane seca | Transporte emergencial |
| Chaveiro | Troca de pneu |

As informações de serviços de Assistência 24h estão resumidas. Acesse as Condições Gerais do Seguro Allianz Auto no site allianz.com.br/carro para consultar todos os serviços do plano contratado, critérios e abrangência da cobertura.

## ASSISTÊNCIA RESIDENCIAL

| Serviços | |
|---|---|
| Chaveiro | Substituição de telhas |
| Encanador reparos hidráulicos | Help Desk |
| Encanador desentupimento | Indicação de Profissional para reparos |
| Reparos elétricos | |

Para mais detalhes consulte o Guia de Benefícios Allianz Auto no site allianz.com.br

## CARRO RESERVA

| Modelo | Quantidade de Diárias |
|---|---|
| Básico com Ar-condicionado | 7 dias |

Para regras de utilização, consulte as Condições Gerais do Seguro Allianz Auto em allianz.com.br.

## ASSISTÊNCIA A VIDROS, LANTERNAS, FARÓIS E RETROVISORES - PLANO 1

| Cobertura | Franquia (R$) | Cobertura | Franquia (R$) |
|---|---|---|---|
| Parabrisa | 805,00 | Vidro Traseiro | 755,00 |
| Vidros Laterais | 320,00 | | |

Sinistros de Vidros ou Lanternas, Faróis ou Retrovisores, com danos em mais de uma peça no mesmo evento, será cobrada a franquia da peça danificada com valor mais alto, ficando o segurado isento da franquia das demais peças danificadas naquele evento.
Consulte as condições de cobertura, abrangência e os danos, itens e tecnologias não cobertos de cada serviço do plano contratado nas Condições Gerais do Seguro Allianz Auto em allianz.com.br.

## INFORMAÇÕES DE PAGAMENTO

| Forma de pagamento | **Nº. do Cartão:** 5549********3985 | |
|---|---|---|
| **Cartão de Crédito* em 1 parcela** | **Preço líquido:** R$ 225,95 | **Taxa mensal juros:** 0,00 |
| | **Valor juros:** R$ 0,00 | **IOF:** R$ 16,68 |
| | **Preço Total (impostos inclusos)** | **R$ 242,63** |

| Parcelas | Lançamento na Fatura | Valor da Parcela |
|---|---|---|
| 1 | 13/09/2024 | R$ 242,63 |

**Importante:** Caso você tenha parcelado, o valor total da compra não compromete o limite do seu cartão de crédito de uma só vez, pois as parcelas são lançadas mensalmente na fatura. É preciso que você tenha limite no dia do lançamento da parcela para que o seu seguro continue vigente. A data de lançamento da parcela não interfere na data de vencimento da fatura do seu cartão. Clique aqui e saiba mais.

## OFICINAS REFERENCIADAS ALLIANZ

No Allianz Auto você pode realizar os reparos do seu veículo em oficinas da Rede Referenciada, com garantia e agilidade, ou em locais de sua Livre Escolha. Para consultar e saber mais sobre as oficinas da Rede Referenciada, acesse o Guia de Benefícios Allianz ou www.allianz.com.br/servicos/auto_moto_caminhao/oficinas.html

## DESCONTO EM OUTROS PRODUTOS

**Condição especial para você na contratação dos seguros Allianz Residência e Acidentes Pessoais Individual!** Aproveite o desconto para clientes e proteja o que mais importa para você. Fale com o seu Corretor.

## CLÁUSULAS

150 - Cobertura Adicional Kit Gás

211 - Vidros - Plano 1

252 - Valor de Mercado Referenciado - Valor Econômico

253 - Molicar - 2a. tabela de Referência - Revista Carro

6316 - Assistência 24 Horas Automóvel - Plano 2 / Guincho - 500 km

7507 - Carro Reserva - 07 dias

## INFORMAÇÕES COMPLEMENTARES

**Questionário de Avaliação de Risco:** escolhida a opção de acordo com as características do motorista principal.

**Pagamento:** Em caso de não pagamento das parcelas, a vigência do seguro será alterada de acordo com a cláusula de pagamento de prêmio das condições gerais do seguro.

**Indenização de Veiculo 0Km:** Em caso de 1º sinistro da apólice, dentro do prazo de 180 (cento e oitenta) dias contado da data de aquisição do veículo em concessionária autorizada, a indenização será calculada de acordo com o valor de zero-quilômetro na tabela de referência prevista neste documento.

**Tipo de Peça para Reparos:** Em caso de sinistro com acionamento da cobertura Compreensiva de Colisão, Incêndio, Roubo e Furto, a Allianz se compromete em utilizar peças originais e novas nos reparos do veículo.

## PROCESSO SUSEP

**SUSEP** - Superintendência de Seguros Privados - Autarquia Federal responsável pela fiscalização, normatização e controle dos mercados de seguro, previdência complementar aberta, capitalização, resseguro e corretagem de seguros. Telefone de atendimento ao Público: 0800-021-8484.

As condições contratuais/regulamento deste produto protocolizadas pela sociedade/entidade junto à SUSEP poderão ser consultadas no endereço eletrônico www.susep.gov.br, de acordo com o número de processo constante da apólice/proposta.

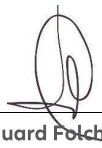
**PROCESSO SUSEP:** 15414.002216/2004-57. Para registro de reclamações, acesse: ww.consumidor.gov.br

O registro do produto é automático e não representa aprovação ou recomendação por parte da SUSEP.

## PRIVACIDADE DE DADOS PESSOAIS

A Allianz realiza o tratamento de seus dados pessoais observando a legislação vigente, termos e condições previstos em sua Política de Privacidade de Dados (disponível no site allianz.com.br), bem como adota medidas de segurança aptas a proteger os seus dados pessoais de acessos não autorizados e qualquer forma de tratamento ilícito ou inadequado.

PORTO ALEGRE, 15 de Agosto de 2024



Eduard Folch Rue
Presidente Allianz Seguros S.A.

**LINHA DIRETA ALLIANZ**

Atendimento de 2ª a 6ª, das 8h às 20h, sábado, das 8h às 14h.

**4090 1110** Capitais e Regiões Metropolitanas **0800 777 7243** Outras localidades

**08000 121 239** Atendimento à pessoa com deficiência auditiva ou de fala 24H

**ASSISTÊNCIA 24H 08000 130 700**

Solicitação de Guincho, Reparos Residenciais e Demais Serviços

**ASSISTÊNCIA VIDROS 0800 70 111 70**

ou atendimento no site **www.abraja.com.br/allianz**

**ABERTURA DE SINISTRO E SOLICITAÇÃO DE CARRO RESERVA**

Ligue para Linha Direta

**PAÍSES DO MERCOSUL 24H 00 55 11 4331 5126**

**SAC 24H 08000 115 215** **OUVIDORIA 0800 771 3313**

Processo Susep: 15414.002216/2004-57. O registro do produto é automático e não representa aprovação ou recomendação por parte da Susep.

**Segurado:**
**RAQUEL TEIXEIRA**

ALLIANZ AUTO
AUTOMÓVEL

**Apólice**
**5177202357311762481**

**Validade:**
**28/09/2024**

**Veículo:**
**HAVAL H6 PHEV19 (HIBRIDO) AUT. 4P**

**Placa:**
**SSM-3C08**

**Corretor:**
**ARONE CORRETORA DE SEGUROS LTDA**

**Telefone:**
**5133361138**

**Franquia Veículo:**
**R$ 7.417,76**

Allianz

16/08/202416-08-202405:18:24411810127 1TF22BI52 8821989




Allianz

RAQUEL TEIXEIRA
R. DOS EUCALIPTOS, 26, 1, LOT 1 AND 2 HOUSE
FLORESTINHA I (TAMOIOS)
CABO FRIO, RJ
28929-446

## YOUR INFORMATION

**Insured:** RAQUEL TEIXEIRA
**CPF/CNPJ:** 280.104.421-00 **Telephone:** 51 99958-0504 **E-mail:** marco@aronecorretora.com
**Address:** R. DOS EUCALIPTOS, 26, 1, LOT 1 AND 2 HOUSE - FLORESTINHA I (TAMOIOS) - CABO FRIO/ RIO DE JANEIRO - 28929-446

## PRIMARY DRIVER INFORMATION

**Name:** PAULO ALVES KOO **CPF:** 842.845.958-49

## YOUR INSURANCE INFORMATION

**Policy Period:** From 12:00 a.m. on 11/01/2023, to 12:00 a.m. on 09/28/2024
**Endorsement No.:** 1
**Type of Insurance:** Allianz Renewal – No Claims
**Original Policy No.:** 5177202357311762481
**Vehicle:** CAOA CHERY TIGGO 7 PRO 1.6 TB AT6 Flex Automatic, 4-Door
**Proposal No.:** 125208123
**FIPE Code:** 093004-0
**Issue Date:** 11/01/2023
**License Plate:** RKE7105
**Line of Business:** 31 – Automobile
**Vehicle Identification Number (VIN):** 95PEDL61DPB006101
**Product:** Automobiles 1211
**Brand New Vehicle:** No
**Version:** 000120/120.07
**Model Year:** 2023
**General Conditions:** 08/2023
**Risk Category:** Private Passenger Automobile
**Bonus Class:** 07 **Group:** 02
**Overnight ZIP Code:** 28929-446
**Class Code:** 51723144637544
**Purpose of Use:** Personal

## SELECTED COVERAGE

The table below indicates the Maximum Indemnity Limit purchased under this policy, which may be used in the event of a claim with covered risk. The Price per Coverage corresponds to the Premium. Please refer to the General Conditions of your insurance policy at allianz.com.br.

| ENHANCED COVERAGE | | |
|---|---|---|
| **Coverage** | **Maximum Indemnity Limit** | **Price per Coverage** |
| Physical Damage – Comprehensive Coverage (Collision, Fire, Robbery, and Theft) | 100% of FIPE* | R$ 87.88 |
| RCF* – Property Damage | R$ 150,000.00 | R$ 8.08 |
| RCF* – Bodily Injury | R$ 150,000.00 | R$ -0.03 |
| RCF* – Moral Damages | R$ 20,000.00 | R$ 0.52 |
| APP* – Death | R$ 20,000.00 | R$ 0.12 |
| APP* – Permanent Disability | R$ 20,000.00 | R$ 0.12 |
| 24-Hour Roadside Assistance | Plan 2 | R$ 4.98 |
| Glass Coverage | Plan 1 | R$ 0.68 |

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| Coverage | Maximum Indemnity Limit | Price per Coverage |
|---|---|---|
| Courtesy car | 7 Days | R$ 0.47 |
| Net Premium | | R$ 102.82 |
| Total Premium (IOF and Interest Included) | | **R$ 1,104.16** |

* FIPE: In case of an accident, the compensation will be calculated according to the FIPE quotation on the date of the accident.

* RCF: Optional Third-Party Liability Coverage. * APP: Personal Accident Coverage for Passengers. The Maximum Indemnity Limit under the Personal Accident Coverage for Passengers applies per passenger.

Refer to the Policy or Proposal documents for the deductibles applicable to Taillights, Headlights, and Side Mirrors.

**DEDUCTIBLE – MANDATORY INSURED'S PARTICIPATION**

In the event of a covered partial loss, you will be responsible for paying the applicable deductible as your mandatory share of the loss.

| Deductible | Amount (R$) |
|---|---|
| Reduced Deductible | 9,523.25 |

**GLASS, TAILLIGHT, HEADLIGHT, AND SIDE MIRROR COVERAGE – PLAN 1**

| Coverage Item | Deductible (R$) | Coverage Item | Deductible (R$) |
|---|---|---|---|
| Windshield | 435.00 | Rear Window | 415.00 |
| Side Windows | 180.00 | | |

For claims involving glass, taillights, headlights, or rearview mirrors, if more than one part is damaged in the same event, the deductible will be charged for the damaged part with the highest value. The insured will not be required to pay deductibles for the remaining damaged parts resulting from the same occurrence.

Please refer to the coverage conditions, scope, and the damages, items, and technologies not covered for each service in the Allianz Auto Insurance General Conditions at allianz.com.br.

**PAYMENT INFORMATION**

| Payment Method | Card Number: 5161********1155 | |
|---|---|---|
| **Credit Card*<br>10 Installments** | **Net Premium: R$ 1,028.27** | **Monthly Interest Rate: 0.00%** |
| | **Interest Amount: R$ 0.00** | **IOF: R$ 75.89** |
| | **Total Premium (Taxes Included):** | **R$ 1,104.16** |

Translator's Note: FIPE refers to the Fundação Instituto de Pesquisas Econômicas (Foundation Institute of Economic Research), a Brazilian organization that publishes the FIPE Price Index, the standard reference used nationwide to determine the average market value of motor vehicles. In automobile insurance policies, coverage expressed as a percentage of the FIPE Value means that the maximum indemnity is calculated based on the vehicle's market value as published in the FIPE Price Index at the time of the covered loss.

| Installments | Due Date | Installment Amount | Installments | Due Date | Installment Amount |
|---|---|---|---|---|---|
| 1 | Credit Card Bill | R$ 110.40 | 6 | Credit Card Bill | R$ 110.40 |
| 2 | Credit Card Bill | R$ 110.40 | 7 | Credit Card Bill | R$ 110.40 |
| 3 | Credit Card Bill | R$ 110.40 | 8 | Credit Card Bill | R$ 110.40 |
| 4 | Credit Card Bill | R$ 110.40 | 9 | Credit Card Bill | R$ 110.40 |
| 5 | Credit Card Bill | R$ 110.40 | 10 | Credit Card Bill | R$ 110.56 |

* The total purchase amount does not reduce your available credit limit all at once. Installments are charged monthly to your credit card statement.

** The installment due date is calculated based on the policy issuance date. However, for payments made by credit card, the due date of the insured's credit card bill shall apply.

**YOUR INSURANCE BROKER**

ARONE CORRETORA DE SEGUROS LTDA

**E-mail:** aroneseguros@brturbo.com.br **Telephone:** 51 3336-1138 **Code:** 8821989

**SUSEP Registration No.:** 202015227 **Branch:** 57

**CLAUSES**

150 – Coverage for Compressed Natural Gas Conversion Kit

252 – Referenced Market Value – Valor Econômico

253 – Molicar – 2nd Reference Table – Revista Carro

308 – Glass Coverage – Plan 1

6316 – 24-Hour Roadside Assistance – Plan 2 / Towing – 500 km

7507 – Courtesy Car – 7 Days

**SUSEP PROCEEDINGS**

**SUSEP** (Superintendence of Private Insurance) is the Brazilian federal regulatory authority responsible for supervising, regulating, and overseeing the insurance, open private pension, capitalization, reinsurance, and insurance brokerage markets. Public Service Telephone: 0800-021-8484.

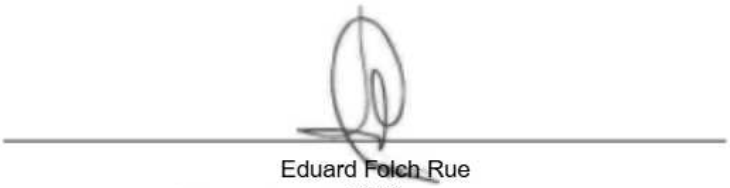
The contractual terms and conditions governing this product, as filed by the insurer with SUSEP, may be consulted at www.susep.gov.br using the process number indicated in the policy/proposal.

**SUSEP Process No.:** 15414.002216/2004-57. To submit complaints, visit: www.consumidor.gov.br. The registration of this insurance product is automatic and does not constitute approval or endorsement by SUSEP.

**PERSONAL DATA PRIVACY**

Allianz processes your personal data in accordance with the applicable laws and the terms and conditions set forth in its Data Privacy Policy (available at allianz.com.br). Allianz also implements appropriate security measures to protect your personal data against unauthorized access and any unlawful or improper processing.

Porto Alegre, November 1, 2023



Eduard Folch Rue
CEO
Allianz Seguros S.A.

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

Marina Viana

**Date: July 22, 2026**

RESUMO DO ENDOSSO

# ALLIANZ AUTO

## AUTOMÓVEL



Allianz

RAQUEL TEIXEIRA
R. DOS EUCALIPTOS, 26, 1, LT 1 E 2 CASA
FLORESTINHA I (TAMOIOS)
CABO FRIO RJ
28929446

## SUAS INFORMAÇÕES

**Segurado:** RAQUEL TEIXEIRA

**CPF/CNPJ:** 280.104.421-00 **Tel:** 51999580504 **E-mail:** marco@aronecorretora.com

**Endereço:** R. DOS EUCALIPTOS, 26, 1, LT 1 E 2 CASA - FLORESTINHA I (TAMOIOS) - CABO FRIO/RIO DE JANEIRO - 28929446

## INFORMAÇÕES DO CONDUTOR PRINCIPAL

**Nome:** PAULO ALVES KOO **CPF:** 842.845.958-49

## INFORMAÇÕES DO SEU SEGURO

**Vigência:** das 24H de 01/11/2023 às 24H de 28/09/2024
**Tipo de Seguro:** Renovação Allianz sem sinistro
**Veículo:** CAOA CHERY TIGGO 7 PRO 1.6 TB AT6 Flex Aut. 4p
**Cód. FIPE:** 093004-0
**Placa:** RKE7I05
**Chassi:** 95PEDL61DPB006101
**Zero Km:** Não
**Ano/Modelo:** 2023
**Categoria de Risco:** Automóvel - Particular
**CEP Pernoite:** 28929-446
**Finalidade de Uso:** Particular

**Endosso Nº.:** 1
**Apólice de Origem Nº.:** 5177202357311762481
**Proposta Nº.:** 125208123
**Emissão:** 01/11/2023
**Ramo:** 31 - Automóvel
**Produto:** Automoveis 1211
**Versão:** 000120/120.07
**Condições Gerais:** 08/2023
**Classe Bônus:** 07 **Grupo:** 02
**Cód. CI:** 51723144637544

## OFERTA ESCOLHIDA

A tabela abaixo indica o Limite Máximo de Indenização contratado, que poderá ser utilizado em caso de sinistro com risco coberto. O Preço por Cobertura corresponde ao Prêmio. Consulte as Condições Gerais do seu seguro no site allianz.com.br

| AMPLIADO | | |
|---|---|---|
| **Coberturas** | **Limite Máximo de Indenização** | **Preço por Cobertura** |
| Casco - Básica Compreensiva - Colisão, Incêndio, Roubo e Furto | 100% FIPE * | R$ 87,88 |
| RCF* - Danos Materiais | R$ 150.000,00 | R$ 8,08 |
| RCF* - Danos Corporais | R$ 150.000,00 | R$ -0,03 |
| RCF* - Danos Morais | R$ 20.000,00 | R$ 0,52 |
| APP* - Morte | R$ 20.000,00 | R$ 0,12 |
| APP* - Invalidez Permanente | R$ 20.000,00 | R$ 0,12 |
| Assistência 24 hs | Plano 2 | R$ 4,98 |
| Vidros | Plano 1 | R$ 0,68 |

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| Coberturas | Limite Máximo de Indenização | Preço por Cobertura |
|---|---|---|
| Carro Reserva | 7 Dias | R$ 0,47 |
| Preço Líquido | | R$ 102,82 |
| **Preço Total** (IOF + Juros inclusos) | | **R$ 1.104,16** |

* FIPE: Em caso de sinistro, a indenização será calculada de acordo com a cotação da FIPE na data de ocorrência do sinistro.
* RCF: Responsabilidade Civil Facultativa. *App: Acidentes Pessoais de Passageiros. O Limite Máximo de Indenização da cobertura de APP se refere ao valor de indenização por passageiro. Consulte a Franquia de Lanternas, Faróis e Retrovisores nos documentos de Apólice ou Proposta.

## FRANQUIA - PARTICIPAÇÃO OBRIGATÓRIA

Você terá participação obrigatória, como parte do valor dos prejuízos, em caso de sinistro indenizável de perda parcial:

| Franquia | Valor (R$) |
|---|---|
| Franquia Reduzida | 9.523,25 |

## ASSISTÊNCIA A VIDROS, LANTERNAS, FARÓIS E RETROVISORES - PLANO 1

| Cobertura | Franquia (R$) | Cobertura | Franquia (R$) |
|---|---|---|---|
| Parabrisa | 435,00 | Vidro Traseiro | 415,00 |
| Vidros Laterais | 180,00 | | |

Sinistros de Vidros ou Lanternas, Faróis ou Retrovisores, com danos em mais de uma peça no mesmo evento, será cobrada a franquia da peça danificada com valor mais alto, ficando o segurado isento da franquia das demais peças danificadas naquele evento.
Consulte as condições de cobertura, abrangência e os danos, itens e tecnologias não cobertos de cada serviço do plano contratado nas Condições Gerais do Seguro Allianz Auto em allianz.com.br.

## INFORMAÇÕES DE PAGAMENTO

| Forma de pagamento | | |
|---|---|---|
| | **Nº. do Cartão:** 5161********1155 | |
| **Cartão de Crédito* em 10 parcelas** | **Preço líquido:** R$ 1.028,27 | **Taxa mensal juros:** 0,00 |
| | **Valor juros:** R$ 0,00 | **IOF:** R$ 75,89 |
| | **Preço Total (impostos inclusos)** | **R$ 1.104,16** |

| Parcelas | Vencimento | Valor da Parcela | Parcelas | Vencimento | Valor da Parcela |
|---|---|---|---|---|---|
| 1 | Fatura Cartão | R$ 110,40 | 6 | Fatura Cartão | R$ 110,40 |
| 2 | Fatura Cartão | R$ 110,40 | 7 | Fatura Cartão | R$ 110,40 |
| 3 | Fatura Cartão | R$ 110,40 | 8 | Fatura Cartão | R$ 110,40 |
| 4 | Fatura Cartão | R$ 110,40 | 9 | Fatura Cartão | R$ 110,40 |
| 5 | Fatura Cartão | R$ 110,40 | 10 | Fatura Cartão | R$ 110,56 |

* O valor total da compra não compromete o limite do seu cartão de crédito de uma só vez, as parcelas são lançadas mensalmente na fatura.

** O prazo do vencimento é calculado com base na data de emissão da apólice, porém para pagamentos com cartão de crédito deverá ser respeitada a data de vencimento da fatura do segurado.

## SEU CORRETOR

ARONE CORRETORA DE SEGUROS LTDA

**E-mail:** aroneseguros@brturbo.com.br **Telefone:** 5133361138 **Código:** 8821989

**SUSEP Nº:** 202015227 **Flilial:** 57

## CLÁUSULAS

150 - Cobertura Adicional Kit Gás

252 - Valor de Mercado Referenciado - Valor Econômico

253 - Molicar - 2a. tabela de Referência - Revista Carro

308 - Vidros - Plano 1

6316 - Assistência 24 Horas Automóvel - Plano 2 / Guincho - 500 km

7507 - Carro Reserva - 07 dias

## PROCESSO SUSEP

**SUSEP** - Superintendência de Seguros Privados - Autarquia Federal responsável pela fiscalização, normatização e controle dos mercados de seguro, previdência complementar aberta, capitalização, resseguro e corretagem de seguros. Telefone de atendimento ao Público: 0800-021-8484.

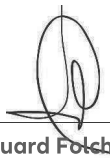
As condições contratuais/regulamento deste produto protocolizadas pela sociedade/entidade junto à SUSEP poderão ser consultadas no endereço eletrônico www.susep.gov.br, de acordo com o número de processo constante da apólice/proposta.

**PROCESSO SUSEP:** 15414.002216/2004-57. Para registro de reclamações, acesse: ww.consumidor.gov.br
O registro do produto é automático e não representa aprovação ou recomendação por parte da SUSEP.

## PRIVACIDADE DE DADOS PESSOAIS

A Allianz realiza o tratamento de seus dados pessoais observando a legislação vigente, termos e condições previstos em sua Política de Privacidade de Dados (disponível no site allianz.com.br), bem como adota medidas de segurança aptas a proteger os seus dados pessoais de acessos não autorizados e qualquer forma de tratamento ilícito ou inadequado.

PORTO ALEGRE, 01 de Novembro de 2023



**Eduard Folch Rue**
**Presidente Allianz Seguros S.A.**

Document digitally signed in accordance with Provisional Measure No. 2.200/2001 of 08/24/2001, which established the Brazilian Public Key Infrastructure (ICP-Brasil).

TOKIO MARINE SEGURADORA

ARONE CORRETORA DE SEGUROS



# Tokio Marine AUTO

## Discover the Advantages of Your Tokio Marine Insurance Policy

### 24-Hour Assistance

Assistance available 24 hours a day, throughout Brazil.

### Digital Profile Updates

Policyholder, now you may update your personal information, including your banking information, through digital channels.

### Tokio Indica

A benefits program offering discounts and recommendations to help with your everyday needs.

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## Insurance Policy

TOKIO MARINE SEGURADORA

*RAQUEL TEIXEIRA,*

**Thank you for choosing Tokio Marine Seguradora!**

Congratulations! You have protected your vehicle with the confidence of one of the largest insurance companies in Brazil and worldwide. You can now enjoy the benefits of comprehensive insurance coverage and exclusive 24-Hour Roadside Assistance services.

This is your Renewed Insurance Policy. Read it carefully to ensure your peace of mind.

The following pages contain all the details of your insurance policy, as well as the various customer service channels available to you.

Feel free to contact us whenever you have questions, wish to submit requests, or need to keep your information up to date.

You can also download the Tokio Marine mobile application. Through the app, you can conveniently access all information related to your insurance policy, including payment status, with a single tap.

TOKIO MARINE SEGURADORA

## Tokio Marine Auto

### INSURANCE DETAILS

**Policy Period:** From 12:00 AM on 10/05/2023 to 12:00 AM on 10/05/2024

**Line of Business:**05.31 **Policy No.:** 29532263 **Business No.:**109443515 **Proposal No.:**109443515
**Type of Insurance:** Tokio Renewal **CI:**61923321240517 **Bonus Class:** 5
**Issue Date:** 10/03/2023 5:34:08 PM **Version Date:** 10/02/2023

**Policy Delivery Method:** E-mail (Digital Insurance Summary or Endorsement, Digital Insurance Card, and Digital Payment Slip)
**E-mail:** PAULOKOO100@GMAIL.COM
**Correspondence Destination:** DIGITAL

### INSURED/DRIVER

**Insured:** RAQUEL TEIXEIRA
**CPF:** 280.104.421-00
**Mailing Address:** RUA DOS EUCALIPTOS, LOTS 01 AND 02, No. 02 – HOUSE
**Neighborhood:** FLORESTINHA I
**ZIP Code:** 28929-446 **City:** CABO FRIO **State:**RJ
**Mobile:**(51) 99882-0050 **Telephone:**

**E-mail:** PAULOKOO100@GMAIL.COM
**Is it possible to identify the primary driver?** The Insured.
**Primary Driver's Marital Status:** Married or in a Common-law Marriage

**Do you wish to purchase insurance coverage for drivers between 18 and 25 years of age who reside with the Primary Driver?**
No. I acknowledge that this response reduces the premium charged.

I understand that, if at the time of a covered loss the insured vehicle is being operated by a resident driver between 18 and 25 years of age, no indemnity shall be payable as it will be considered a non-covered risk, unless it is demonstrated by appropriate documentation that the use of the vehicle resulted from a medical emergency.

The Primary Driver is the individual who operates the vehicle most of the time (at least five days per week), although other persons may use the vehicle occasionally (for no more than two days per week). If multiple individuals use the vehicle more than two days per week, the insured must designate the youngest driver as the Primary Driver.
Any discrepancy in this information may result in the loss of the right to indemnity.

TOKIO MARINE SEGURADORA

## VEHICLE

**Vehicle:** TIIDA SL 1.8 FLEX 16V AUTOMATIC
**Manufacturer:** NISSAN
**Use:** Personal – Leisure / Commuting to and from Work
**License Plate:** JKC4617 **Re-stamped VIN:** No
**Brand New Vehicle:** No
**Vehicle with CNG Kit:** No
**Loaned Tracking Device:** None
**Tax Exemption:** No

**Model Year:** 2013
**Vehicle Identification Number (VIN):** 3N1BC1CD9DK192914
**Fuel Type:** Flex Fuel
**Seating Capacity:** 5
**Armored Vehicle:** No
**Fipe Code:** 023068-5
**Exclusive Condition:** Not Available

## RISK LOCATION

**Overnight ZIP Code:** 28929-446

**The Primary Driver Resides In:** Residence in a Gated Community

**Does the Primary Driver have access to a private or leased enclosed parking space or garage at both the primary residence and the regular workplace for the insured vehicle?**
Yes, at both the residence and the workplace.

## COVERAGE

| Description | Maximum Indemnity Limit (R$) | Net Premium (R$) |
|---|---|---|
| Collision, Fire, and Robbery/Theft | 100% of the Referenced Value | 1,389.73 |
| Accessories | Not Contracted | 0.00 |
| Extraordinary Expenses | Not Contracted | 0.00 |
| Armoring | Not Contracted | 0.00 |
| CNG Kit | Not Contracted | 0.00 |
| Extension of Brand-New Vehicle Coverage | Not Contracted | 0.00 |
| Third-Party Liability (RCF-V) – Property Damage | 100,000.00 | 304.95 |
| Third-Party Liability (RCF-V) – Bodily Injury | 100,000.00 | 44.79 |
| Third-Party Liability (RCF-V) – Moral Damages | 10,000.00 | 58.71 |
| *APP – Death (per Passenger) | 10,000.00 | 16.37 |
| *APP - Permanent Disability (per Passenger) | 10,000.00 | 16.37 |
| **Total Net Premium** | | **1,830.92** |

**Referenced Value:** Refers to the vehicle's referenced market value as published in the FIPE Price Table. If this table is discontinued or ceases to be published, the Total Loss Indemnity shall be based on the value published in the Molicar Price Table (www.molicar.com.br).

**Waiver of 1st Partial Deductible:** No

*APP - Personal Accident Coverage for Passengers

Translator's Note: FIPE refers to the Fundação Instituto de Pesquisas Econômicas (Foundation Institute of Economic Research), a Brazilian organization that publishes the FIPE Price Index, the standard reference used nationwide to determine the average market value of motor vehicles. In automobile insurance policies, coverage expressed as a percentage of the FIPE Value means that the maximum indemnity is calculated based on the vehicle's market value as published in the FIPE Price Index at the time of the covered loss.

TOKIO MARINE SEGURADORA

## SERVICES

**24-Hour Roadside Assistance:** VIP
**Glass Coverage:** Comprehensive
**Courtesy Car:** 7 days (1.0 engine, A/C, Power Steering)

**Towing Limit:** 200 km + 300 km = 500 km
**Logo Coverage:** Not Applicable

## DEDUCTIBLES

**Car Body Shell**

| | |
|---|---|
| Partial Loss | R$ 3,364.00 |
| Total Loss | Not Applicable |

**Glass Coverage: Comprehensive**

| | | | | | |
|---|---|---|---|---|---|
| Windshield: | R$ | 405.00 | Rear Window: | R$ | 405.00 |
| Side Windows: | R$ | 185.00 | Halogen Headlight: | R$ | 235.00 |
| Xenon/LED Headlight: | R$ | 535.00 | Smart Car Headlight: | R$ | 535.00 |
| Auxiliary Headlight: | R$ | 140.00 | Halogen Taillight | R$ | 330.00 |
| LED Taillight | R$ | 330.00 | Auxiliary Taillight | R$ | 140.00 |
| Exterior Side Mirror | R$ | 190.00 | Interior Rearview Mirror | R$ | 335.00 |
| Window Regulator | R$ | 225.00 | | | |

## SPECIAL CONDITIONS

**Repair Facility:** Insured's Choice
**Replacement Parts:** New, original parts

TOKIO MARINE SEGURADORA

## PAYMENT

**Total Net Premium:** R$ 1,830.92
**Total Premium:** R$ 1,966.05
**Card Number:** **********1155
**Invoice Due Day:** 09
**Cardholder:** PAULO *****
**Cardholder CPF/CNPJ:** 842.845.958-49

**Interest:** R$ 0.00
**Payment Method:** Credit Card

**IOF:** R$ 135.13

**Card Brand:** MASTERCARD

| Installment | Amount (R$) | Due Date | Payment Method |
|---|---|---|---|
| 01 | 196.52 | 10/11/2023 | Credit Card |
| 02 | 196.52 | 11/13/2023 | Credit Card |
| 03 | 196.52 | 12/13/2023 | Credit Card |
| 04 | 196.52 | 01/11/2024 | Credit Card |
| 05 | 196.52 | 02/13/2024 | Credit Card |
| 06 | 196.52 | 03/13/2024 | Credit Card |
| 07 | 196.52 | 04/11/2024 | Credit Card |
| 08 | 196.52 | 05/13/2024 | Credit Card |
| 09 | 196.52 | 06/12/2024 | Credit Card |
| 10 | 197.37 | 07/11/2024 | Credit Card |

After the due date of any installment, late-payment interest and penalties shall be charged in accordance with the General Conditions of the insurance policy.

## INSURANCE BROKER

**Branch Office:** 08702 - PORTO ALEGRE
**Broker:** ARONE CORRETORA SEGUROS LTDA
**CNPJ:** 002.409.174/0001-38
**Address:** RUA ELEUTERIO ARAUJO 14 SUITE 301
**ZIP Code:** 90680-410
**Phone:** (51) 3336-1138

**Broker Code:** 353884

**SUSEP Registration No.:** 202015227
**Neighborhood:** PARTENON
**City:** PORTO ALEGRE **State:** RS

TOKIO MARINE SEGURADORA

## GENERAL CONDITIONS

Please refer to your Policy's General Conditions and Service Guide by visiting our website **www.tokiomarine.com.br.** There you will find the description of coverages, special conditions, clauses, services, covered risks, excluded risks, and other contractual conditions of the Policy.

If you prefer, you may request a printed copy of the General Conditions and Service Guide by calling 0300 33 TOKIO (86546).

**The General Conditions and Service Guide governing this insurance contract are:**

**Automobile:**

**- General Conditions, version dated February 16, 2023.**

**- Service Guide, version dated June 22, 2023.**

The contractual conditions/regulations of this product, as filed by the company/entity with SUSEP, may be consulted at www.susep.gov.br, using the process number stated on the policy/proposal.

SUSEP (Superintendency of Private Insurance) is the Federal Agency responsible for supervising, regulating, and controlling the insurance, open supplementary pension, capitalization, reinsurance, and insurance brokerage markets.

The Insurer will use registration data regarding financial restrictions of the proposer, the vehicle's legal owner, and the drivers declared at the time the policy was taken out. It may also consult information regarding any claims involving the vehicle that relate to the parties mentioned above.

The Policyholder is hereby informed that their data may be shared by the Insurer with partner companies, specifically for the provision of services arising from the insurance contract, while respecting the confidentiality of such information.

***Exclusive Consumer Service- SUSEP:*** 0800 021 8484 - Monday to Friday, 9:30 AM to 5:00 PM.

This Policy is underwritten by TOKIO MARINE SEGURADORA S.A. - CNPJ 033.164.021/0001-00 - SUSEP Code 6190. SUSEP Process No. 15414.100335/2004-74 (Automobile), headquartered at Rua Sampaio Viana, 44 - Paraíso - ZIP Code: 04004-902 - São Paulo - SP.

Product registration is automatic and does not represent approval or endorsement by Susep.

The policyholder may check the registration status of the insurance broker and the insurance company at www.susep.gov.br.

**ATTENTION: If there is any error, inconsistency, or change in the personal and contact information provided, the Insurer must be notified immediately by calling 0300 33 TOKIO (86546), under penalty of loss of rights and cancellation of the policy.**

São Paulo, October 3, 2023.

**TOKIO MARINE SEGURADORA S.A.**



José Adalberto Ferrara
CEO

TOKIO MARINE SEGURADORA

## Digital Channels

### WhatsApp Service

Add our number to your contacts or scan the QR code

**11 99578-6546**

### Apple Business Chat

Access the chat using the QR code alongside.

### Service Portal

Access the portal via the link below or the QR code

autoatendimento.tokiomarine.com.br/portal/

### Policyholder App

Download our app via the link below or scan the QR code

www.tokiomarine.com.br/mobile/cliente/

## Accessibility



### ICOM Service

The ICOM tool enables service for deaf citizens or those with hearing impairments in their own language.

**How to access**
Simply connect via the website on your phone or computer:

https://www.tokiomarine.com.br/acessibilidade/



### Tokio Marine and Hand Talk

Tokio Marine, one of the country's largest insurance companies, has partnered with the Brazilian startup Hand Talk to develop a website feature that allows users—with just a single click

**How to access**
Simply connect via the website on your phone or computer:

https://www.tokiomarine.com.br/acessibilidade/

## Services

### Services and Assistance

- Claims Notification
- 24H Assistance/Towing
- Glass Service
- Duplicate documents and payment slips

### Inquiries and Support

- Check and issue payoff statements
- Payment slip validation
- Find authorized repair shops
- Broker lookup
- Online Chat

### Insurance Quotes

- Auto Insurance
- Home Insurance
- Individual Personal Accident Insurance
- Intern Personal Accident Insurance

## Contacts

**Claims Notification and Customer Service Center**
0300 33 TOKIO (86546)

**Glass, Headlights, Taillights, Mirrors, Bumpers, Scratches, Glass Repair Equipment and Dent Repair**
**National Territory:** 0800 707 8005
**Other Countries:** 55 27 2121 5599

**Courtesy Car**
**National Territory:** 0800 20 TOKIO (86546)

**Towing | 24-Hour Assistance**
**National Territory:** 0800 31 TOKIO (86546)
**Mercosur:** 55 11 2125 3030

**Customer Service:** 0800 703 9000
**Customer Service (Hearing/Speech Impaired):** 0800 770 1523

**Fraud Hotline:** 0800 707 6060
**Ombudsman:** 0800 449 0000
**ouvidoria@tokiomarine.com.br**

**Consumer Complaint Registration**
**www.consumidor.gov.br**



www.tokiomarine.com.br

## Social Responsibility

**“Since 2013, Tokio Marine has reduced the printing of policies and endorsements sent to our policyholders. Since then, these have been made available in PDF format through our Digital Channels.”**

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

Marina Viana

**Date: July 23, 2026**

Documento assinado digitalmente conforme MP nº 2.200/2001 de 24/08/2001, que institui a Infraestrutura de Chaves Públicas Brasileira - ICP-Brasil. O

TOKIO MARINE SEGURADORA

ARONE
CORRETORA DE SEGUROS



# Tokio Marine AUTO

## Conheça os diferenciais do seu Seguro Tokio Marine

### Atendimento 24 horas

Atendimento em todo o território nacional, 24 horas por dia.

### Alteração Cadastral Digital

Segurado, agora você pode realizar suas alterações cadastrais e até alteração de dados bancários.

### Tokio Indica

O programa de benefícios com descontos e dicas para resolver seu dia a dia.

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# Apólice de Seguro

TOKIO MARINE SEGURADORA

## *RAQUEL TEIXEIRA,*

**Obrigado por escolher a Tokio Marine Seguradora!**

Parabéns! Você protegeu seu bem com a confiança de uma das maiores seguradoras do Brasil e do mundo. E agora, já pode contar com as melhores coberturas e os serviços exclusivos de Assistência 24 Horas.

Esta é a sua Apólice Renovada. Leia com atenção e garanta a sua tranquilidade.

Nas próximas páginas, você poderá conferir todos os detalhes do seu Seguro, além de todos os canais de atendimento que estão à sua disposição.

Fique à vontade para fazer contato sempre que precisar tirar dúvidas, fazer solicitações e para manter seus dados sempre atualizados.

Aproveite e baixe também o aplicativo Tokio Marine. Com ele, você tem a praticidade de consultar tudo sobre o seu Seguro, incluindo *status* de pagamentos, em apenas um toque.

TOKIO MARINE SEGURADORA

## Tokio Marine Auto

### DADOS DO SEGURO

**Vigência:** a partir das 24 horas do dia 05/10/2023 até às 24 horas do dia 05/10/2024
**Ramo:** 05.31 **Apólice:** 29532263 **Negócio:** 109443515 **Proposta:** 109443515
**Tipo de Seguro:** Renovação Tokio **CI:** 61923321240517 **Classe de Bônus:** 5
**Data da Emissão:** 03/10/2023 17:34:08 **Data da Versão:** 02/10/2023
**Forma de envio da Apólice:** E-mail (Resumo do seguro ou Endosso, cartão do segurado e boleto digitais)
**E-mail:** PAULOKOO100@GMAIL.COM
**Destino da Correspondência:** DIGITAL

### SEGURADO/CONDUTOR

**Segurado:** RAQUEL TEIXEIRA
**CPF:** 280.104.421-00
**Endereço de Correspondência:** RUA DOS EUCALIPTOS LOTE 01 E 02, 02 - CASA
**Bairro:** FLORESTINHA I
**CEP:** 28929-446 **Cidade:** CABO FRIO **UF:** RJ
**Celular:** (51) 99882-0050 **Telefone:**
**E-mail:** PAULOKOO100@GMAIL.COM
**É possível determinar o condutor?** Próprio Segurado
**Estado Civil principal condutor:** Casado(a) ou vive em união estável

**Deseja contratar cobertura do seguro para condutores na faixa etária de 18 a 25 anos que residem com o Principal Condutor?**
Não e estou ciente que esta resposta reduz o prêmio pago

Compreendi que se no momento do sinistro o veículo estiver sendo utilizado por condutores de 18 a 25 anos residentes, não haverá indenização, pois será considerado risco não contratado, exceto se comprovado por documentos idôneos que se trata de emergência médica.

O Principal Condutor é a pessoa que utiliza o veículo a maior parte do tempo (mínimo 5 dias da semana), ainda que outras pessoas possam, em situações eventuais (no máximo 2 dias por semana), também utilizá-lo. Se várias pessoas utilizarem o veículo mais de dois dias por semana, o segurado deverá contratar como principal condutor, a pessoa mais jovem.
Eventual divergência poderá acarretar a perda do direito à indenização.

TOKIO MARINE SEGURADORA

## VEÍCULO

**Veículo:** TIIDA SL 1.8 FLEX 16V AUT
**Fabricante:** NISSAN
**Ano Modelo:** 2013
**Tipo de utilização:** Particular - Lazer / ida e volta ao trabalho
**Chassi:** 3N1BC1CD9DK192914
**Placa:** JKC4617
**Combustível:** Flex
**Chassi Remarcado:** Não
**Lotação:** 5
**Zero KM:** Não
**Veículo Blindado:** Não
**Veículo com Kit Gás:** Não
**Código Fipe:** 023068-5
**Dispositivo em Comodato:** Não possui
**Condição Exclusiva:** Não disponível
**Isenção Fiscal:** Não

## LOCAL DE RISCO

**CEP de pernoite:** 28929-446

**O principal condutor reside em:** Casa em condomínio fechado

**O Principal condutor possui estacionamento ou garagem fechada, própria ou alugada, na residência habitual e no local fixo de trabalho para o veículo segurado?**
Sim, na residência e no trabalho

## COBERTURAS

| Descrição | Limite Máximo Indenização R$ | Prêmio Líquido R$ |
|---|---|---|
| Colisão, Incêndio e Roubo/Furto | 100% do valor referenciado | 1.389,73 |
| Acessórios | Não contratada | 0,00 |
| Despesas Extraordinárias | Não contratada | 0,00 |
| Blindagem | Não possui | 0,00 |
| Kit Gás | Não possui | 0,00 |
| Extensão para Garantia de 0km | Não contratada | 0,00 |
| RCF-V - Danos Materiais | 100.000,00 | 304,95 |
| RCF-V - Danos Corporais | 100.000,00 | 44,79 |
| RCF-V - Danos morais | 10.000,00 | 58,71 |
| APP - Morte por Passageiro | 10.000,00 | 16,37 |
| APP - Invalidez por Passageiro | 10.000,00 | 16,37 |
| **Prêmio Líquido Total** | | **1.830,92** |

**Valor Referenciado:** refere-se ao valor de mercado referenciado do veículo constante na tabela FIPE. Se esta tabela for extinta ou deixar de ser publicada, a Indenização Integral terá como base o valor que constar na tabela Molicar (site www.molicar.com.br).

**Isenção de 1ª Franquia Parcial:** Não

TOKIO MARINE SEGURADORA

## SERVIÇOS

**Assistência 24 horas:** VIP
**Vidros:** Completo
**Carro Reserva:** 7 diárias 1.0 AR DH

**KM de Reboque:** 200 km + 300 km = 500 km
**Logomarca:** Não possui

## FRANQUIAS

**Casco**

| | |
|---|---|
| Indenização Parcial | R$ 3.364,00 |
| Indenização Integral | Não Possui |

**Vidros: Completo**

| | | | | | |
|---|---|---|---|---|---|
| Parabrisa: | R$ | 405,00 | Vigia/Traseiro: | R$ | 405,00 |
| Lateral: | R$ | 185,00 | Farol Halógeno: | R$ | 235,00 |
| Farol xenon/led: | R$ | 535,00 | Farol Inteligente: | R$ | 535,00 |
| Farol auxiliar: | R$ | 140,00 | Lanterna Halógena: | R$ | 330,00 |
| Lanterna led: | R$ | 330,00 | Lanterna auxiliar: | R$ | 140,00 |
| Retrovisor externo: | R$ | 190,00 | Retrovisor Interno: | R$ | 335,00 |
| Máquina de Vidro: | R$ | 225,00 | | | |

## CONDIÇÕES ESPECIAIS

**Tipo de Oficina para Reparo:** Livre Escolha
**Tipo de Peça para Reparo:** Novas originais

TOKIO MARINE SEGURADORA

## PAGAMENTO

**Prêmio Líquido Total:** R$ 1.830,92 **Juros:** R$ 0,00 **I.O.F.:** R$ 135,13
**Prêmio Total:** R$ 1.966,05 **Cobrança:** Cartão de Crédito
**Número do Cartão:** **********1155 **Bandeira:** MASTERCARD
**Dia Vencimento da Fatura:** 09
**Titular:** PAULO *****
**CPF/CNPJ Titular do Cartão:** 842.845.958-49

| Parcela | Valor (R$) | Vencimento | Forma de Pagamento |
|---|---|---|---|
| 01 | 196,52 | 11/10/2023 | Cartão de Crédito |
| 02 | 196,52 | 13/11/2023 | Cartão de Crédito |
| 03 | 196,52 | 13/12/2023 | Cartão de Crédito |
| 04 | 196,52 | 11/01/2024 | Cartão de Crédito |
| 05 | 196,52 | 13/02/2024 | Cartão de Crédito |
| 06 | 196,52 | 13/03/2024 | Cartão de Crédito |
| 07 | 196,52 | 11/04/2024 | Cartão de Crédito |
| 08 | 196,52 | 13/05/2024 | Cartão de Crédito |
| 09 | 196,52 | 12/06/2024 | Cartão de Crédito |
| 10 | 197,37 | 11/07/2024 | Cartão de Crédito |

Após o vencimento da parcela, serão cobradas multa e juros de mora conforme estabelecido nas Condições Gerais.

## CORRETOR

**Sucursal:** 08702 - PORTO ALEGRE **Código:** 353884
**Nome Corretor:** ARONE CORRETORA SEGUROS LTDA
**CNPJ:** 002.409.174/0001-38 **Cód. SUSEP:** 202015227
**Endereço:** RUA ELEUTERIO ARAUJO 14 SL 301 **Bairro:** PARTENON
**CEP:** 90680-410 **Cidade:** PORTO ALEGRE **UF:** RS
**Tel:** (51) 3336-1138

TOKIO MARINE SEGURADORA

## CONDIÇÕES GERAIS

Consulte as Condições Gerais e Guia de Serviços do seu Seguro, acessando nosso site **www.tokiomarine.com.br**. Neles, você encontrará a descrição das coberturas, condições especiais, cláusulas, serviços, riscos cobertos, riscos excluídos e demais condições contratuais do Seguro.

Se preferir, solicite a via impressa das Condições Gerais e Guia de Serviços pelo telefone 0300 33 TOKIO(86546).

**As Condições Gerais e Guia de Serviços que regem este contrato de Seguro são:**

**Automóvel:**

- **Condições Gerais versão de 16 de Fevereiro de 2023.**
- **Guia de Serviços versão de 22 de Junho de 2023.**

As condições contratuais/regulamento deste produto protocolizadas pela sociedade/entidade junto à SUSEP poderão ser consultadas no endereço eletrônico www.susep.gov.br, de acordo com o número de processo constante da apólice/proposta.

SUSEP Superintendência de Seguros Privados Autarquia Federal responsável pela fiscalização, normatização e controle dos mercados de seguro, previdência complementar aberta, capitalização, resseguro e corretagem de seguros.

A Seguradora utilizará os dados cadastrais referentes às restrições financeiras do proponente, do proprietário legal do veículo e dos condutores declarados no momento da contratação do seguro. Poderá ainda consultar informações correspondentes a eventuais ocorrências de sinistro com o veículo, que envolvam as partes anteriormente mencionadas.

O Segurado fica ciente que seus dados poderão ser compartilhados pela Seguradora com empresas parceiras, especificamente para prestações de serviços decorrentes do contrato de seguro, respeitando a confidencialidade das informações.

***Atendimento Exclusivo ao Consumidor*** - ***SUSEP:*** 0800 021 8484 - De segunda a sexta-feira, das 9h30 às 17h.

Este Seguro é garantido pela TOKIO MARINE SEGURADORA S.A. - CNPJ 033.164.021/0001-00 - Código SUSEP 6190. Processo SUSEP Nº 15414.100335/2004-74 (Automóvel), cuja matriz está situada à Rua Sampaio Viana, 44 - Paraíso - CEP: 04004-902 - São Paulo - SP.

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

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

**ATENÇÃO: Havendo erro, inconsistência ou alteração dos dados pessoais e de contato informados, a Seguradora deve ser imediatamente informada através do telefone 0300 33 TOKIO (86546), sob pena de perda de direito e cancelamento do seguro.**

São Paulo, 03 de Outubro de 2023.

**TOKIO MARINE SEGURADORA S.A.**



José Adalberto Ferrara
*Diretor Presidente*

TOKIO MARINE SEGURADORA

## Canais Digitais

### Atendimento WhatsApp

Adicione nosso número em contatos ou pelo QR code

**11 99578-6546**

### Apple Business Chat

**Acesso ao chat utilizando o QR code ao lado.**

### Portal Atendimento

Acesse o portal pelo link abaixo ou pelo QR code

autoatendimento.tokiomarine.com.br/portal/

### Aplicativo Segurado

Baixe nosso APP pelo link abaixo ou acesse o QR code

www.tokiomarine.com.br/mobile/cliente/

## Acessibilidade



### Atendimento ICOM

A ferramenta icom permite atendimento ao cidadão surdo ou com algum tipo de deficiência auditiva em seu próprio idioma.

**Como acessar:**
Basta se conectar via site pelo celular ou computador. https://www.tokiomarine.com.br/acessibilidade/



### Tokio Marine e Hand Talk

A Tokio Marine, uma das maiores Seguradoras do país, em parceria com a startup brasileira Hand Talk, desenvolveu uma funcionalidade no site da Seguradora que permite, com apenas um clique.

**Como acessar:**
Basta se conectar via site pelo celular ou computador.
https://www.tokiomarine.com.br/acessibilidade/

## Serviços

### Serviços e Assistências

- Aviso de Sinistro
- Assistência 24H/Guincho
- Serviço de Vidros
- 2ª via de documentos e boletos

### Consultas e Atendimentos

- Consulta e emissão do termo de quitação
- Validação de Boletos
- Encontre oficinas referenciadas
- Consulta de corretores
- Chat Online

### Cotações de Seguros

- Seguro Automóvel
- Seguro Residencial
- Seguro Acidentes Pessoais Individual
- Seguro Acidentes Pessoais Estagiário

## contatos

**Aviso de Sinistro e Central de Atendimento**
0300 33 TOKIO(86546)

**Vidros, Faróis, Lanternas, Retrovisores, Para-Choques, Arranhões, Máquina de Vidro e Martelinho**
**Território Nacional:** 0800 707 8005
**Outros Países:** 55 27 2121 5599

**Carro Reserva**
**Território Nacional:** 0800 20 TOKIO (86546)

**Guincho | Assistência 24h**
**Território Nacional:** 0800 31 TOKIO(86546)
Mercosul: 55 11 2125 3030

**SAC:** 0800 703 9000
**SAC/Deficientes auditivos e de Fala:** 0800 770 1523

**Disque Fraude:** 0800 707 6060
**Ouvidoria:** 0800 449 0000
**ouvidoria@tokiomarine.com.br**

**Registro de Reclamação Consumidor**
**www.consumidor.gov.br**



www.tokiomarine.com.br

### Responsabilidade Social

“Desde 2013, a Tokio Marine reduziu a impressão de apólices e endossos enviadas para os nossos segurados. Desde então, estão disponíveis em PDF nos nossos Canais Digitais.”

Accommodation **and earn LATAM Pass Points**



Powered by Booking.com

# Your trip to Brasília

Purchase Order No.: **LA9575512AIVI**

2 Passengers

Check your luggage

Manage trip

Boarding Pass

Add Luggage

Choose Seats

Travel insurance

Show more

## Itinerary

The times correspond to the local time in each city.

Wednesday, December 04, 2024

### Rio de Janeiro to Brasília

**1 PM** Rio de Janeiro

Santos Dumont (SDU)

Wednesday, December 11, 2024

## Brasília to Rio de Janeiro

**9:30 AM** Brasília

Brasilia International (BSB)

**LA3536** - Airplane Airbus 319

Operated by Latam Airlines Group

Duration 1 h 45 min.

View more flight details

**11:15 AM** Rio de Janeiro

Santos Dumont (SDU)

# Luggage

## Rio de Janeiro to Brasília

Sum of the luggage of the 2 passengers:



**2** Small bags or backpacks



**2** Hand luggage 10 kg



-- No Checked luggage 15 kg



**2** Checked luggage 23 kg

## Seats

### Rio de Janeiro to Brasília

12C **Paulo Alves Koo**
**Standard** - Economy
Cabin Aisle

12D **Raquel Teixeira**
**Standard** - Economy
Cabin Aisle

Manage seats

### Brasília to Rio de Janeiro

Rentalcars.com

Rent a car and earn
LATAM Pass Points

View cars

## Earn more LATAM Pass Points

By requesting these extra services for your trip on our website




**Find your ideal hotel**



**Request your LATAM Pass Itaucard credit card**

Request your card



**Protect your trip against COVID-19 and unforeseen events**

Get insurance



**Book a transfer to or from the airport**

Go to Mozio.com

## See also before traveling

**See more opportunities**

© 2024 LATAM Airlines Brasil Rua Ática No. 673, 6th floor room 62, ZIP Code 04634-042 São Paulo/SP CNPJ: 02.012.862/0001-60

Certified by:

Member:

I, Carolina Favero da Silva, 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: March 28, 2025.

Reserve agora sua hospedagem e **acumule Pontos LATAM Pass**



Powered by Booking.com

# Sua viagem a Brasília

Nº Ordem de compra: **LA9575512AIVI**

2 Passageiros

Confira sua bagagem

Administrar viagem | Cartão de embarque

Adicionar Bagagem | Escolher Assentos | Seguro de viagem | Ver mais

## Itinerário

Os horários correspondem à hora local de cada cidade.

Quarta-feira, 04 de dezembro de 2024

### Rio de Janeiro a Brasília

**13:00** Rio de Janeiro

Santos Dumont (SDU)

Quarta-feira, 11 de dezembro de 2024

## Brasília a Rio de Janeiro

**9:30** Brasília
Brasilia Intl. (BSB)

**LA3536** - Avião Airbus 319
Operado por Latam Airlines Group
Duração 1 h 45 min.

Ver mais detalhes do voo

**11:15** Rio de Janeiro
Santos Dumont (SDU)

# Bagagem

## Rio de Janeiro para Brasília

Soma da bagagem dos 2 passageiros:



**2** Bolsas ou mochilas pequenas



**2** Bagagens de mão 10 kg



-- Sem bagagem despachada 15 kg



**2** Bagagens despachadas 23 kg

## Assentos

### Rio de Janeiro para Brasília

12C **Paulo Alves Koo**
**Padrão** - Corredor
Cabine Economy

12D **Raquel Teixeira**
**Padrão** - Corredor
Cabine Economy

Administrar assentos

### Brasília para Rio de Janeiro

Rentalcars.com

Alugue um carro e acumule Pontos LATAM Pass

Ver carros

## Acumule mais Pontos LATAM Pass

Solicitando em nosso site estes serviços extras para sua viagem.




**Encontre seu hotel ideal**



**Peça seu cartão de crédito LATAM Pass Itaucard**

Peça seu cartão



**Proteja sua viagem contra a COVID-19 e imprevistos**

Contrate um seguro



**Reserve o traslado para chegar ou sair do aeroporto**

Ir para Mozio.com

## Veja também antes de viajar

**Veja mais oportunidades**

© 2024 LATAM Airlines Brasil Rua Ática nº 673, 6º andar sala 62, CEP 04634-042 São Paulo/SP CNPJ: 02.012.862/0001-60

Certificado por:

Associado:

Gmail

Paulo Koo <paulokoo100@gmail.com>

# NEW: Reservation GK6NGG is confirmed

1 message

**Florida - Travel Agent, ATT** <Webmaster@attflorida.com>
To: paulokoo100@gmail.com

Thu, May 30, 2024 at 4:25 PM

Azul Have a great trip Paulo View in Browser

**Azul** Experience | Route map | Tudo**Azul** | Contact us

Thank you for choosing Azul, Paulo.
Your purchase has been completed!

Reservation code: **GK6NGG**

Print confirmation

## Rio de Janeiro, Santos Dumont (SDU) ✈ Palmas (PMW)

Thursday, June 06 2024 at 10:40 AM - ROUND-TRIP

Use the voucher bar code
for faster check-in at Azul "totems"

Bar code for Check-in

### Your flight to Palmas

**SDU**
Rio de Janeiro,
Santos Dumont
06/06 • 10:40 AM

1 connection
Flight 2898

**PMW**
Palmas
06/06 • 4:45 PM

### Travelers

Manage seats | Manage luggage

| Passenger | Checked Luggage | Seats |
|---|---|---|

| | | | |
|---|---|---|---|
| PA | **Paulo Alves Koo** | 1 included | Select seat |
| RT | **Raquel Teixeira** | 1 included | Select seat |

## Your flight to Rio de Janeiro, Galeão

**PMW**
Palmas
09/06 • 5:30 PM

1 connection
Flight 2928

**GIG**
Rio de Janeiro, Galeão
10/06 • 12:55 AM

## Travelers

Manage seats | Manage luggage

| Passenger | | Checked Luggage | Seats |
|---|---|---|---|
| PA | **Paulo Alves Koo** | 1 included | Select seat |
| RT | **Raquel Teixeira** | 1 included | Select seat |

| Airfare | |
|---|---|
| Total Fare | $345.68 |
| Seat SDU-VCP | $0.00 |
| Seat VCP-PMW | $0.00 |
| Seat PMW-VCP | $0.00 |
| Seat VCP-SDU | $0.00 |
| Fees | $35.32 |
| Air ticket total | $381.00 |

## Customer information

Nilza Hedrick
5605 international drive , orlando
ZIP Code 32819

Orlando - FL

| Payment Method | Installments | Status | Total |
|---|---|---|---|
| **MasterCard Credit Card** | **1x** | **Approved** | **$381.00** |

## Trip reminders



Bring an identity document with photo



Arrive in advance



Select your seat



Check-in online

## Important information

1. Arrive at the boarding area 1 (one) hour before the flight departure time carrying an original identity document with photo.

2. This ticket is non-endorsable.

3. Electronic tickets are valid for one year as of the respective issuance date. However, fares only apply to specified flight dates.

4. Check the FAQ section at voeazul.com.br for more information on rescheduling, reissue, refund and no-show charges.

5. In case of refunds, contact the airline via phone: 4003 1118.

6. The ticket shall be valid for one (1) year, from the date of its issue. Cancellations, changes and refunds can be made within the validity period, according to Azul's tariff rules in force at the time of purchase. Your choice is very important to us!

The luggage transport contract is available at the website or any of our stores.

Your choice is very important to us!

Azul Mobile  Live TV  100 Destinations



Like our Facebook page



Follow us on Twitter



Subscribe to our YouTube channel

Go to www.voeazul.com.br or contact your travel agent

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: July 24, 2026.

# NOVO: Reservation GK6NGG is confirmed

1 message

**Florida - Travel Agent, ATT** <Webmaster@attflorida.com> Thu, May 30, 2024 at 4:25 PM
To: paulokoo100@gmail.com

Azul Have a great trip Paulo View in Browser

**Azul** Experience | Route map | Tudo**Azul** | Contact us

Thank you for choosing Azul, Paulo.
Your purchase has been completed!

## Reservation code: **GK6NGG**

Print confirmation

## Rio de Janeiro, Santos Dumont (SDU) ✈ Palmas (PMW)

Thursday, June 06 2024 at 10:40 - ROUND-TRIP

Use the voucher bar code
for faster check-in at Azul "totems"

Bar code for Check-in

### Seu voo para Palmas

**SDU**
Rio de Janeiro,
Santos Dumont
06/06 • 10:40

1 conexão
Voo 2898

**PMW**
Palmas
06/06 • 16:45

## Viajantes

Gerenciar assentos | Gerenciar bagagens

Passageiro | Bagagem Despachada | Assentos

| | | | |
|---|---|---|---|
| PA | **Paulo Alves Koo** | 1 included | Select seat |
| RT | **Raquel Teixeira** | 1 included | Select seat |

## Seu voo para Rio de Janeiro, Galeão

**PMW**
Palmas
09/06 • 17:30

1 conexão
Voo 2928

**GIG**
Rio de Janeiro, Galeão
10/06 • 00:55

## Viajantes

Gerenciar assentos | Gerenciar bagagens

| Passageiro | Bagagem Despachada | Assentos | |
|---|---|---|---|
| PA | **Paulo Alves Koo** | 1 included | Select seat |
| RT | **Raquel Teixeira** | 1 included | Select seat |

| Airfare | |
|---|---|
| Total Fare | $345.68 |
| Seat SDU-VCP | $0.00 |
| Seat VCP-PMW | $0.00 |
| Seat PMW-VCP | $0.00 |
| Seat VCP-SDU | $0.00 |
| Fees | $35.32 |
| Air ticket total | $381.00 |

## Customer information

Nilza Hedrick
5605 international drive , orlando
CEP 32819

Orlando - FL

| Payment Method | Installments | Status | Total |
|---|---|---|---|
| **MasterCard Credit Card** | **1x** | **Approved** | **$381.00** |

## Trip reminders



Bring an identity document with photo



Arrive in advance



Select your seat



Check-in online

## Important information

1. Arrive at the boarding area 1 (one) hour before the flight departure time carrying an original identity document with photo.

2. This ticket is non-endorsable.

3. Electronic tickets are valid for one year as of the respective issuance date. However, fares only apply to specified flight dates.

4. Check the FAQ section at voeazul.com.br for more information on rescheduling, reissue, refund and no-show charges.

5. In case of refunds, contact the airline via phone: 4003 1118.

6. The ticket shall be valid for one (1) year, from the date of its issue. Cancellations, changes and refunds can be made within the validity period, according to Azul's tariff rules in force at the time of purchase. Your choice is very important to us!

The luggage transport contract is available at the website or any of our stores.

Your choice is very important to us!

Azul Mobile TV ao Vivo 100 Destinos



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Subscribe to our YouTube channel

Go to www.voeazul.com.br or contact your travel agent

# Manage your trip

See all updated information and manage your flight, passengers, and added services.

## Reservation Code **WAAUGY**

Ticket Status: Confirmed Payment Status: Confirmed



CHECK IN HIRE SERVICES

Split passengers
Print

### Departure Itinerary

| DEPARTURE | DESTINATION | DURATION | FARE | G3 I721 OPERATED BY GOL | GOL BENEFITS |
|---|---|---|---|---|---|
| SDU 06/12 - 11:25 AM | BSB 06/12 - 13:15 PM | 01:50 | Light | Flight Details | |

**PAULO ALVES KOO**

Check Passenger Information
Smiles Customer

**SDU – BSB**

Ticket number

1272111234854

**LUGGAGE**

Ticket number

1272111234854

**Added Service**

**Seat**
**SDU-BSB**
**1C** GOL+ Comfort Edit seat

**Luggage**
**SDU-BSB**
No purchased luggage Purchase luggage

**Dog 6 cat Cabin**

Check Passenger Information

Smiles Customer

**SDU - BSB**

Ticket number

1272111235024

**LUGGAGE**

Ticket number

1272111235024

**Seat**
**SDU - BSB**
**1B** GOL+ Comfort
Edit seat

**Luggage**
**SDU - BSB**
No luggage purchased
Purchase luggage

**Dog & Cat Cabin**
**SDU - BSB**
No Pet
Add Dog & Cat

## Return Itinerary

| DEPARTURE | DESTINATION | DURATION | FARE | G3 1722 OPERATED BY GOL | GOL BENEFITS |
|---|---|---|---|---|---|
| BSB 06/18 - 12:30 PM | SDU 06/18- 2:20 PM | 01:50 | Light | Flight details | |

**PAULO ALVES KOO**

Check Passenger Information

Smiles Customer

**BSB - SDU**

Ticket number

1272111234854

**LUGGAGE**

Ticket number

1272111234854

**Seat**
**BSB - SDU**
**1D** GOL+ Comfort
Edit seat

**Luggage**
**BSB - SDU**
No luggage purchased
Purchase luggage

**Dog & Cat Cabin**
**BSB - SDU**
No Pet
Add Dog & Cat

**RAQUEL TEIXEIRA**

Check Passenger Information

Smiles Customer

**BSB - SDU**

**Added Service**
**Seat**
**BSB - SDU**
**1E** GOL+ Comfort
Edit seat

**Dog & Cat Cabin**

**BSB - SDU** No Pet Add Dog & Cat



GOL Linhas Aéreas S.A - Senador Salgado Filho Square, no Nº, Santos Dumont Airport, first floor, public area, between the axles 46-48/0P, Management Room Back Office, Rio de Janeiro/RJ Zip Code: 20021-3401 CNPJ/MF: 07.575.651/0001-59

ASSOCIATE

American Airlines

AA RECORD LOCATOR: ZKQUKA

Get your boarding pass faster! Scan this barcode at any American Airlines Self-Service Machine.

## Rio De Janeiro to San Diego

### 2 Adults

**Wednesday December 13, 2023 – Wednesday January 3, 2024**

AA Record Locator
**ZKQUKA**

Your record locator is your reservation confirmation number and will be needed to retrieve or reference your reservation.

Reservation Name
**GIG/SAN**

Status: **Ticketed** Sep 12, 2023

Total Paid:
**$2,151.90 USD**

| Flight | Depart | Arrive |
|---|---|---|
| **American Airlines 904** | **Rio De Janeiro** (GIG)<br>December 13, 2023 11:55 PM<br>Travel Time : 8 h 50 m<br>Class : Economy<br>Seat : 37C , 37A | **Miami** (MIA)<br>December 14, 2023 06:45 AM<br>Booking Code : O<br>Aircraft : 772 |
| **American Airlines 2808** | **Miami** (MIA)<br>December 14, 2023 09:00 AM<br>Travel Time : 3 h 20 m<br>Class : Economy<br>Seat : 22K , 22J | **Dallas/ Fort Worth** (DFW)<br>December 14, 2023 11:20 AM<br>Booking Code : O<br>Aircraft : 788 |
| **American Airlines 1939** | **Dallas/ Fort Worth** (DFW)<br>December 14, 2023 12:49 PM<br>Travel Time : 3 h 15 m<br>Class : Economy<br>Seat : 22D , 22E | **San Diego** (SAN)<br>December 14, 2023 02:04 PM<br>Booking Code : O<br>Aircraft : 321 |

| Flight | Depart | Arrive |
|---|---|---|
| **American Airlines 2885** | **San Diego** (SAN)<br>January 3, 2024 01:30 PM<br>Travel Time : 2 h 59 m<br>Class : Economy<br>Seat : 21C , 21B | **Dallas/ Fort Worth** (DFW)<br>January 3, 2024 06:29 PM<br>Booking Code : O<br>Aircraft : 321 |
| **American Airlines 963** | **Dallas/ Fort Worth** (DFW)<br>January 3, 2024 07:25 PM<br>Travel Time : 10 h 10 m<br>Class : Economy<br>Seat : 30H , 30E | **Sao Paulo** (GRU)<br>January 4, 2024 08:35 AM<br>Booking Code : O<br>Aircraft : 789 |
| **American Airlines 7654**<br>Operated by GOL Linhas Aereas | **Sao Paulo** (GRU)<br>January 4, 2024 01:40 PM<br>Travel Time : 1 h 10 m<br>Class : Economy<br>Seat : -- , -- | **Rio De Janeiro** (GIG)<br>January 4, 2024 02:50 PM<br>Booking Code : O<br>Aircraft : 738 |

**Fare Amount**

**Adult**
**2** × $970.00 USD — $1,940.00 USD

**Taxes & Carrier-Imposed Fees**

**Taxes** — $211.90 USD

**Carrier-Imposed Fees** — $0.00 USD

**Flight Subtotal**

**$2,151.90 USD**

## Receipt

| PASSENGER | TICKET NUMBER | FREQUENT FLYER NUMBER | FARE | EQUIV FARE | Tax/Fee/Charge | TICKET TOTAL |
|---|---|---|---|---|---|---|
| KOO,PAULO | 0012478950575 | | $970.00 USD | 0.00 USD | 105.95 | 1075.95 |
| **Payment Type:** | MASTER CARD **********4730 | | | | **Total** | $2,151.90 USD |

| PASSENGER | TICKET NUMBER | FREQUENT FLYER NUMBER | FARE | EQUIV FARE | Tax/Fee/Charge | TICKET TOTAL |
|---|---|---|---|---|---|---|
| TEIXEIRA,RAQUEL | 0012478950577 | | $970.00 USD | 0.00 USD | 105.95 | 1075.95 |
| **Payment Type:** | MASTER CARD **********4730 | | | | **Total** | $2,151.90 USD |

## Endorsements/Restrictions

NONREF/RESTRICTIONS APPLY

## Terms and conditions:

If you've already begun travel, this receipt may only show portions of your trip not flown.

If your ticket involves travel outside the U.S., Canada, U.S. Virgin Islands or Puerto Rico and has been reissued, your ticket total may not include all taxes. Please contact Reservations for the correct total.

A summary of all the terms and conditions that apply to your travel are available on aa.com/conditionsofcarriage.

In Florida, USA - June of 2026









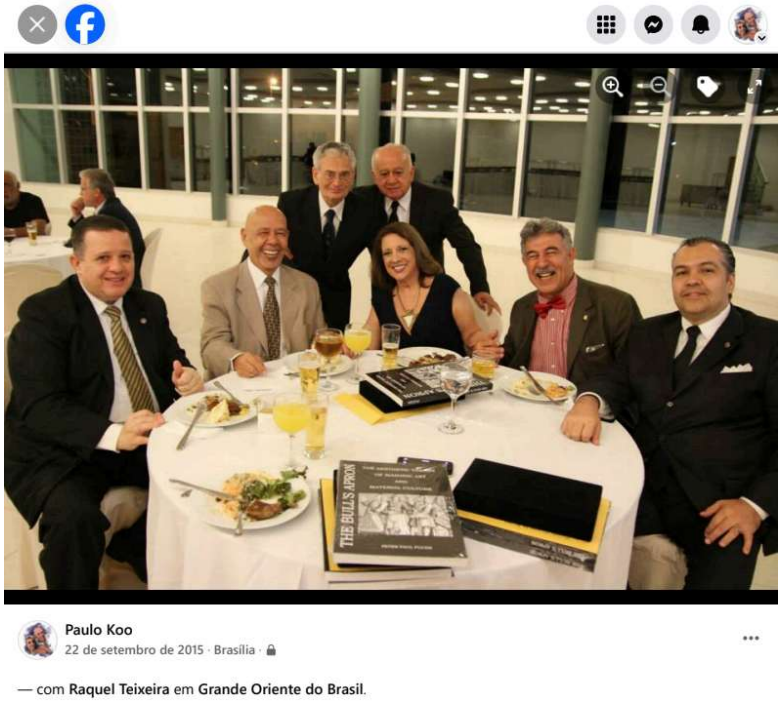



FARM


ROSS
DRESS FOR LESS
STOP



A social media post about a dinner with friends - September 22nd, 2025




New Year’s Facebook post - January 1st, 2025



Visiting Disneyland, California - 2024




New Year’s Eve with friends and family - January 1st, 2024



Christmas Eve in San Diego, California - December 25th, 2023



Family trip to Tanguá, Rio de Janeiro - 2023



Register in Recreio, Rio de Janeiro - 2023



Family trip to Italy - 2022



Family trip to Italy - 2022




Braga, Portugal - 2022



Porto, Portugal - 2022



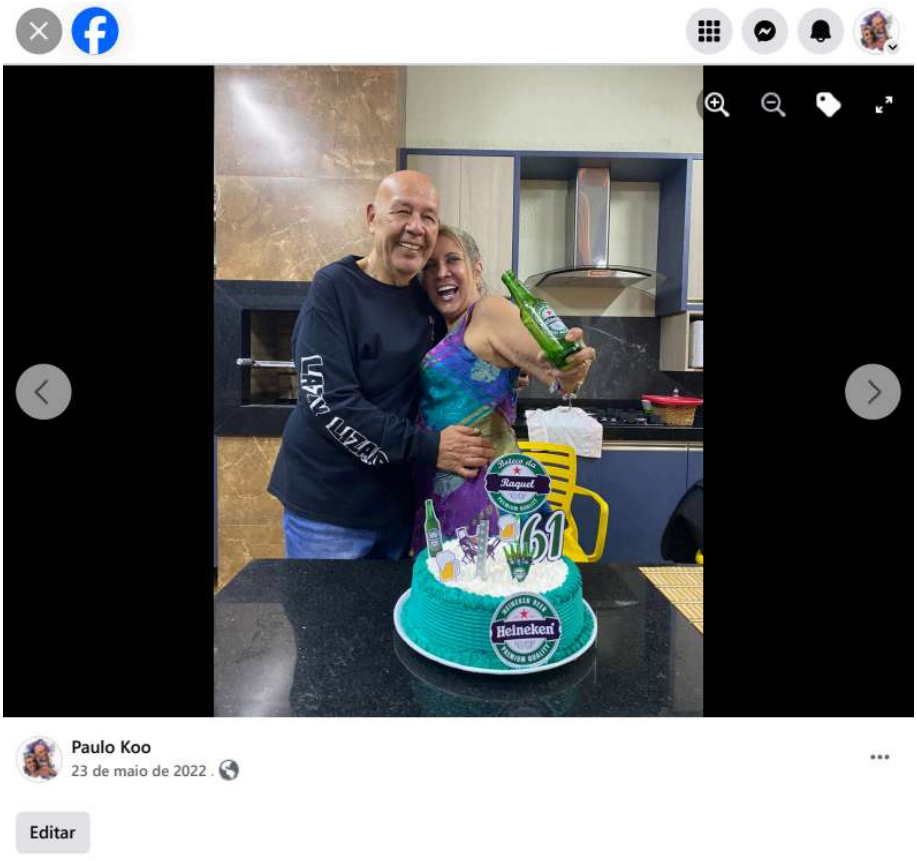
A trip to San Diego, California - 2022



Returning to the Tropicana Casino Chapel, where we got married  - 2022



Raquel's 61st birthday celebration - May 23rd, 2022



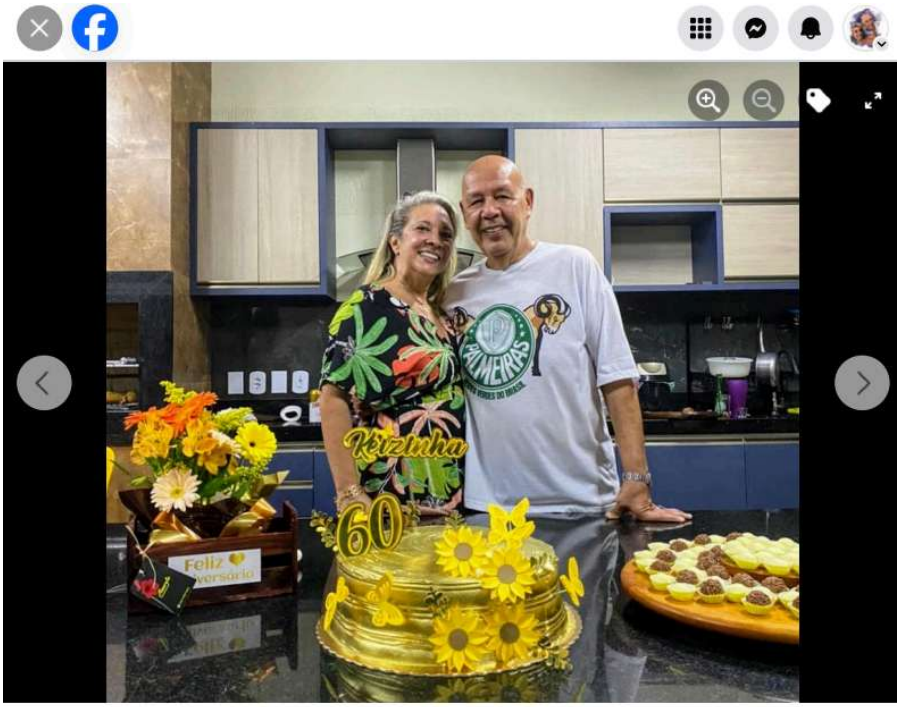
Couple trip to Campos do Jordão, São Paulo - 2022




Christmas in San Diego - December 24th, 2021



Raquel's 60th birthday celebration - May 24th, 2021




Paulo Koo
24 de maio de 2021 ·

— em Florestinha, Tamoios, RJ.

Editar

A night at a show in Las Vegas - February 21st, 2021




Paulo Koo
21 de fevereiro de 2021 ·

Christmas Eve in Brazil - December 24th, 2020



A Facebook post about our family trip - December 16th, 2020



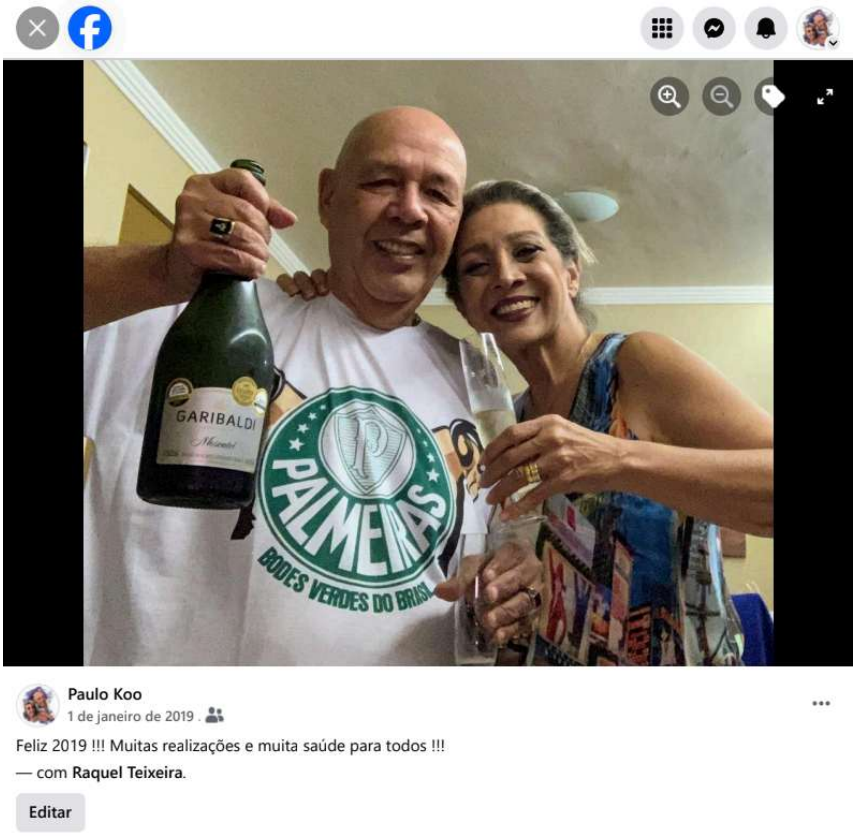
Trip to Las Vegas - 2019



Pontão Lago Sul, Brasília - 2019



New Year’s Eve - January 1st, 2019




Masonic Conjugal Recognition - 2018



Friends' reunion - December 26th 2017




Watching the FIFA World Cup with friends - September 7th, 2017



Eduarda, Raysa and Raquel's birthday celebration - June 1st, 2017

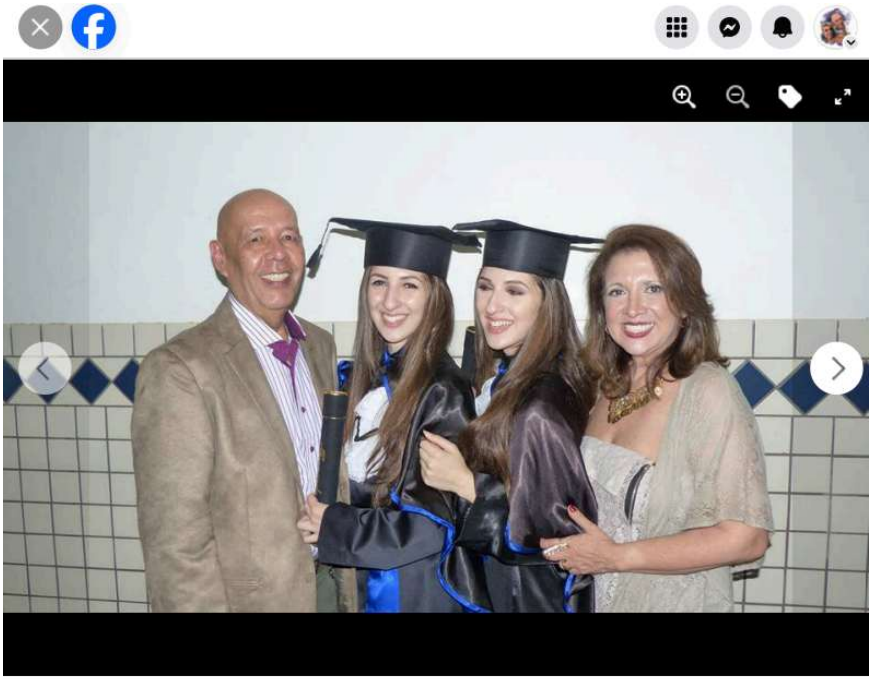


Paulo Koo
16 de agosto de 2013 ·

Comemorando o aniversário da Meninas e da **Raquel Teixeira** - 01JUN2017
— com **Raquel Teixeira** e **outras 2 pessoas** em **Coco Bambu Brasília**.

Editar

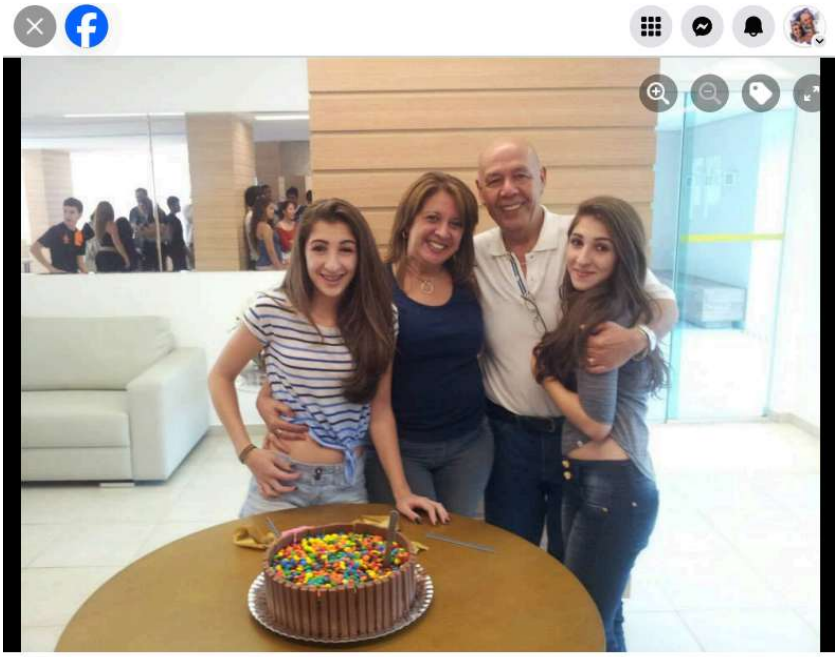
Our daughters Eduarda and Raysa's High School Degree - August 16th, 2015



Paulo Koo
16 de agosto de 2013 ·

Colação de Grau no Ensino Médio 2015
— com **Raquel Teixeira** e **outras 2 pessoas** em **Diversos Locais**.

A family celebration — August 13th, 2013



Paulo Koo
16 de agosto de 2013 · · Brasília ·

— com **Raquel Teixeira** em **Residencial Riviera Dei Fiori**.

Editar

A joyful Christmas celebration with our friends in Brasília - 2013



Paulo Koo
26 de novembro de 2013 · Brasília ·

— com **Raquel Teixeira** em **Loja Maçonica União E Silêncio**.

# Exhibit 7 - Raquel Teixeira's Photos - Sightseeing Across the United States with her Spouse Paulo Alves Koo from February 2026 to July 2026

**Photos of Raquel Teixeira sightseeing across the United States with her spouse Paulo Alves Koo from February 2026 to July 2026**









BEWARE OF
ALLIGATORS
DO NOT
FEED THE
ALLIGATORS
OR ANY WILDLIFE












RESTROOMS
Scientific Name:












Teeth can be sharp


CAFÉ
DE QUEIJO
SHABBAT

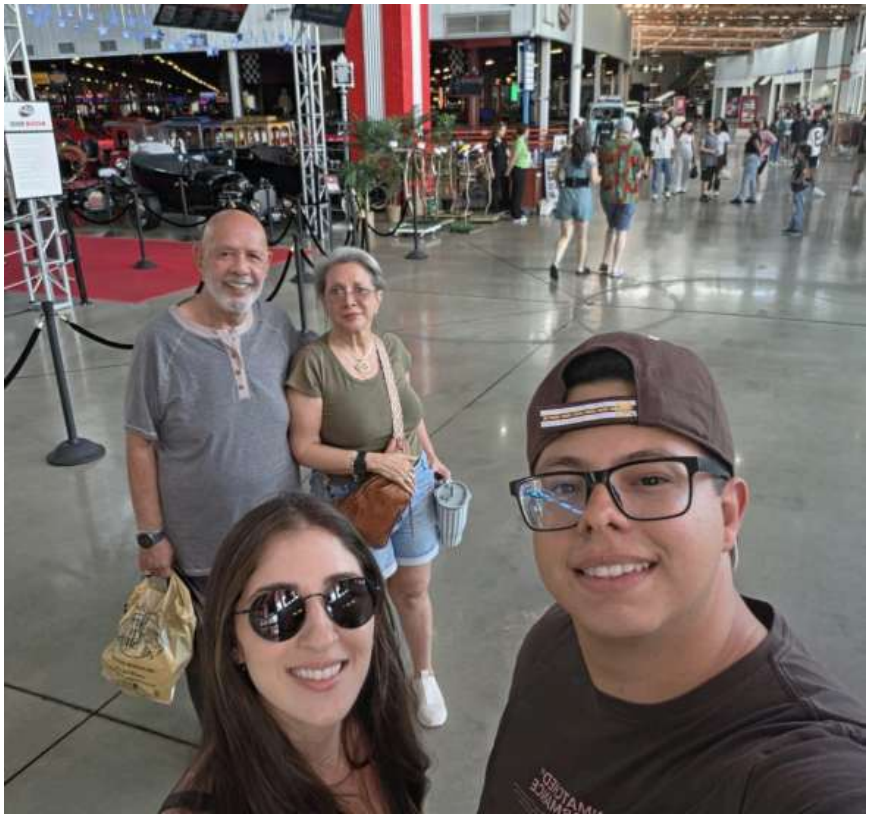

















ORLANDO
AUTO MUSEUM
TICKETS


WELCOME TO OUTDOOR WORLD
FLORIDA'S GREAT AMERICAN OUTDOOR STORE
CLUB






HOLY POOP-


HOLY POOP-


HOLY POOP-
IT'S YOUR BIRTHDAY!



# Exhibit 8 - Evidence of Raquel Teixeira’s Prior Marriages and Divorces

# MARCELO RIBAS REGISTRY OFFICE

**1st CIVIL REGISTRY AND MARRIAGE OFFICE**

Marcelo Caetano Ribas

Registrar

Super Center - Venâncio Building 2.000 - SCS – Square 08 - Block B-60 - Room 140/E - 1st Floor - Phone: 3224-4026 - 3223-8081 (fax)

Email: cartoriomribas-df@terra.com.br

| | |
|---|---|
| **BOOK** | B-54 |
| **PAGE** | 507 |
| **ENTRY** | 15814 |
| **DATE** | 05/02/1997 |

## MARRIAGE CERTIFICATE

**MARCELO CAETANO RIBAS**

**REGISTRAR**

**HEREBY CERTIFIES** that, under the above numbers, it is recorded that on the second day of the month of May of the year nineteen ninety-seven **(05/02/1997)**, at 11:00 a.m., **before the** Honorable Justice of the Peace of the Judicial District of Brasília - Federal District, Regional Administration of Brasília - Federal District

and in the presence of **the witnesses** named in the record. -

**the marriage of MARCO AURÉLIO GIRALDE**

**and RAQUEL TEIXEIRA. - was solemnized**

**HE was born** in MARÍLIA-SÃO PAULO. -

**on August** 15, 1969. -

**son of** GEONYS GIRALDE. -

**and Ms.** MARIA RUIZ GIRALDE. -

**SHE was born in** RIO DE JANEIRO-RIO DE JANEIRO. -

**on May** 23, 1961.-

**daughter of** GENTIL TEIXEIRA. –

**and Ms.** JULCELINA FRIAÇA TEIXEIRA. -

**The bride started to sign as **RAQUEL TEIXEIRA GIRALDE**. -**

**The marriage is governed by the PARTIAL COMMUNITY PROPERTY regime. -**

**SEE REVERSE SIDE**

**I,** Bruno de Paiva Rêgo, **extracted it.**

Brasília, July 31, 2007

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

SECURITY SEAL 1ST CIVIL REGISTRY

*Civil Registry Seal*

# ANNOTATION

From MARCO AURÉLIO GIRALDE and RAQUEL TEIXEIRA GIRALDE, drawn up in the Book; B-54, Page 507 and under Entry No. 15814 on: 05/02/1997

**AN-01** In accordance with the final and unappealable judgment rendered on May 22, 2007, by the Honorable Judge of Law of the 2nd Family and Successions Court of Palmas - Tocantins, Dr. Nelson Coelho Filho, the Consensual Divorce of the former couple above was approved, whereby the former bride returned to using her maiden name, namely, Raquel Teixeira. The annotation was extracted from case files No. 2005.0002.6393-3/0, on July 4, 2007, which includes the respectful "Comply Herewith" order issued by the Honorable Substitute Judge of Law of the Public Registry Court of the Federal District (VRP-DF), Dr. Thaissa de Moura Guimarães, on July 11, 2007. The above is true and I certify. Brasília - Federal District, 07/18/2007. I, Nice Maria Araújo Lisbôa, typed it.



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: July 24, 2026.

# CARTÓRIO MARCELO RIBAS

**1º OFÍCIO DE REGISTRO CIVIL E CASAMENTO**

Marcelo Caetano Ribas
Oficial

Super Center - Ed. Venâncio 2.000 - SCS - Q.08 - Bl. B-60 - Sala 140/E 1º Andar - Fone: 3224-4026 - 3223-8081 (fax)
E-mail: cartoriomribas-df@terra.com.br

| | |
|---|---|
| **LIVRO** | B-54 |
| **FOLHA** | 507 |
| **TERMO** | 15814 |
| **DATA** | 02/05/1997 |

## CERTIDÃO DE CASAMENTO

**MARCELO CAETANO RIBAS**

**OFICIAL TITULAR**

**CERTIFICA** que, sob os números acima consta que aos dois dias do mês de maio do ano de um mil e novecentos e noventa e sete **(02/05/1997)**, às 11:00 horas, **perante o(a)** MM Juiz de Paz da Circunsc.Jud.Brasília-DF, Administração Regional de Brasília-DF

**e as testemunhas** constantes do termo.-

**foi celebrado o casamento de MARCO AURÉLIO GIRALDE**

**com RAQUEL TEIXEIRA**.-

**ELE, nascido** em MARÍLIA-SP.-

**no dia** 15 de agosto de 1969.-

**filho de** GEONYS GIRALDE.-

**e de Da.** MARIA RUIZ GIRALDE.-

**ELA, nascida em** RIO DE JANEIRO-RJ.-

**no dia** 23 de maio de 1961.-

**filha de** GENTIL TEIXEIRA.-

**e de Da.** JULCELINA FRIAÇA TEIXEIRA.-

**A contraente passou a assinar **RAQUEL TEIXEIRA GIRALDE**.-**

**O casamento obedece ao regime de COMUNHÃO PARCIAL DE BENS**.- .**

**VIDE VERSO**

**Eu,** Bruno de Paiva Rêgo, **a extraí.**

Brasília, 31 de julho de 2007

SELO DE SEGURANÇA

CARTÓRIO DO 1º OFÍCIO

GUSTAVE PERSIJN - REG. Nº

# AVERBAÇÃO

de MARCO AURÉLIO GIRALDE e de RAQUEL TEIXEIRA GIRALDE, lavrado no Livro; B-54, Folha 507 e sob o Termo nº 15814 em data de: 02/05/1997

**AV-01** De acordo com a sentença, que transitou em julgado, proferida em 22 de maio de 2007, pelo MM. Juiz de Direito da 2ª Vara de Família e Sucessões, Palmas - TO, Dr. Nelson Coelho Filho, foi homologado o Divórcio Consensual do ex- casal acima, sendo que o ex-cônjuge virago voltou a usar seu nome de solteira, ou seja , Raquel Teixeira. Mandado de averbação extraído dos autos nº 2005.0002.6393-3/0, em 04 julho de 2007, onde consta o respeitável "Cumpra-se" exarado pela MMa. Juíza de Direito Substituta da VRP-DF, Dra. Thaissa de Moura Guimarães, em 11 de julho de 2007. O referido é verdade e dá fé. Brasília - DF, 18/07/2007. Eu, Nice Maria Araújo Lisbôa, digitei.

SELO DE SEGURANÇA
PO 945549
CARTÓRIO DO 1º OFÍCIO DE REGISTRO CIVIL
Lúcia C. Burle Gripp
Escrev. Subst.
BRASÍLIA — D.F.

Federative Republic of Brazil

State of Rio de Janeiro

Cláudio de Freitas F. Almeida,
Civil Registry Officer of Natural Persons of Mesquita
Rua Emílio Guadagny, 1969 – Mesquita – Rio de Janeiro (21) 3763-49780
Email: cartoriomesquita@gmail.com - C.N.P.J. 30.651.665/0001-26

RCPN AND NOTARY OFFICE
R. Emílio Guadagny
No. 1.969
Phone/Fax 3763-4978
Centro
Mesquita - RJ
MES RJ

# BIRTH CERTIFICATE

I certify that on page 58V of book No. 24, under entry No. 14530, the birth record of **RAQUEL TEIXEIRA** was registered, she was born on the twenty-third (23rd) day of May in nineteen sixty-one (1961), at 12:20 AM, at Hospital Evangélico, Tijuca, State of Guanabara. She is female, daughter of GENTIL TEIXEIRA and JULCELINA FRIAÇA TEIXEIRA, with paternal grandparents ABRAHÃO JACOB FILHO and JURACY TEIXEIRA CABRAL, and maternal grandparents DALVO FERNANDES FRIAÇA and MARIA JULIETA DA SILVEIRA FRIAÇA. The declarant was GENTIL TEIXEIRA. The witnesses were JORGE COSTA and JOSÉ MARIA DOS SANTOS. Notes: The birth registration was recorded on the thirteenth (13th) day of June in nineteen sixty-one (1961). It is recorded in the margin of the term the marriage of Raquel Teixeira to Talis Ferreira da Paixão, registered on September 24, 1993, in Book B-25 Auxiliary, Page 163, Entry 14511, at the 1st Civil Registry Office of Brasília, after which she adopted the name Raquel Teixeira da Paixão. It is also noted that Raquel Teixeira da Paixão and Talis Ferreira da Paixão underwent a consensual separation by a court ruling on November 16, 1995, and that the separation was converted into divorce by a court ruling on December 18, 1996, both issued by the 6th Family Court of Brasília. These annotations were recorded in the marriage register on page 163 of Book B-25 Auxiliary, under entry No. 14511, at the 1st Civil Registry Office of Brasília. Certificate Seal No. UML 25945. * - - *

Elizamar P. S. Carvalho
Authorized Clerk
CTPS No. 2365 S/071 81

I, Eliziana, clerk, transcribed the document. The above is true and I certify.

Mesquita, November 6, 2007

Elizamar P. S. Carvalho
Authorized Clerk
CTPS No. 2365 S/071 81

CIVIL REGISTRY OFFICE OF NATURAL PERSONS OF MESQUITA
JUDICIAL ADMINISTRATIVE DEPARTMENT - RJ
INSPECTION SEAL
(UNREADABLE)
OVD
UML25945

Fees:
Tab 1,4b + Tab 3,11b (10x) + Tab 3,11 + Tab 1,9 + Tab 1,10 + Tab 1,8 + 20% Judicial Tax + R$ 52.13

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: March 7, 2025.**

# República Federativa do Brasil

Estado do Rio de Janeiro

## Cláudio de Freitas F. Almeida,

Oficial do Reg. Civil das Pessoas Naturais de Mesquita
Rua Emilío Guadagny,1969 – Mesquita – Rio de Janeiro –(21)3763-4978
E-mail: cartoriomesquita@gmail.com – C.N.P.J. 30.651.665/0001-26

R.C.P.N. E TABELIONATO
R. Emílio Guadagny
nº 1.969
Tel/Fax: 3763-4978
Centro
Mesquita - RJ
MES RJ

# CERTIDÃO DE NASCIMENTO

Certifico que à fl. 58V do livro nº 24 sob o número de ordem 14530, foi lavrado o assentamento de **RAQUEL TEIXEIRA**, nascida aos vinte e três (23) dias do mês de Maio do ano de mil novecentos e sessenta e um (1961), às 00:20 horas, no(a) Hospital Evangélico, Tijuca - Estado da Guanabara, do sexo feminino, filha de GENTIL TEIXEIRA e JULCELINA FRIAÇA TEIXEIRA, sendo avós paternos: ABRAHÃO JACOB FILHO e JURACY TEIXEIRA CABRAL e maternos: DALVO FERNANDES FRIAÇA e MARIA JULIETA DA SILVEIRA FRIAÇA. Foi declarante GENTIL TEIXEIRA. Tendo como testemunhas: JORGE COSTA e JOSÉ MARIA DOS SANTOS. Observações: Registro feito aos treze (13) dias do mês de Junho do ano de mil novecentos e sessenta e um (1961). Consta à margem do termo anotação de casamento de Raquel Teixeira com Talis Ferreira da Paixão, registrado em 24 de setembro de 1993, no Livro B-25 Auxiliar, Folha 163, Termo 14511, no Cartório do 1º Ofício de Brasília, passando a registrada chamar-se Raquel Teixeira da Paixão. Consta também anotação da Separação Consensual de Raquel Teixeira da Paixão e Talis Ferreira da Paixão, decretada por sentença de 16/11/1995 e a Conversão da Separação em Divórcio, decretada por sentença de 18/12/1996, ambas do Juízo da 6ª Vara de Família de Brasília, foram averbadas à margem do termo de casamento à fls. 163, do Lv. B-25 Aux., sob o nº 14511, no Cartório do 1º Ofício de Registro Civil de Brasília. Selo de Certidão nº UML 25945.*--*

Eu _____, escrevente, a extraí. O referido é verdade e dou fé.

Lizamar P. S. Carvalho
Escrevente Autorizada
CTPS Nº 2365 S/071 RJ

Mesquita, 06 de Novembro de 2007

Lizamar P. S. Carvalho
Escrevente Autorizada
CTPS Nº 2365 S/071 RJ

CORREGEDORIA GERAL DA JUSTIÇA - RJ
SELO DE FISCALIZAÇÃO
MESQUITA
OVD
UML25945

Emolumentos:
Tab 1.4b + Tab 3.11b (10x) + Tab 3,11 + Tab 1,9 + Tab 1,10 + Tab 1,8 + 20% TJ + R$ 52,13

# Exhibit 9 - Evidence of Paulo Alves Koo’s Prior Marriage and Divorce

FILED
JUN 12 2007
MAUREEN P. SOGLUIZZO, J.S.C.

**LAW OFFICES OF JENNY BERSE, ESQ., L.L.C.**
21 So. Union Avenue
Cranford, New Jersey 07016
(908) 709-1515
Fax (908) 709-1519
*Attorney for Defendant-Counterclaimant*

| | | |
|---|---|---|
| **PAULO KOO**, | : | SUPERIOR COURT OF NEW JERSEY |
| | : | CHANCERY DIVISION:FAMILY PART |
| *Plaintiff,* | : | HUDSON COUNTY |
| | : | |
| vs. | : | DOCKET NO. : FM-09-2133-06 |
| | : | |
| **ANGELICA KOO**, | : | Civil Action |
| | : | |
| *Defendant.* | : | **DUAL JUDGMENT OF DIVORCE** |
| | : | |

THIS MATTER, having been heard on the 12th day of June, 2007, before the Honorable Maureen P. Sogluizzo, J.S.C., in the presence of Jenny Berse, Esq., of the Law Offices of Jenny Berse, Esq., L.L.C., attorney for the Defendant-Counterclaimant, Angelica Koo, and in the presence of Lorraine M. Medeiros, Esq., of Giantomasi & Oliveira, P.C., attorney for the Plaintiff, Paulo Koo; upon Complaint and Answer and Counterclaim; and the Court having considered the testimony of the parties and the proofs submitted; and

IT APPEARING that the Plaintiff and Defendant were legally married to one another on September 2, 1983, in Brazil; and

IT FURTHER APPEARING that there have been two children born of the marriage; and

IT FURTHER APPEARING that the parties have been bona fide residents of the State for more than one (1) year next preceding the commencement of this action; and jurisdiction having been acquired, one over the other, pursuant to the rules governing the Court; and

IT FURTHER APPEARING that each of the parties has pleaded and proved a cause of action for divorce, against the other, under the statute in such case made and provided; and

IT FURTHER APPEARING that the parties have entered into a Property Settlement Agreement, dated June 12, 2007, entered into evidence as J-1; and the Court being satisfied that each entered into that Agreement freely and voluntarily with the benefit of independent counsel; and that each understood all of the terms of said Agreement; and

For Good Cause Shown:

IT IS on this 12th day of June, 2007, HEREBY ORDERED AND ADJUDGED:

That this Court, by virtue of the power and authority of this Court and of the acts of the legislature in such case made and provided, does hereby order that the Plaintiff, Paulo Koo, and the Defendant, Angelica Koo, are divorced from the bonds of matrimony for the causes aforesaid; and the parties and each of them are freed and discharged from the obligations thereof; and

IT IS FURTHER ORDERED that the Property Settlement Agreement dated June 12, 2007, annexed to this Dual Judgment of Divorce, is hereby made a part of this Dual Judgment of Divorce, and shall not merge with, but shall survive this Dual Judgment of Divorce; and the parties are hereby directed to comply with the terms of this Agreement. The written Property Settlement Agreement dated June 12, 2007, marked into evidence as J-1, is neither approved nor disapproved; and the Court specifically notes that it has not taken testimony as to the merits of the Agreement but finds that it was entered into freely and voluntarily by the parties, and it is made a part of the Dual Judgment of Divorce at the request of the parties; and

IT IS FURTHER ORDERED that a copy of the within Judgment shall be served upon opposing counsel within seven (7) days of its receipt from the Court. and it is further ORDERED that the Defendant may resume her birth name of MANIA, D/O/B 8/12/1961 Soc. Sec. # xxx-xx-3455

Maureen P. Sogluizzo

HON. MAUREEN P. SOGLUIZZO, J.S.C.

The undersigned hereby consent to the form and entry of this order.

LAW OFFICES OF
JENNY BERSE, ESQ., L.L.C.

By _____
Jenny Berse, Esq.
Attorney for Defendant
Dated: 6/12/07

GIANTOMASI &
OLIVEIRA, P.C.

By Lorraine M. Medeiros, Esq.
Lorraine M. Medeiros, Esq.
Attorney for Plaintiff
Dated: 6/12/07

I, Joseph F. Davis, Deputy Clerk of the Superior Court of New Jersey, County of Hudson, do hereby certify that the foregoing is a true and correct copy of the original on file in my office

Joseph F. Davis
Deputy Clerk of the Superior Court
Dated: 6-12-07

J-1
W.
6-12-07

# PROPERTY SETTLEMENT AGREEMENT

**THIS AGREEMENT** is made on the 12th day of June, 2007, between **PAULO KOO**, presently residing at 228 Wardell Place, Long Branch, New Jersey, 07740, hereinafter referred to as "Husband"; and **ANGELICA KOO,** presently residing at 1 Harding Avenue, Kearny, New Jersey 07032, hereinafter referred to as "Wife", and collectively with Husband as "the parties";

**W I T N E S S E TH:**

**WHEREAS,** the Husband and Wife were married to each other on the 2nd day of November, 1983; and

**WHEREAS,** there were two (2) children were born of the marriage, to wit: Roberta, who was born on April 24, 1985, age 22, and Daniel, who was born on February 6, 1993, age 14; and

**WHEREAS,** there are no other children of the marriage, and no other expected additional children of the marriage; and

**WHEREAS,** the parties desire hereby to enter into an agreement defining their respective financial and property rights, and all other rights, remedies, privileges and obligations which arise out of their marriage; and

**WHEREAS,** the parties agree that their future relationship shall be governed and fully prescribed by the terms of this Property Settlement Agreement (hereinafter referred to as "the Agreement"); and

**WHEREAS,** this writing incorporates the terms of the Agreement reached by the parties; and

**WHEREAS,** both parties have been represented by counsel of their own choosing; and

**WHEREAS,** Karen G. Eisenberg, JD, CPA/ABV, of Amper, Politziner, & Mattia, P.C. was appointed by the Court as the business evaluator; and

**WHEREAS,** both parties accept the Agreement as fair, just and reasonable and to their respective individual best interests;

**NOW THEREFORE,** in consideration of the covenants and promises contained herein, the parties hereto further agree as follows:

FILED
JUN 12 2007
MAUREEN P. SOGLUIZZO, J.S.C.

Husband Initials: _____ Wife Initials: AK

## SPOUSAL SUPPORT AND MAINTENANCE

1. Effective upon the date of this Agreement, the Husband shall pay to the Wife permanent alimony in the amount of $1,050.00 per week through the Hudson County Probation Department, which is the same way that he is currently making payments. Alimony payments shall be deemed taxable to the Wife and tax deductible to the Husband. The aforementioned payments shall continue until the first happening of any one of the following events: Wife's death, Wife's remarriage, Husband's death, or Wife's cohabitation with an unrelated adult in a relationship tantamount to marriage, as defined by New Jersey Statute and case law.

## CHILD SUPPORT

2. Effective upon the date of this Agreement, the Husband shall pay to the Wife child support in the amount of $500.00 per week for three years, until June 30, 2010, and $300.00 per week thereafter, through the Hudson County Probation Department, which is the same way that he is currently making payments. The $300.00 per week payments shall continue until the emancipation of Daniel, which, for the purposes of this Agreement shall be defined as follows: a child's death, a child's marriage, a child's entry into the armed forces, a child attaining 18 years of age and not continuing to be enrolled in school, whether it be high school, trade school, college or graduate school, or, death of the Husband. In the event Daniel is forced to interrupt his college education by reason of illness or disability, said interruption shall not be an emancipation event. However, child support shall not continue past the age of 25 years old for Daniel. The parties acknowledged that they have reviewed the Child Support Guidelines worksheet attached hereto as **Schedule "A"**. The parties further acknowledge that they have arrived at the child support amount set forth in this Agreement by consent and not by strict application of the New Jersey Child Support Guidelines.

3. The Husband shall pay all arrears that are due on the date of signing this Agreement.

## CHILDREN'S HEALTH INSURANCE AND UNREIMBURSED HEALTH CARE COSTS

4. The Husband shall provide health insurance coverage for the children.

5. Husband shall pay any and all outstanding healthcare bills as of the date of this Agreement.

6. Any healthcare costs incurred after the date of this Agreement on behalf of either of the children which is not paid by insurance shall be divided by and between the Husband and the Wife, to be paid 50% Husband and Wife 50%, with the Wife having a maximum liability each year of $1,250.00 per child. Healthcare costs shall be defined to include, but shall not be limited to, any expense for medical, hospital, optical, psychological, dental, prescription, drug or other such expenses.

## COLLEGE AND GRADUATE SCHOOL EDUCATION

7. The Husband and Wife acknowledge and agree that Roberta is already attending college, and will be attending graduate school, and Daniel is also likely to attend college and graduate school. Accordingly, the parties do hereby agree that the child support in paragraph 2 above includes the Husband's contribution to the children's college and graduate school education attendance and costs, and is not subject to downward modification, and the Husband has no further obligation to pay for college or graduate school but can voluntarily contribute if he is able.

## LIFE INSURANCE

~~to be decided by Karen Eisenberg~~

8. The Husband shall maintain life insurance with a face value ~~of $500,000.00~~ of $500,000.00 naming the Wife as beneficiary, and provide proof of this coverage within thirty (30) days of the date of this Agreement and annually thereafter that the beneficiary remains the Wife and that the policy remains in full force and effect until the Husband has fully paid to the Wife $200,000.00 as per paragraph 11 below. THE LIFE INSURANCE MAY BE DECREASED AFTER THE 2ND YEAR BY THE AMOUNT OF CHILD SUPPORT & ALIMONY P.M.D.

Husband Initials: _____ Wife Initials: KE

## CUSTODY AND PARENTING TIME

9. The Wife shall have sole custody of the children, and the Husband shall have liberal parenting time as to be mutually agreed upon between the parties.

10. Each party shall keep the other informed of their home, work and cell phone numbers, and address of their primary residence and place of business.

## EQUITABLE DITRIBUTION

### A. MARITAL HOME

11. The parties are the owners of 1 Harding Avenue, Kearny, New Jersey 07032, as tenants by the entirety. The Husband shall pay off the existing mortgage and equity line, which is estimated to total $210,000.00 as of the date of this Agreement, in ten years, or sooner if possible, at the rate of $2,411.00 per month, or $557.00 per week, beginning the date this Agreement is signed, through the Hudson County Probation Department, as per the Amortization Schedule attached hereto as **Schedule "B".** This payment is non-taxable to the Wife, and she will utilize the $2,411.00 to make the actual payment so that she will receive the deduction. If it is discovered that this amount is greater than $210,000.00, the Husband will continue to pay $2,411.00 until the difference is paid off. The parties acknowledge that the current mortgage payment is approximately $725.00 per month, and the current equity line is an interest-only payment of approximately $650.00 per month, for a total current payment of approximately $1,375.00 per month, but that the Husband will now pay $2,411.00 per month in order to pay off the mortgage in a maximum of ten years. Along with signing this Agreement, Husband will also sign a Bargain and Sale Deed with Covenants against Grantor's Acts, Affidavit of Title, Affidavit of Consideration, and Seller's Residency Certification and any and all other documents necessary to transfer to the Wife all of his right, title and/or interest in and to said premises. The Wife shall retain exclusive use of the premises, and shall be solely responsible for any and all expenses relating thereto other than the mortgage and equity loan which will be paid by Husband to Wife as explained above, including but not limited to real estate taxes, homeowner's insurance, utilities, cable, telephone, and maintenance. If Wife sells the house before the $210,000.00 is paid in full by Husband, Husband will continue to pay Wife $2,411.00 per month until he has paid the full $210,000.00.

## B. BUSINESS

12. Karen G. Eisenberg, JD, CPA/ABV, of Amper, Politziner, & Mattia, P.C. was appointed by the Court as the business evaluator. As a result of her findings, the Husband shall pay to the Wife a payment of $50,000.00 in exchange for her share of the business. The $50,000.00 will be paid as follows: beginning four months from the date of this Agreement, which is October 2007, Husband shall pay to Wife $2,500.00 per month or $577.00 per week through the Hudson County Probation Department and shall continue every month for twenty (20) months or eighty-seven (87) weeks.

## C. VEHICLES

13. The parties shall retain the vehicles currently in their possession.

## D. BANK ACCOUNTS, PENSION AND RETIREMENT PLANS

14. The parties have no joint bank accounts, no pensions and no retirement plans.

## E. DEBTS

15. The parties represent that other than the mortgage and equity line on the marital home; they maintain no other joint debts or obligations. Each shall be solely responsible for any and all credit card and other debts which he or she has incurred in his or her individual name, and shall indemnify and hold the other harmless with respect to same. The parties represent that neither has incurred any debt in the name of the other, or for which the other may be deemed responsible. If either party has incurred such debts or obligations, he or she shall be solely responsible for them, and, if the other party is called upon to make any payment or contribution toward same, the other party shall indemnify and hold that party harmless from any obligation thereon.

## F. TAXES

16. The Husband and Wife shall file separate Federal and State tax returns for 2007, and thereafter.

17. For 2007 and thereafter, the Wife shall claim one hundred percent (100%) of the mortgage and real estate tax deductions relative to 1 Harding Avenue, Kearny, New Jersey 07032.

18. The Husband shall claim Roberta and the Wife shall claim Daniel as exemptions each year. Upon emancipation of one child, the parties shall alternate the remaining child.

Husband Initials: _____ Wife Initials: RK

## G. ADDITIONAL DOCUMENTS

19. The parties agree that they shall make available to each other all documents reasonably required to effectuate the purposes of this Agreement, whether now or in the future.

## RELOCATION

20. The Husband agrees that it is his intention that he will remain living in the State of New Jersey, and he has no plans to relocate anywhere outside the State of New Jersey.

## CHOICE OF LAW

21. This Agreement including its execution, interpretation, and enforcement shall be governed by the laws of the State of New Jersey, and the parties agree to be bound by New Jersey law from now and forever regarding this Agreement.

## MISREPRESENTATIONS AND AFTER DISCOVERED ASSETS

22. The parties certify that they have fully disclosed all assets and income information during the pendency of this divorce. Should the parties subsequently discover the existence of any marital asset or misrepresentation about income not provided for in this Agreement, that asset shall be liquidated (if necessary), and any monies obtained from it or the discovered income shall be divided equally. If, however, the existence of that property or information was knowingly concealed or misrepresented by one of the parties, that property shall become the sole property of the other, and the concealing party shall pay all costs, fees and attorney's fees occasioned by the failure to disclose.

## BREACH OF AGREEMENT

23. If either party defaults in the performance of any provisions of this Agreement, and if the other party shall institute and prevail in legal proceedings to enforce the performance of such provisions by the defaulting party, then the defaulting party shall pay to the other party, the necessary and reasonable Court costs and attorney's fees incurred by the prevailing party in connection with such legal proceedings. In addition, if a default by one party subjects the other party to a lawsuit by a third party, the defaulting party shall likewise be responsible for attorney's fees and costs. The rights granted in this paragraph shall be in addition to and without prejudice to any other rights and remedies to which the aggrieved party may be entitled.

Husband Initials: _____ Wife Initials: AR

## RIGHTS OF INHERITANCE

24. The parties agree that the Husband shall execute a Will and provide a copy of said Will to the Wife within seven (7) days of the date of this Agreement wherein the parties' children, Roberta and Daniel, shall be named as one hundred percent (100%) beneficiaries of Husband's share of the property and inheritance that he will inherit when his mother passes away.

## INDEPENDENT LEGAL ADVICE AND LEGAL FEES

25. The Wife has been represented by Jenny Berse, Esq., of The Law Offices of Jenny Berse, Esq., L.L.C., and the Husband was represented by Lorraine M. Medeiros, Esq., of Giantomasi & Oliveira, P.C. The parties have discussed this Agreement, its provisions, and the effects thereof with counsel, and that all questions regarding same have been answered to their satisfaction.

26. The Husband shall pay $6,000.00 for the Wife's attorney fees to the Wife's attorney, Jenny Berse, Esq., at the time of signing this Agreement, or a minimum of $150.00 per week until the full $6,000.00 is paid off. This $6,000.00 is a judgment against Husband until it is paid in full.

## MISCELLANEOUS PROVISIONS

27. This Agreement contains the entire understanding of the parties, and there are no representations, warranties, covenants or undertakings other than those expressly set forth herein.

28. A modification or waiver of any of the provisions of this Agreement shall be effective only if made in writing and executed with the same formality as this Agreement.

29. The place or places of execution of this Agreement shall have no bearing on the law governing its interpretation, because it is understood and agreed by both parties that the Agreement shall be construed and governed in accordance with the laws of the State of New Jersey. Additionally, the drafting of this Agreement by the attorney for the Wife shall have no bearing on the interpretation of this Agreement.

30. This Agreement shall inure to the benefit of both parties, their heirs and assigns forever and shall be binding upon said parties, their heirs and assigns forever.

31. The parties agree not to molest, malign, disturb or interfere with each other in any manner whatsoever. Each shall be free to live his or her life as if he or she were single and unmarried.

Husband Initials: _____ Wife Initials: AW

32. Husband and Wife each acknowledge they are entering into this Agreement voluntary, without threat, force, coercion or duress being placed upon his or her informed consent and voluntarily act by any person.

33. Husband and Wife each acknowledge that the settlement terms reflected in this Agreement represent a compromise and negotiated settlement.

34. The parties agree and stipulate that this Agreement shall be incorporated into a Judgment of Divorce between them.

35. The headings of the several subdivisions and paragraphs of this Agreement are inserted solely for the convenience of reference and shall have no further meaning, force or effect.

EXECUTED AND AGREED ON THE DATES SET FORTH BELOW. I certify that I have been open and honest in entering into this Agreement. I am satisfied with this Agreement and intend to be bound by it.

PAULO KOO

Dated: 6/12/2007

Angelica Koo

ANGELICA KOO

Dated: 06/12/07

Lorraine M. Medeiros, Esq.

Lorraine M. Medeiros, Esq.
Attorney for Husband

Dated: June 12, 2007

Jenny Berse, Esq.
Attorney for Wife

Dated: 6/12/07

Husband Initials: _____ Wife Initials: kk

**State of New Jersey )**
**) SS:**
**County of Hudson )**

**BE IT REMEMBERED** that on this 12th day of June, 2007, ANGELICA KOO personally appeared before me and acknowledged under oath, to my satisfaction, that she is the person named in and who executed the foregoing instrument and acknowledged that she signed, sealed and delivered the same as her voluntary act and deed for the purposes therein expressed.

Jenny Berse, Esq.
Attorney at Law – State of New Jersey

**State of New Jersey )**
**) SS:**
**County of Hudson )**

**BE IT REMEMBERED** that on this 12th day of June, 2007, PAULO KOO personally appeared before me and acknowledged under oath, to my satisfaction, that he is the person named in and who executed the foregoing instrument and acknowledged that he signed, sealed and delivered the same as her voluntary act and deed for the purposes therein expressed.

Lorraine M. Medeiros, Esq.
Lorraine M. Medeiros, Esq.
Attorney at Law – State of New Jersey

# Exhibit 10 - Petitioner's Financial Informations - Paulo Alves Koo

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

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

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

☐ Other

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| PAULO A | KOO | 101 74 8101 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | |

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

8810 MARIPOSA ST

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

LA MESA CA 91941

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

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

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

## Filing Status

Check only one box.

☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:

☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

## Digital Assets

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

## Dependents (see instructions)

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

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

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

## Income

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

| | | | |
|---|---|---|---|
| **1a** | Total amount from Form(s) W-2, box 1 (see instructions) . . . . . | **1a** | |
| **b** | Household employee wages not reported on Form(s) W-2 . . . . . | **1b** | |
| **c** | Tip income not reported on line 1a (see instructions) . . . . . | **1c** | |
| **d** | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | **1d** | |
| **e** | Taxable dependent care benefits from Form 2441, line 26 . . . . . | **1e** | |
| **f** | Employer-provided adoption benefits from Form 8839, line 31 . . . . | **1f** | |
| **g** | Wages from Form 8919, line 6 . . . . . | **1g** | |
| **h** | Other earned income (see instructions). Enter type and amount: | **1h** | |
| **i** | Nontaxable combat pay election (see instructions) . **1i** | | |
| **z** | Add lines 1a through 1h . . . . . | **1z** | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Attach Sch. B if required. | 2a | Tax-exempt interest . | 2a | | b Taxable interest . . | 2b | |
| | 3a | Qualified dividends . . | 3a | | b Ordinary dividends . | 3b | |
| | c | Check if your child's dividends are included in: 1 ☐ Line 3a 2 ☐ Line 3b | | | | | |
| | 4a | IRA distributions . . . | 4a | | b Taxable amount . . | 4b | |
| | c | Check if (see instructions): 1 ☐ Rollover 2 ☐ QCD 3 ☐ _____ | | | | | |
| | 5a | Pensions and annuities | 5a | | b Taxable amount . . | 5b | |
| | c | Check if (see instructions): 1 ☐ Rollover 2 ☐ PSO 3 ☐ _____ | | | | | |
| | 6a | Social security benefits | 6a | 12,888. | b Taxable amount . . | 6b | 3,919. |
| | c | If you elect to use the lump-sum election method, check here (see instructions) . . . . . ☐ | | | | | |
| | d | If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here . . . . . ☐ | | | | | |
| | 7a | Capital gain or (loss). Attach Schedule D if required . . . . . | | | | 7a | |
| | b | Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss) _____ | | | | | |
| | 8 | Additional income from Schedule 1, line 10 . . . . . | | | | 8 | 28,401. |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** . . | | | | 9 | 32,320. |
| | 10 | Adjustments to income from Schedule 1, line 26 . . . . . | | | | 10 | 2,007. |
| | 11a | Subtract line 10 from line 9. This is your **adjusted gross income** . . . | | | | 11a | 30,313. |
| **Tax and Credits** | b | Amount from line 11a (adjusted gross income) . . . . . | | | | 11b | 30,313. |
| | 12a | Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent | | | | | |
| | b | ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien | | | | | |
| | d | **You:** ☒ Were born before January 2, 1961 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1961 ☐ Is blind | | | | | |
| **Standard Deduction** See *Standard Deduction Chart* on the last page of this form. | e | **Standard deduction or itemized deductions** (from Schedule A) . . . | | | | 12e | 17,750. |
| | 13a | Qualified business income deduction from Form 8995 or Form 8995-A . | | | | 13a | 1,313. |
| | b | Additional deductions from Schedule 1-A, line 38 . . . . . | | | | 13b | 6,000. |
| | 14 | Add lines 12e, 13a, and 13b . . . . . | | | | 14 | 25,063. |
| | 15 | Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** . . . . . | | | | 15 | 5,250. |
| | 16 | **Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____ | | | | 16 | 528. |
| | 17 | Amount from Schedule 2, line 3 . . . . . | | | | 17 | |
| | 18 | Add lines 16 and 17 . . . . . | | | | 18 | 528. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 . . | | | | 19 | |
| | 20 | Amount from Schedule 3, line 8 . . . . . | | | | 20 | |
| | 21 | Add lines 19 and 20 . . . . . | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- . . . . . | | | | 22 | 528. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 . . | | | | 23 | 4,013. |
| | 24 | Add lines 22 and 23. This is your **total tax** . . . . . | | | | 24 | 4,541. |

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**Payments and Refundable Credits**

| | | | | |
|---|---|---|---|---|
| 25 | Federal income tax withheld from: | | | |
| a | Form(s) W-2 | 25a | | |
| b | Form(s) 1099 | 25b | | |
| c | Other forms (see instructions) | 25c | | |
| d | Add lines 25a through 25c | | 25d | |
| 26 | 2025 estimated tax payments and amount applied from 2024 return | | 26 | |
| | If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): | | | |
| 27a | Earned income credit (EIC) | 27a | | |
| b | Clergy filing Schedule SE (see instructions) ☐ | | | |
| c | If you do not want to claim the EIC, check here ☐ | | | |
| 28 | Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ | 28 | | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | | |
| 30 | Refundable adoption credit from Form 8839, line 13 | 30 | | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits** | | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your **total payments** | | 33 | |

If you have a qualifying child, you may need to attach Sch. EIC.

**Refund**

| | | | | |
|---|---|---|---|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | | 34 | |
| 35a | Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ | | 35a | |
| b | Routing number x x x x x x x x x **c** Type: ☐ Checking ☐ Savings | | | |
| d | Account number x x x x x x x x x x x x x x x x x x | | | |
| 36 | Amount of line 34 you want **applied to your 2026 estimated tax** | 36 | | |

Direct deposit? See instructions.

**Amount You Owe**

| | | | | |
|---|---|---|---|---|
| 37 | Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions | | 37 | 4,541. |
| 38 | Estimated tax penalty (see instructions) | 38 | | |

**Third Party Designee**

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

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

**Sign Here**

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

| | | | |
|---|---|---|---|
| Your signature | Date | Your occupation<br>RETIRED | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐☐☐☐☐☐ |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ☐☐☐☐☐☐ |
| Phone no. (619)903-8866 | Email address | | |

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

**Paid Preparer Use Only**

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

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## Standard Deduction Chart*

Add the number of boxes checked on line 12d on page 2 . . . . . _____

| IF your filing status is... | AND the number of boxes checked is... | THEN your standard deduction is... |
|---|---|---|
| Single | 1 | $17,750 |
| | 2 | 19,750 |
| Married filing jointly | 1 | $33,100 |
| | 2 | 34,700 |
| | 3 | 36,300 |
| | 4 | 37,900 |
| Qualifying surviving spouse | 1 | $33,100 |
| | 2 | 34,700 |
| Head of household | 1 | $25,625 |
| | 2 | 27,625 |
| Married filing separately** | 1 | $17,350 |
| | 2 | 18,950 |
| | 3 | 20,550 |
| | 4 | 22,150 |

* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.



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**SCHEDULE 1 (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **01**

| Name(s) shown on Form 1040, 1040-SR, or 1040-NR | **Your social security number** |
|---|---|
| PAULO A KOO | 101-74-8101 |

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . _____

**Note:** The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k*.

## Part I Additional Income

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | 28,401. |
| 4 | Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____ | | | 7 | |
| 8 | Other income: | | | | |
| a | Net operating loss | 8a | ( ) | | |
| b | Gambling | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | ( ) | | |
| e | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | | |
| p | Section 461(l) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | ( ) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| v | Digital assets received as ordinary income not reported elsewhere. See instructions | 8v | | | |
| z | Other income. List type and amount: _____ _____ | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | 28,401. |

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## Part II Adjustments to Income

| | | | | |
|---|---|---|---|---|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐ | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | 2,007. |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐ | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | 2,007. |

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**SCHEDULE 1-A (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Deductions

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **1A**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: PAULO A KOO

**Your social security number:** 101-74-8101

## Part I Modified Adjusted Gross Income (MAGI) Amount

| | | | | | |
|---|---|---|---|---|---|
| 1 | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b | | | 1 | 30,313. |
| 2a | Enter any income from Puerto Rico that you excluded | 2a | | | |
| b | Enter the amount from Form 2555, line 45 | 2b | | | |
| c | Enter the amount from Form 2555, line 50 | 2c | | | |
| d | Enter the amount from Form 4563, line 15 | 2d | | | |
| e | Add lines 2a, 2b, 2c, and 2d | | | 2e | |
| 3 | Add lines 1 and 2e | | | 3 | 30,313. |

## Part II No Tax on Tips

**Caution:** Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at *IRS.gov/TippedOccupations*. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

| | | | | | |
|---|---|---|---|---|---|
| 4 | Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions. | | | | |
| a | Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than $176,100 or you received tips that are not subject to social security and Medicare taxes | 4a | | | |
| b | Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0- | 4b | | | |
| c | If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions | | | 4c | |
| 5 | Qualified tips received in the course of a trade or business.<br>Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions | | | 5 | |
| 6 | Add lines 4c and 5 | | | 6 | |
| 7 | Enter the smaller of the amount on line 6 or $25,000 | | | 7 | |
| 8 | Enter the amount from line 3 | | | 8 | |
| 9 | Enter $150,000 ($300,000 if married filing jointly) | | | 9 | |
| 10 | Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13 | | | 10 | |
| 11 | Divide line 10 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.) | | | 11 | |
| 12 | Multiply line 11 by $100 | | | 12 | |
| 13 | **Qualified tips deduction.** Subtract line 12 from line 7. If zero or less, enter -0- | | | 13 | |

## Part III No Tax on Overtime

**Caution:** Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

| | | | | | |
|---|---|---|---|---|---|
| 14a | Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions | 14a | | | |
| b | Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions) | 14b | | | |
| c | Add lines 14a and 14b | | | 14c | |
| 15 | Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly) | | | 15 | |
| 16 | Enter the amount from line 3 | | | 16 | |
| 17 | Enter $150,000 ($300,000 if married filing jointly) | | | 17 | |
| 18 | Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21 | | | 18 | |
| 19 | Divide line 18 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.) | | | 19 | |
| 20 | Multiply line 19 by $100 | | | 20 | |
| 21 | **Qualified overtime compensation deduction.** Subtract line 20 from line 15. If zero or less, enter -0- | | | 21 | |

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## Part IV No Tax on Car Loan Interest

**Caution:** Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

**22** Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

| | (i) Vehicle identification number (VIN) | Interest for this loan: (ii) Deducted on Schedule C, Schedule E, or Schedule F | (iii) Schedule 1-A |
|---|---|---|---|
| a | | | |
| b | | | |

| | | | |
|---|---|---|---|
| 23 | Add lines 22a and 22b, column (iii) | 23 | |
| 24 | Enter the smaller of the amount on line 23 or $10,000 | 24 | |
| 25 | Enter the amount from line 3 | 25 | |
| 26 | Enter $100,000 ($200,000 if married filing jointly) | 26 | |
| 27 | Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30 | 27 | |
| 28 | Divide line 27 by $1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.) | 28 | |
| 29 | Multiply line 28 by $200 | 29 | |
| 30 | **Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0- | 30 | |

## Part V Enhanced Deduction for Seniors

**Caution:** You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

| | | | |
|---|---|---|---|
| 31 | Enter the amount from line 3 | 31 | 30,313. |
| 32 | Enter $75,000 ($150,000 if married filing jointly) | 32 | 75,000. |
| 33 | Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35 | 33 | -44,687. |
| 34 | Multiply line 33 by 6% (0.06) | 34 | |
| 35 | Subtract line 34 from $6,000. If zero or less, enter -0- | 35 | 6,000. |
| 36a | If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35 | 36a | 6,000. |
| b | If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35 | 36b | |
| 37 | **Enhanced deduction for seniors.** Add lines 36a and 36b | 37 | 6,000. |

## Part VI Total Additional Deductions

| | | | |
|---|---|---|---|
| 38 | Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c | 38 | 6,000. |



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**SCHEDULE 2 (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Taxes

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: PAULO A KOO

**Your social security number:** 101-74-8101

## Part I Tax

| | | | | |
|---|---|---|---|---|
| **1** | Additions to tax: | | | |
| **a** | Excess advance premium tax credit repayment. Attach Form 8962 | **1a** | | |
| **b** | Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936) | **1b** | | |
| **c** | Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936) | **1c** | | |
| **d** | Recapture of net EPE from Form 4255, line 2a, column (l) | **1d** | | |
| **e** | Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a **(ii)** ☐ Line 1c **(iii)** ☐ Line 1d **(iv)** ☐ Line 2a | **1e** | | |
| **f** | 20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a **(ii)** ☐ Line 1c **(iii)** ☐ Line 1d **(iv)** ☐ Line 2a | **1f** | | |
| **y** | Other additions to tax (see instructions): _____ | **1y** | | |
| **z** | Add lines 1a through 1y | | **1z** | |
| **2** | Alternative minimum tax. Attach Form 6251 | | **2** | |
| **3** | Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | | **3** | |

## Part II Other Taxes

| | | | | |
|---|---|---|---|---|
| **4** | Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): **1** ☐ 4361 **2** ☐ 4029 **3** ☐ _____ | | **4** | 4,013. |
| **5** | Social security and Medicare tax on unreported tip income. Attach Form 4137 | **5** | | |
| **6** | Uncollected social security and Medicare tax on wages. Attach Form 8919 | **6** | | |
| **7** | Total additional social security and Medicare tax. Add lines 5 and 6 | | **7** | |
| **8** | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐ | | **8** | |
| **9** | Household employment taxes. Attach Schedule H | | **9** | |
| **10** | Reserved for future use | | **10** | |
| **11** | Additional Medicare Tax. Attach Form 8959 | | **11** | |
| **12** | Net investment income tax. Attach Form 8960 | | **12** | |
| **13** | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | | **13** | |
| **14** | Interest on tax due on installment income from the sale of certain residential lots and timeshares | | **14** | |
| **15** | Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000 | | **15** | |
| **16** | Recapture of low-income housing credit. Attach Form 8611 | | **16** | |

*(continued on page 2)*

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**Part II Other Taxes** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **17** | Other additional taxes: | | | | |
| **a** | Recapture of other credits. List type, form number, and amount: | **17a** | | | |
| **b** | Recapture of federal mortgage subsidy. If you sold your home, see instructions | **17b** | | | |
| **c** | Additional tax on HSA distributions. Attach Form 8889 | **17c** | | | |
| **d** | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | **17d** | | | |
| **e** | Additional tax on Archer MSA distributions. Attach Form 8853 | **17e** | | | |
| **f** | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | **17f** | | | |
| **g** | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | **17g** | | | |
| **h** | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | **17h** | | | |
| **i** | Compensation you received from a nonqualified deferred compensation plan described in section 457A | **17i** | | | |
| **j** | Section 72(m)(5) excess benefits tax | **17j** | | | |
| **k** | Golden parachute payments | **17k** | | | |
| **l** | Tax on accumulation distribution of trusts | **17l** | | | |
| **m** | Excise tax on insider stock compensation from an expatriated corporation | **17m** | | | |
| **n** | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | **17n** | | | |
| **o** | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | **17o** | | | |
| **p** | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | **17p** | | | |
| **q** | Any interest from Form 8621, line 24 | **17q** | | | |
| **z** | Any other taxes. List type and amount: | **17z** | | | |
| **18** | Total additional taxes. Add lines 17a through 17z | | | **18** | |
| **19** | Recapture of net EPE from Form 4255, line 1d, column (l) | | | **19** | |
| **20** | Section 965 net tax liability installment from Form 965-A | **20** | | | |
| **21** | Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b | | | **21** | 4,013. |

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**SCHEDULE C (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Profit or Loss From Business

**(Sole Proprietorship)**

**Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.**

**Go to *www.irs.gov/ScheduleC* for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **09**

| Name of proprietor | Social security number (SSN) |
|---|---|
| PAULO A KOO | 101-74-8101 |

**A** Principal business or profession, including product or service (see instructions): Managment

**B** Enter code from instructions: 5 4 1 6 0 0

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see instr.)

**E** Business address (including suite or room no.) 8810 MARIPOSA ST

City, town or post office, state, and ZIP code LA MESA , CA 91941

**F** Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

**G** Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses . ☒ Yes ☐ No

**H** If you started or acquired this business during 2025, check here . . . ☐

**I** Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions . . . ☐ Yes ☒ No

**J** If "Yes," did you or will you file required Form(s) 1099? . . . ☐ Yes ☐ No

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐ | 1 | 46,254. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 46,254. |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 46,254. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | **Gross income.** Add lines 5 and 6 | 7 | 46,254. |

## Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | | 18 | Office expense (see instructions) | 18 | 247. |
| 9 | Car and truck expenses (see instructions) | 9 | 14,125. | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | 583. |
| 15 | Insurance (other than health) | 15 | | 23 | Taxes and licenses | 23 | |
| 16 | Interest (see instructions): | | | 24 | Travel and meals: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | |
| b | Other | 16b | | b | Deductible meals (see instructions) | 24b | 1,091. |
| 17 | Legal and professional services | 17 | | 25 | Utilities | 25 | |
| | | | | 26 | Wages (less employment credits) | 26 | |
| | | | | 27a | Energy efficient commercial bldgs deduction (attach Form 7205) | 27a | |
| | | | | b | Other expenses (from line 48) | 27b | 1,807. |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27b | 28 | 17,853. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 28,401. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32. | 31 | 28,401. |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited. | 32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk. | |

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## Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

| | | | |
|---|---|---|---|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | |
| 41 | Inventory at end of year | 41 | |
| 42 | **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

## Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2025

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business 20,179 b Commuting (see instructions) _____ c Other 0

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ Yes ☐ No

47a Do you have evidence to support your deduction? . . . . . ☒ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☒ Yes ☐ No

## Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

| | |
|---|---|
| Cell phone | 1,125. |
| Car wash | 682. |
| | |
| | |
| | |
| | |
| | |
| | |

48 **Total other expenses.** Enter here and on line 27b . . . . . 48 1,807.

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**SCHEDULE SE (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Self-Employment Tax

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

OMB No. 1545-0074

**2025**

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
PAULO A KOO

Social security number of person with **self-employment** income 101-74-8101

## Part I Self-Employment Tax

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

| | | | |
|---|---|---|---|
| **1a** | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | **1a** | |
| **b** | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ | **1b** | ( ) |

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

| | | | |
|---|---|---|---|
| **2** | Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order | **2** | 28,401. |
| **3** | Combine lines 1a, 1b, and 2 | **3** | 28,401. |
| **4a** | If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | **4a** | 26,228. |
| | **Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. | | |
| **b** | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | **4b** | |
| **c** | Combine lines 4a and 4b. If less than $400, **stop**; you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income**, enter -0- and continue | **4c** | 26,228. |
| **5a** | Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — **5a** | | |
| **b** | Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0- | **5b** | 0. |
| **6** | Add lines 4c and 5b | **6** | 26,228. |
| **7** | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025 | **7** | $176,100 |
| **8a** | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $176,100 or more, skip lines 8b through 10, and go to line 11 — **8a** | | |
| **b** | Unreported tips subject to social security tax from Form 4137, line 10 — **8b** | | |
| **c** | Wages subject to social security tax from Form 8919, line 10 — **8c** | | |
| **d** | Add lines 8a, 8b, and 8c | **8d** | |
| **9** | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | **9** | 176,100. |
| **10** | Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) | **10** | 3,252. |
| **11** | Multiply line 6 by 2.9% (0.029) | **11** | 761. |
| **12** | **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3** | **12** | 4,013. |
| **13** | **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** — **13** 2,007. | | |

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## Part II Optional Methods To Figure Net Earnings (see instructions)

**Farm Optional Method.** You may use this method **only** if (**a**) your gross farm income[1] wasn't more than $10,860, **or** (**b**) your net farm profits[2] were less than $7,840.

| | | | |
|---|---|---|---|
| **14** | Maximum income for optional methods | **14** | $7,240 |
| **15** | Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $7,240. Also, include this amount on line 4b above | **15** | |

**Nonfarm Optional Method.** You may use this method **only** if (**a**) your net nonfarm profits[3] were less than $7,840 and also less than 72.189% of your gross nonfarm income,[4] **and** (**b**) you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

| | | | |
|---|---|---|---|
| **16** | Subtract line 15 from line 14 | **16** | |
| **17** | Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above | **17** | |

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.



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Form **8995**

Department of the Treasury
Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

**Attach to your tax return.**
**Go to *www.irs.gov/Form8995* for instructions and the latest information.**

OMB No. 1545-0074

**2025**

Attachment Sequence No. **55**

| Name(s) shown on return | Your taxpayer identification number |
|---|---|
| PAULO A KOO | 101-74-8101 |

**Note:** *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

*Use this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.*

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|---|---|---|---|
| i | PAULO A KOO | 101-74-8101 | 26,394. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | 26,394. | | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | ( ) | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 26,394. | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | | 5 | 5,279. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | ( ) | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | | 9 | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | | 10 | 5,279. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 6,563. | | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 | 0. | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 6,563. | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | | 14 | 1,313. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | | 15 | 1,313. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | | 16 | ( 0. ) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | | 17 | ( 0. ) |

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TAXABLE YEAR ■ FORM

# 2025 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

101-74-8101 KOO 25 PBA 541600
PAULO A KOO

8810 MARIPOSA ST
LA MESA CA 91941

11-05-1953

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**Principal Residence**

Enter your county at time of filing (see instructions)
SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

**Filing Status**

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

**Exemptions**

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [1] X $153 = ◉ $ 153

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $153 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [1] X $153 = ◉ $ 153

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Your name: KOO Your SSN or ITIN: 101-74-8101

## Exemptions

**10 Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---|---|---|---|
| First Name | | | |
| Last Name | | | |
| SSN. See instructions. | | | |
| Dependent's relationship to you | | | |

Total dependent exemptions . . . . . ● 10 [ ] X $475 = $ [ ]

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 306

## Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . ● 12 [ ] .00

13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. . . 13 30313 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14 3919 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 26394 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17 26394 .00

18 Enter the **larger** of
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately. . . . . $5,706
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,412

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . ● 18 5706 .00

19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- . . . . . 19 20688 .00

## Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31 303 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions. . . . . 32 306 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 0 .00

34 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A. . ● 34 .00

35 Add line 33 and line 34 . . . . . 35 0 .00

## Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . ● 40 .00

43 Enter credit name [ ] code ● [ ] and amount. . . ● 43 .00

44 Enter credit name [ ] code ● [ ] and amount. . . ● 44 .00

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Special Credits**

| | | | |
|---|---|---|---|
| 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | 45 | .00 |
| 46 | Nonrefundable Renter's Credit. See instructions | 46 | 60 .00 |
| 47 | Add line 40 through line 46. These are your total credits | 47 | 60 .00 |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0- | 48 | 0 .00 |

**Other Taxes**

| | | | |
|---|---|---|---|
| 61 | Alternative Minimum Tax. Attach Schedule P (540) | 61 | .00 |
| 62 | Behavioral Health Services Tax. See instructions | 62 | .00 |
| 63 | Other taxes and credit recapture. See instructions | 63 | .00 |
| 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | 64 | 0 .00 |

**Payments**

| | | | |
|---|---|---|---|
| 71 | California income tax withheld. See instructions | 71 | .00 |
| 72 | 2025 California estimated tax and other payments. See instructions | 72 | .00 |
| 73 | Withholding (Form 592-B and/or Form 593). See instructions. | 73 | .00 |
| 74 | Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions | 74 | .00 |
| 75 | Earned Income Tax Credit (EITC). See instructions | 75 | 24 .00 |
| 76 | Young Child Tax Credit (YCTC). See instructions | 76 | .00 |
| 77 | Foster Youth Tax Credit (FYTC). See instructions | 77 | .00 |
| 78 | Add line 71 through line 77. These are your total payments. See instructions | 78 | 24 .00 |

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

**Overpaid Tax/Tax Due**

| | | | |
|---|---|---|---|
| 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | 93 | 24 .00 |
| 94 | **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 | 94 | .00 |
| 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | 95 | 24 .00 |
| 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | 96 | .00 |
| 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | 97 | 24 .00 |

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Overpaid Tax/Tax Due**

| | | | | |
|---|---|---|---|---|
| **98** | Amount of line 97 you want applied to your **2026** estimated tax | ● | **98** | .00 |
| **99** | Overpaid tax available this year. Subtract line 98 from line 97 | ● | **99** | 24 .00 |
| **100** | Tax due. If line 95 is less than line 64, subtract line 95 from line 64 | ◉ | **100** | .00 |

**Contributions**

| | | Code | Amount |
|---|---|---|---|
| | California Seniors Special Fund. See instructions | **400** | .00 |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | **401** | .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | **403** | .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund | **405** | .00 |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund | **406** | .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | **407** | .00 |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | **408** | .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | **413** | .00 |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund | **422** | .00 |
| | State Parks Protection Fund/Parks Pass Purchase | **423** | .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | **424** | .00 |
| | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | **431** | .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | **438** | .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | **439** | .00 |
| | Mental Health Crisis Prevention Voluntary Tax Contribution Fund | **445** | .00 |
| | California ALS Research Network Voluntary Tax Contribution Fund | **447** | .00 |
| | California Pediatric Cancer Research Voluntary Tax Contribution Fund | **448** | .00 |
| | Parkinson's Disease Research Voluntary Tax Contribution Fund | **449** | .00 |
| **110** | Add amounts in code 400 through code 449. This is your total contribution | **110** | .00 |

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Amount You Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties**

**112** Interest, late return penalties, and late payment penalties . . . . . **112** .00

**113** Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

**Refund and Direct Deposit**

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 24 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

**Voter Info.**

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

**Health Care Coverage Info.**

Do you want information on no-cost or low-cost health care coverage?
By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☒ No

**Organ Donor Election**

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

◉ ☐ Primary taxpayer
◉ ☐ Spouse/RDP (if joint tax return)

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

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**Sign your tax return on Side 6**

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Your name: KOO Your SSN or ITIN: 101-74-8101

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

## Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number 6199038866

● Print paid preparer's name

● Paid preparer's phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

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TAXABLE YEAR | SCHEDULE

# 2025 California Adjustments — Residents CA (540)

**Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: PAULO A KOO

SSN or ITIN: 101748101

| **Part I Income Adjustment Schedule** **Section A – Income** from federal Form 1040 or 1040-SR | **A** Federal Amounts (taxable amounts from your federal tax return) | **B** Subtractions See instructions | **C** Additions See instructions |
|---|---|---|---|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions . . . . . 1a | | | |
| b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b | | | |
| c Tip income not reported on line 1a . . . . . 1c | | | |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . 1d | | | |
| e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e | | | |
| f Employer-provided adoption benefits from federal Form 8839, line 31 . . . . . 1f | | | |
| g Wages from federal Form 8919, line 6. . . . . 1g | | | |
| h Other earned income. See instr. Enter type & amount. 1h | | | |
| i Nontaxable combat pay election. See instructions. . . . . 1i | | | |
| z Add line 1a through line 1i. . . . . 1z | | | |
| 2 Taxable interest. a 2b | | | |
| 3 Ordinary dividends. See instructions. a 3b | | | |
| 4 IRA distributions. See instructions. a 4b | | | |
| 5 Pensions and annuities. See instructions. . . . . a 5b | | | |
| 6 Social security benefits. . . . . a 12888 6b | 3919 | 3919 | |
| 7 a Capital gain or (loss). See instructions . . . . . 7a | | | |
| **Section B – Additional Income** from federal Schedule 1 (Form 1040) | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 1 | | | |
| 2 a Alimony received. b Date of original divorce or separation agreement. See instr. 2a | | | |
| 3 Business income or (loss). See instructions. . . . . 3 | 28401 | | |
| 4 Other gains or (losses) . . . . . 4 | | | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 5 | | | |
| 6 Farm income or (loss) . . . . . 6 | | | |
| 7 Unemployment compensation . . . . . 7 | | | |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| 8 Other income: | | | |
| a Federal net operating loss 8a | ( ) | | |
| b Gambling 8b | | | |
| c Cancellation of debt 8c | | | |
| d Foreign earned income exclusion from federal Form 2555 8d | ( ) | | |
| e Income from federal Form 8853 8e | | | |
| f Income from federal Form 8889 8f | | | |
| g Alaska Permanent Fund dividends 8g | | | |
| h Jury duty pay 8h | | | |
| i Prizes and awards 8i | | | |
| j Activity not engaged in for profit income 8j | | | |
| k Stock options 8k | | | |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l | | | |
| m Olympic and Paralympic medals and USOC prize money 8m | | | |
| n IRC Section 951(a) inclusion 8n | | | |
| o IRC Section 951A(a) inclusion 8o | | | |
| p IRC Section 461(l) excess business loss adjustment 8p | | | |
| q Taxable distributions from an ABLE account 8q | | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s | ( ) | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | | | |
| u Wages earned while incarcerated 8u | | | |
| v Digital assets received as ordinary income not reported elsewhere 8v | | | |
| z Other income. List type and amount. _____ 8z | | | |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| 9 a Total other income. Add line 8a through line 8z . . . . . 9a | | | |
| b1 Disaster loss deduction from form FTB 3805V. . 9b1 | | | |
| b2 NOL deduction from form FTB 3805V . . . . . 9b2 | | | |
| b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . 9b3 | | | |
| 10 **Total.** Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. . . . . 10 | 32320 | 3919 | |

**Section C – Adjustments to Income**
from federal Schedule 1 (Form 1040)

| | | | |
|---|---|---|---|
| 11 Educator expenses . . . . . 11 | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . . 12 | | | |
| 13 Health savings account deduction . . . . . 13 | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions . . . . . 14 | | | |
| 15 Deductible part of self-employment tax. See instructions. . . . . 15 | 2007 | | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | | | |
| 17 Self-employed health insurance deduction. See instructions. . . . . 17 | | | |
| 18 Penalty on early withdrawal of savings . . . . . 18 | | | |
| 19 a Alimony paid. . . . . 19a | | | |
| b Recipient's: SSN | | | |
| Last Name | | | |
| c Date of original divorce or separation agreement. See instr. | | | |
| 20 IRA deduction . . . . . 20 | | | |
| 21 Student loan interest deduction . . . . . 21 | | | |
| 22 Reserved for future use . . . . . 22 | | | |
| 23 Archer MSA deduction. . . . . 23 | | | |

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| Section C – Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| **24** Other adjustments: **a** Jury duty pay . . . . . **24a** | | | |
| **b** Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. . . . . **24b** | | | |
| **c** Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . . **24c** | | | |
| **d** Reforestation amortization and expenses. . . . . **24d** | | | |
| **e** Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e** | | | |
| **f** Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . **24f** | | | |
| **g** Contributions by certain chaplains to IRC Section 403(b) plans . . . . . **24g** | | | |
| **h** Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . **24h** | | | |
| **i** Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. . . . . **24i** | | | |
| **j** Housing deduction from federal Form 2555 . . . . . **24j** | | | |
| **k** Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . **24k** | | | |
| **z** Other adjustments. List type and amount. _____ **24z** | | | |
| **25** Total other adjustments. Add line 24a through line 24z . . . . . **25** | | | |
| **26** Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . **26** | 2007 | | |
| **27** **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . **27** | 30313 | 3919 | |

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**Part II** **Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| **Medical and Dental Expenses** See instructions. | | | |
| **1** Medical and dental expenses . . . . 1 | | | |
| **2** Enter amount from federal Form 1040 or 1040-SR, line 11b. 2 | 30313 | | |
| **3** Multiply line 2 by 7.5% (0.075) . . . . 3 | 2273 | | |
| **4** Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . 4 | | | |
| **Taxes You Paid** | | | |
| **5 a** State and local income tax or general sales taxes. 5a | | | |
| **b** State and local real estate taxes . . . . . 5b | | | |
| **c** State and local personal property taxes . . . . . 5c | 0 | | |
| **d** Add line 5a through line 5c. . . . . 5d | 0 | | |
| **e** Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . . 5e | 0 | | 0 |
| **6** Other taxes. List type _____ 6 | | | |
| **7** Add line 5e and line 6. . . . . 7 | 0 | | 0 |
| **Interest You Paid** | | | |
| **8 a** Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a | 0 | | |
| **b** Home mortgage interest not reported to you on federal Form 1098. . . . . 8b | | | |
| **c** Points not reported to you on federal Form 1098. . 8c | | | |
| **d** Reserved for future use . . . . . 8d | | | |
| **e** Add line 8a through line 8c. . . . . 8e | 0 | | |
| **9** Investment interest. . . . . 9 | | | |
| **10** Add line 8e and line 9. . . . . 10 | 0 | | |

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| **Part II** Adjustments to Federal Itemized Deductions Continued | **A** Federal Amounts (from federal Schedule A (Form 1040)) | **B** Subtractions See instructions | **C** Additions See instructions |
|---|---|---|---|
| **Gifts to Charity** | | | |
| **11** Gifts by cash or check . . . . . **11** | | | |
| **12** Other than by cash or check . . . . . **12** | | | |
| **13** Carryover from prior year . . . . . **13** | | | |
| **14** Add line 11 through line 13 . . . . . **14** | | | |
| **Casualty and Theft Losses** | | | |
| **15** Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15** | | | |
| **Other Itemized Deductions** | | | |
| **16** Other—from list in federal instructions. . . . . **16** | | | |
| **17** Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . . **17** | 0 | | 0 |

**18 Total.** Combine line 17 column A less column B plus column C . . . . . **18** 0

**Job Expenses and Certain Miscellaneous Deductions**

**19** Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . **19**

**20** Tax preparation fees . . . . . **20**

**21** Other expenses: investment, safe deposit box, etc. List type . . . . . **21** 0

**22** Add line 19 through line 21 . . . . . **22** 0

**23** Enter amount from federal Form 1040 or 1040-SR, line 11b . . . . . 30313

**24** Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . **24** 606

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . **25** 0

**26 Total Itemized Deductions.** Add line 18 and line 25 . . . . . **26** 0

**27** Other adjustments. See instructions. Specify. . . . . **27**

**28** Combine line 26 and line 27 . . . . . **28** 0

**29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . . . **$252,203**
Head of household . . . . . **$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP . . . . . **$504,411**

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . **29** 0

**30 Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions . . . . . **$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,412**

**Transfer the amount on line 30 to Form 540, line 18** . . . . . **30** 5706

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TAXABLE YEAR

# 2025 California Earned Income Tax Credit

FORM

# 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

| Name(s) as shown on tax return | Your SSN or ITIN |
|---|---|
| PAULO A KOO | 101748101 |

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ◉ ☐

**Before you begin:**

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

**Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).**

## Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

**1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ◉ ☐ Yes ☒ No

**b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ◉ ☐ Yes ☒ No

**2** Federal adjusted gross income (AGI) (federal Form 1040 or 1040-SR, line 11b) . . . . . ● **2** 30313 .00

**3** Federal EIC (federal Form 1040 or 1040-SR, line 27a) . . . . . ● **3** .00

## Part II Investment Income Information

**4** Investment Income. See instructions for Step 2 – Investment Income . . . . . ● **4** .00

## Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

**Qualifying Child Information** (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

| | Child 1 | Child 2 | Child 3 |
|---|---|---|---|
| **5** First name | | | |
| **6** Last name | | | |
| **7** SSN or ITIN. See instructions. | | | |
| **8** Date of birth (mm/dd/yyyy). If born after 2006 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | | | |
| **9 a** Was the child under age 24 at the end of 2025, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **b** Was the child permanently and totally disabled during any part of 2025? If yes, go to line 10. If no, stop here. The child is not a qualifying child. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **10** Child's relationship to you. See instructions. | | | |
| **11** Number of days child lived with you in California during 2025. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr. | | | |

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**12** Child's physical address during 2025. See instructions.

**Child 1**
**a** Street address (number, street, and apt. no./ste. no.)
**b** City **c** State **d** ZIP code

**Child 2**
**a** Street address (number, street, and apt. no./ste. no.)
**b** City **c** State **d** ZIP code

**Child 3**
**a** Street address (number, street, and apt. no./ste. no.)
**b** City **c** State **d** ZIP code

## Part IV California Earned Income (See Step 5 in the instructions.)

| | | |
|---|---|---|
| **13** Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions | **13** | 0 .00 |
| **14** IHSS payments. See instructions | **14** | .00 |
| **15** Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions | **15** | .00 |
| **16** Subtract line 14 and line 15 from line 13 | **16** | 0 .00 |
| **17** Nontaxable combat pay. See instructions | **17** | .00 |
| **18** Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions | **18** | 26394 .00 |

**a** Business name: PAULO A KOO

**b** Business address (Street address (number, street, and apt. no./ste. no.)): 8810 MARIPOSA ST

City: LA MESA State: CA ZIP code: 91941

**c** Business license number:

**d** SEIN:

**e** Business code: 541600

| | | |
|---|---|---|
| **19** **California earned income.** Add line 16, line 17, and line 18 | **19** | 26394 .00 |

## Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

| | | |
|---|---|---|
| **20** **California EITC.** Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a | **20** | 24 .00 |

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## Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

**21** CA exemption credit percentage from Form 540NR, line 38. See instructions . . . . **21**

**22** **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . **22** .00

## Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

**23** **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 . . . . . **23** .00

**a** **Total** wages, salaries, tips, and other employee compensation. See instructions . . **23a** .00

**b** If your **total** net loss exceeds $35,640 or your federal AGI exceeds $32,900, check the box. See instructions . . . . .

**24** **Available Young Child Tax Credit** . . . . . **24** 1,189 .00

- If the amount on line 23 is $27,425 or less, skip line 25 through line 27 and enter $1,189 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $27,425, complete line 25 through line 28. If applicable, complete line 29 and line 30.

**25** Excess earned income over threshold. Subtract $27,425 from line 23 . . . . . **25** .00

**26** Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **26**

**27** **Reduction amount.** Multiply line 26 by $21.71. Enter the result as a decimal out to two decimal places, **do not** round . . . . . **27**

**28** **Young Child Tax Credit.**

- If you did not need to complete line 25 through line 27, your credit is the $1,189 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. . . . . **28** .00

## Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

**29** CA exemption credit percentage from Form 540NR, line 38. See instructions . . . . **29**

**30** **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . **30** .00

## Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

**31** Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

**a** Primary Taxpayer: My name is the first name listed on this return . . . . .

**b** Spouse/RDP: My name is listed as the spouse/RDP on this joint return . . . . .

**32** Qualifying foster youth information. See instructions.

| | Primary Taxpayer | Spouse/RDP |
|---|---|---|
| **a** First name | | |
| **b** Last name | | |

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**33** To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

**a** Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

**b** Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

**Note:** Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

**34 California earned income.** Enter the amount from form FTB 3514, line 19 . . . . . **34** .00

**35 Available Foster Youth Tax Credit** . . . . . **35** .00

- If the amount on line 34 is $27,425 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - ○ If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,189 on line 35 and line 39.
  - ○ If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,378 on line 35 and line 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $27,425, complete line 36 through line 38 and enter on line 35 the following amount.
  - ○ If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,189 on line 35.
  - ○ If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,378 on line 35.

  If applicable, complete line 40 and line 41.

**36** Excess earned income over threshold. Subtract $27,425 from line 34 . . . . . **36** .00

**37** Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **37**

**38 Reduction amount** . . . . . **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.71. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.42. Enter the result as a decimal out to two decimal places, **do not** round.

**39 Foster Youth Tax Credit.**

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,189 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,378 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c. . . . . **39** .00

## Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

**40** CA exemption credit percentage from Form 540NR, line 38. See instructions . . . . **40**

**41 Part-year resident FYTC.** Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 . . . . . **41** .00

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# Nonrefundable Renter's Credit Qualification Record

✓Tip e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to **ftb.ca.gov** to check your e-file options.

If you were a resident of California for at least six months in 2024 and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

**1. Were you a resident of California for at least six full months of the tax year in 2024?**
Military personnel: If you are not a legal resident of California, you do not qualify for this credit. Your spouse/RDP may claim up to a maximum of $60 if he or she was a resident during 2024, and is otherwise qualified.
**YES.** Go to question 2. ✕ **NO.** Stop here. You do not qualify for this credit.

**2. Is your adjusted gross income from all sources on your Form 540NR, line 17:**
- $52,421 or less if single or married/RDP filing separately; or
- $104,842 or less if married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP?

**YES.** Go to question 3. ✕ **NO.** Stop here. You do not qualify for this credit.

**3. Did you pay rent, for at least half of 2024, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?**
**YES.** Go to question 4. ✕ **NO.** Stop here. You do not qualify for this credit.

**4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2024?**
**NO.** Go to question 6. ✕ **YES.** Go to question 5.

**5. For more than half the year in 2024, did you live in the home of the person who can claim you as a dependent?**
**NO.** Go to question 6. **YES.** Stop here. You do not qualify for this credit.

**6. Was the property you rented exempt from property tax in 2024?**
You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.
**NO.** Go to question 7. ✕ **YES.** Stop here. You do not qualify for this credit.

**7. Did you claim the homeowner's property tax exemption anytime during 2024?**
You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.
**NO.** Go to question 8. ✕ **YES.** If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

**8. Were you single in 2024?**
**YES.** Go to question 11. ✕ **NO.** Go to question 9.

**9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2024?**
You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.
**NO.** Go to question 11. **YES.** If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

**10. Did you and your spouse/RDP maintain separate residences for the entire year in 2024?**
**YES.** Go to question 11. **NO.** Stop here. You do not qualify for this credit.

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*(continued on next page)*

# Nonrefundable Renter's Credit Qualification Record – *Continued*

**11. Use the following chart to find the amount of your credit based on the number of full months you were a resident of and rented property in California in 2024.**

Enter the amount on the line below. If married/RDP filing jointly where one spouse/RDP claimed the homeowner's property tax exemption and both spouses/RDPs lived apart for the entire year, enter half of the amount listed on the chart for married/RDP filing jointly on the line below. Follow the instructions next to the chart.

| Filing status | Number of months | | | | | | |
|---|---|---|---|---|---|---|---|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Single or married/RDP filing separately | $30 | $35 | $40 | $45 | $50 | $55 | $60 |
| Married/RDP filing jointly, head of household or qualifying surviving spouse/RDP | $60 | $70 | $80 | $90 | $100 | $110 | File Form 540 |

$ ___ 6 0

**If this credit is the only special credit you are claiming,** enter the amount on your Form 540NR, line 61.
**If you are a Form 540NR filer and are claiming additional special credits in addition to this credit,** see the Special Credits and Nonrefundable Credits section in Form 540NR instructions.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2024, which qualified you for this credit.

| Street Address | City, State, and ZIP Code | Dates Rented in 2024 (From_____to_____) |
|---|---|---|

**a**_____

**b**_____

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

| Name | Street Address | City, State, ZIP Code, and Telephone Number |
|---|---|---|

**a**_____

**b**_____

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☐ CORRECTED (if checked)

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | OMB No. 1545-0116<br>Form **1099-NEC**<br>(Rev. April 2025)<br>For calendar year 2025 | **Nonemployee Compensation** |
|---|---|---|---|
| ARC ENGINEERS INC<br>2504 Transportation Ave Ste A<br><br>National City CA 91950<br>(619) 581-3113 | | | |
| PAYER'S TIN<br>83-0977458 | RECIPIENT'S TIN<br>101-74-8101 | **1** Nonemployee compensation<br>$ 46254.26 | **Copy B**<br>**For Recipient**<br>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br>Paulo Alves Koo<br><br>8810 Mariposa Street<br><br>La Mesa CA 91941 | | **2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐<br>**3** Excess golden parachute payments<br>$<br>**4 Federal income tax withheld**<br>$ | |
| Account number (see instructions) | | **5** State tax withheld<br>$<br>$ | **6** State/Payer's state no.<br>CA 11626355 | **7** State income<br>$<br>$ |

Form **1099-NEC** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

# FORM SSA-1099SM - SOCIAL SECURITY BENEFIT STATEMENT

| 2025 | • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME<br>• SEE THE REVERSE FOR MORE INFORMATION |
|---|---|

| Box 1. Name | Box 2. Beneficiary's Social Security Number |
|---|---|
| PAULO A KOO | 101-74-8101 |

| Box 3. Benefits Paid in 2025 | Box 4. Benefits Repaid to SSA in 2025 | Box 5. Net Benefits for 2025 (Box 3 minus Box 4) |
|---|---|---|
| $12,888.00 | NONE | $12,888.00 |

**DESCRIPTION OF AMOUNT IN BOX 3**

Paid by check or Direct deposit $12,888.00

Total Additions $12,888.00

Benefits for 2025 $12,888.00

**DESCRIPTION OF AMOUNT IN BOX 4**

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

PAULO A KOO
2365 DOG LEG CT
BROOKSVILLE FL 34604-9242

Box 8. Claim Number (Use this number if you need to contact SSA.)

101-74-8101A

**DO NOT RETURN THIS FORM TO SSA OR IRS**

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

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

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| PAULO A | KOO | 101 74 8101 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | |

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. |
|---|---|
| 8810 MARIPOSA ST | |

| City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code |
|---|---|---|
| LA MESA | CA | 91941 |

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

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

**Filing Status**
Check only one box.

☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

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

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

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

**Dependents** (see instructions):

| (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| If more than four dependents, see instructions and check here ☐ | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **1a** | Total amount from Form(s) W-2, box 1 (see instructions) | | | | | **1a** | |
| **b** | Household employee wages not reported on Form(s) W-2 | | | | | **1b** | |
| **c** | Tip income not reported on line 1a (see instructions) | | | | | **1c** | |
| **d** | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | **1d** | |
| **e** | Taxable dependent care benefits from Form 2441, line 26 | | | | | **1e** | |
| **f** | Employer-provided adoption benefits from Form 8839, line 29 | | | | | **1f** | |
| **g** | Wages from Form 8919, line 6 | | | | | **1g** | |
| **h** | Other earned income (see instructions) | | | | | **1h** | |
| **i** | Nontaxable combat pay election (see instructions) | **1i** | | | | | |
| **z** | Add lines 1a through 1h | | | | | **1z** | |
| **2a** | Tax-exempt interest | **2a** | | **b** | Taxable interest | **2b** | |
| **3a** | Qualified dividends | **3a** | | **b** | Ordinary dividends | **3b** | |
| **4a** | IRA distributions | **4a** | | **b** | Taxable amount | **4b** | |
| **5a** | Pensions and annuities | **5a** | | **b** | Taxable amount | **5b** | |
| **6a** | Social security benefits | **6a** | 12,572. | **b** | Taxable amount | **6b** | 0. |
| **c** | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | | | | | |

Attach Schedule B if required.

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| | | | | |
|---|---|---|---|---|
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ | 7 | |
| | 8 | Additional income from Schedule 1, line 10 | 8 | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 0. |
| | 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 0. |
| **Standard Deduction** See *Standard Deduction Chart* on the last page of this form. | 12 | **Standard deduction or itemized deductions** (from Schedule A) | 12 | 16,550. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| | 14 | Add lines 12 and 13 | 14 | 16,550. |
| | 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | 15 | 0. |
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form(s) 4972 **3** ☐ _____ | 16 | 0. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 0. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your **total tax** | 24 | 0. |
| **Payments** | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 — 25a | | |
| | b | Form(s) 1099 — 25b | | |
| | c | Other forms (see instructions) — 25c | | |
| | d | Add lines 25a through 25c | 25d | |
| | 26 | 2024 estimated tax payments and amount applied from 2023 return | 26 | |
| If you have a qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) — 27 | | |
| | 28 | Additional child tax credit from Schedule 8812 — 28 | | |
| | 29 | American opportunity credit from Form 8863, line 8 — 29 | | |
| | 30 | Reserved for future use — 30 | | |
| | 31 | Amount from Schedule 3, line 15 — 31 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | 33 | |

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**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 34

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here . . . . . ☐ 35a

Direct deposit? See instructions.

b Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings

d Account number X X X X X X X X X X X X X X X X

36 Amount of line 34 you want **applied to your 2025 estimated tax** . . . . . 36

**Amount You Owe**

37 Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions 37 0.

38 Estimated tax penalty (see instructions) . . . . . 38

**Third Party Designee**

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

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

**Sign Here**

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

Your signature | Date | Your occupation RETIRED | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

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

Phone no. (619)903-8866 | Email address

**Paid Preparer Use Only**

Preparer's name | Preparer's signature | Date | PTIN | Check if: ☐ Self-employed

Firm's name | Phone no.

Firm's address | Firm's EIN



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## Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 . . . . . _____

| IF your filing status is. . . | AND the number of boxes checked is. . . | THEN your standard deduction is. . . |
|---|---|---|
| Single | 1 | $16,550 |
| | 2 | 18,500 |
| Married filing jointly | 1 | $30,750 |
| | 2 | 32,300 |
| | 3 | 33,850 |
| | 4 | 35,400 |
| Qualifying surviving spouse | 1 | $30,750 |
| | 2 | 32,300 |
| Head of household | 1 | $23,850 |
| | 2 | 25,800 |
| Married filing separately** | 1 | $16,150 |
| | 2 | 17,700 |
| | 3 | 19,250 |
| | 4 | 20,800 |

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.



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**Form 1040**
**Line 6**

# Social Security Benefits Worksheet

► Keep for your records

**2024**

| Name(s) Shown on Return | Social Security Number |
|---|---|
| PAUL0 A K00 | 101-74-8101 |

Social Security/Railroad Retirement benefits received in 2023 . . . . . ► ☐

Check this box if taxpayer and/or spouse is a U.S. citizen and is a resident of Canada, Egypt, Germany, Ireland, Israel, Italy (also is a citizen of Italy), Romania, or United Kingdom and therefore the benefits are exempt from U.S. tax . . . . . ► ☐ ☐

| | | Taxpayer | Spouse |
|---|---|---|---|
| **A** | **Total** net benefits from **Box 5** of **all SSA-1099** forms . . . . . | 12,572. | |
| **B** | **Total** Medicare B premiums withheld from **all SSA-1099** forms . . . . . | | |
| **C** | **Total** Medicare C premiums withheld from **all SSA-1099** forms . . . . . | | |
| **D** | **Total** Medicare D premiums withheld from **all SSA-1099** forms . . . . . | | |
| | **Note:** If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D and E above. | | |
| **E** | **Total** federal tax withheld from **Box 6** of **all SSA-1099** forms | | |
| **F** | **Total** net benefits from Box 5 of **all RRB-1099** forms . . . . . | | |
| **G** | **Total** federal tax withheld from box 10 of **all RRB-1099** forms | | |
| **H** | **Total** Medicare premiums from Box 11 of **all RRB-1099** forms . . . . . | | |

| | | | |
|---|---|---|---|
| **1a** | Add amounts from line A and line F above. Also enter this amount on Form 1040, line 6a . . . . . | **1a** | 12,572. |
| **1b** | Benefits exemption from U.S. tax due to living abroad in country with tax treaty . . . . | **1b** | |
| **1c** | Subtract line 1b from line 1a . . . . . | **1c** | 12,572. |
| **2** | Enter one-half of line 1 . . . . . | **2** | 6,286. |
| **3** | Add the amounts on Form 1040, lines 1z (before adoption benefits exclusion), 2a, 2b, 3b, 4b, 5b, 7, and 8. Also include certain income of bona fide residents of American Samoa or Puerto Rico. | **3** | |
| **4** | Enter (as a positive number) the total of any exclusions/adjustments for: • Foreign earned income or housing exclusion . . . . . | **4** | |
| **5** | Add lines 2, 3, and 4 . . . . . | **5** | 6,286. |
| **6** | Amount from Schedule 1, lines 11 through 20, and 23 and 25 (other than foreign housing deduction) . . . . . | **6** | |
| **7** | Subtract line 6 from line 5 . . . . . | **7** | 6,286. |
| **8** | Enter $25,000 ($32,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time in 2024) . . . . . | **8** | 25,000. |
| **9** | Subtract line 8 from line 7. If zero or less, enter -0- . . . . . | **9** | 0. |
| | **If line 9 is zero or less,** stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2024, enter 'D' to the right of the word 'benefits' on line 6a. **If line 9 is more than zero,** go to line 10. | | |
| **10** | Enter $9,000 ($12,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time in 2024) . . . . . | **10** | |
| **11** | Subtract line 10 from line 9. If zero or less, enter -0- . . . . . | **11** | |
| **12** | Enter the **smaller** of line 9 or line 10 . . . . . | **12** | |
| **13** | Enter one-half of line 12 . . . . . | **13** | |
| **14** | Enter the **smaller** of line 2 or line 13 . . . . . | **14** | |
| **15** | Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- . . . . . | **15** | |
| **16** | Add lines 14 and 15 . . . . . | **16** | |
| **17** | Multiply line 1 by 85% (0.85) . . . . . | **17** | |
| **18** | Taxable social security benefits. Enter the **smaller** of line 16 or line 17 . . . . . If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20. | **18** | |
| **19** | Taxable benefits **with** lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet . . . . . | **19** | |
| **20** | **Taxable Social Security benefits.** Enter the **smaller** of line 18 or line 19 Also enter this amount on Form 1040, line 6b . . . . . | **20** | |

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TAXABLE YEAR | FORM

# 2024 California Resident Income Tax Return 540

APE DO NOT ATTACH FEDERAL RETURN

101-74-8101 KOO 24
PAULO A KOO

8810 MARIPOSA ST
LA MESA CA 91941

11-05-1953

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**Principal Residence**

Enter your county at time of filing (see instructions)
SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

**Filing Status**

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

**Exemptions**

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

| | | | Whole dollars only |
|---|---|---|---|
| 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. | ◉ 7 | 1 X $149 = | ◉ $ 149 |
| 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . | ◉ 8 | X $149 = | ◉ $ |
| 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . | ● 9 | 1 X $149 = | ◉ $ 149 |

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Exemptions**

**10 Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---|---|---|---|
| First Name | | | |
| Last Name | | | |
| SSN. See instructions. | | | |
| Dependent's relationship to you | | | |

Total dependent exemptions . . . . . ● 10 [ ] X $461 = $ [ ]

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 298

**Taxable Income**

12 State wages from your federal Form(s) W-2, box 16 . . . . . ● 12 [ ] .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . 13 0 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 0 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17 0 .00

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately . . . . . $5,540
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,080

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . ● 18 5540 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . 19 0 .00

**Tax**

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31 0 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions. . . . . 32 298 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 0 .00

34 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A . . ● 34 .00

35 Add line 33 and line 34 . . . . . 35 0 .00

**Special Credits**

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● 40 .00

43 Enter credit name [ ] code ● [ ] and amount . . . ● 43 .00

44 Enter credit name [ ] code ● [ ] and amount . . . ● 44 .00

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Special Credits**

| | | | | |
|---|---|---|---|---|
| 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | 45 | | .00 |
| 46 | Nonrefundable Renter's Credit. See instructions | 46 | | .00 |
| 47 | Add line 40 through line 46. These are your total credits | 47 | | .00 |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0- | 48 | 0 | .00 |

**Other Taxes**

| | | | | |
|---|---|---|---|---|
| 61 | Alternative Minimum Tax. Attach Schedule P (540) | 61 | | .00 |
| 62 | Mental Health Services Tax. See instructions | 62 | | .00 |
| 63 | Other taxes and credit recapture. See instructions | 63 | | .00 |
| 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | 64 | 0 | .00 |

**Payments**

| | | | | |
|---|---|---|---|---|
| 71 | California income tax withheld. See instructions | 71 | | .00 |
| 72 | 2024 California estimated tax and other payments. See instructions | 72 | | .00 |
| 73 | Withholding (Form 592-B and/or Form 593). See instructions. | 73 | | .00 |
| 74 | Reserved for future use | 74 | | . |
| 75 | Earned Income Tax Credit (EITC). See instructions | 75 | | .00 |
| 76 | Young Child Tax Credit (YCTC). See instructions | 76 | | .00 |
| 77 | Foster Youth Tax Credit (FYTC). See instructions | 77 | | .00 |
| 78 | Add line 71 through line 77. These are your total payments. See instructions | 78 | | .00 |

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

**Overpaid Tax/Tax Due**

| | | | | |
|---|---|---|---|---|
| 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | 93 | | .00 |
| 94 | **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 | 94 | 0 | .00 |
| 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | 95 | | .00 |
| 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | 96 | | .00 |
| 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | 97 | | .00 |

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Overpaid Tax/Tax Due**

| | | | |
|---|---|---|---|
| **98** | Amount of line 97 you want applied to your **2025** estimated tax | **98** | .00 |
| **99** | Overpaid tax available this year. Subtract line 98 from line 97 | **99** | .00 |
| **100** | Tax due. If line 95 is less than line 64, subtract line 95 from line 64 | **100** | 0 .00 |

**Contributions**

| | Code | Amount |
|---|---|---|
| California Seniors Special Fund. See instructions | **400** | .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | **401** | .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | **403** | .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | **405** | .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | **406** | .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | **407** | .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | **408** | .00 |
| California Sea Otter Voluntary Tax Contribution Fund | **410** | .00 |
| California Cancer Research Voluntary Tax Contribution Fund | **413** | .00 |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | **422** | .00 |
| State Parks Protection Fund/Parks Pass Purchase | **423** | .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | **424** | .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | **425** | .00 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | **431** | .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | **438** | .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | **439** | .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | **445** | .00 |
| California ALS Research Network Voluntary Tax Contribution Fund | **447** | .00 |
| **110** Add amounts in code 400 through code 447. This is your total contribution | **110** | .00 |

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Your name: KOO Your SSN or ITIN: 101-74-8101

**Amount You Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties**

**112** Interest, late return penalties, and late payment penalties . . . . . **112** .00

**113** Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

**Refund and Direct Deposit**

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 0 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

**Voter Info.**

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

**Health Care Coverage Info.**

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☐ No

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**Sign your tax return on Side 6**

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Your name: KOO Your SSN or ITIN: 101-74-8101

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

## Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number 6199038866

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

REV 03/12/25 TTW

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**Braga Financial Services**
**840 Apollo St, Ste 100**
**El Segundo, CA 90245**
**(310) 617-0051**
**info@bragafinancial.com**

March 22, 2024

PAULO A. KOO
8810 MARIPOSA STREET
LA MESA, CA 91941

Dear PAULO,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2023. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The California income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 540 California Resident Income Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

Isaias M Braga

Tax Summary and Instructions for Filing
2023 Federal Individual Income Tax Return

Summary of Federal Information:

| | | |
|---|---|---|
| Federal adjusted gross income ..... | $ | 5,253.00 |
| Federal taxable income ..... | $ | 0.00 |
| Payment due IRS ..... | $ | 798.00 |

Your return will be electronically filed.

Your balance due of $798.00 will be automatically withdrawn from your checking account on April 15, 2024.

Tax Summary and Instructions for Filing
2023 California Individual Income Tax Return

Summary of Form 540 Information:

| | | |
|---|---|---|
| State taxable income ..... | $ | 0.00 |
| State refund ..... | $ | 236.00 |

Your California return will be electronically filed.

Your California refund of $236.00 will be directly deposited in your bank account.

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

| Taxpayer's name | Social security number |
|---|---|
| PAULO A KOO | 101-74-8101 |
| Spouse's name | Spouse's social security number |
| | |

## Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income | 1 | 5,253. |
| 2 | Total tax | 2 | 798. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | |
| 4 | Amount you want refunded to you | 4 | |
| 5 | Amount you owe | 5 | 798. |

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

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

**Taxpayer's PIN: check one box only**

☒ I authorize Braga Financial Services (ERO firm name) to enter or generate my PIN 4 8 1 0 1 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ _____ Date ▶ _____

**Spouse's PIN: check one box only**

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

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

Spouse's signature ▶ _____ Date ▶ _____

**Practitioner PIN Method Returns Only—continue below**

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 3 3 7 8 8 3 9 8 7 6 5 (Don't enter all zeros)

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

ERO's signature ▶ _____ Date ▶ _____

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

Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Tax Return for Seniors** | **2023** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ | See separate instructions.

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| PAULO A | KOO | 101 74 8101 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | |

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no.
8810 MARIPOSA STREET

City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code
LA MESA | CA | 91941

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

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

**Filing Status** Check only one box.
☒ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

**Digital Assets**
At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ **Yes** ☒ **No**

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

**Age/Blindness**
**You:** ☒ Were born before January 2, 1959 ☐ Are blind
**Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

**Dependents** (see instructions):

| (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| If more than four dependents, see instructions and check here ☐ | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

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

| | | | |
|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | |
| b | Household employee wages not reported on Form(s) W-2 | 1b | |
| c | Tip income not reported on line 1a (see instructions) | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| g | Wages from Form 8919, line 6 | 1g | |
| h | Other earned income (see instructions) | 1h | |
| i | Nontaxable combat pay election (see instructions) 1i | | |
| z | Add lines 1a through 1h | 1z | |

Attach Schedule B if required.

| | | | | | |
|---|---|---|---|---|---|
| 2a | Tax-exempt interest 2a | | b | Taxable interest | 2b |
| 3a | Qualified dividends 3a | | b | Ordinary dividends | 3b |
| 4a | IRA distributions 4a | | b | Taxable amount | 4b |
| 5a | Pensions and annuities 5a | | b | Taxable amount | 5b |
| 6a | Social security benefits 6a | 12,122. | b | Taxable amount | 6b 0. |
| c | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | | | |

| | | | | |
|---|---|---|---|---|
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ | 7 | |
| | 8 | Additional income from Schedule 1, line 10 | 8 | 5,652. |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | 9 | 5,652. |
| | 10 | Adjustments to income from Schedule 1, line 26 | 10 | 399. |
| | 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | 11 | 5,253. |
| **Standard Deduction** See *Standard Deduction Chart* on the last page of this form. | 12 | **Standard deduction or itemized deductions** (from Schedule A) | 12 | 15,700. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | 0. |
| | 14 | Add lines 12 and 13 | 14 | 15,700. |
| | 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | 15 | 0. |
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____ | 16 | 0. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 0. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 798. |
| | 24 | Add lines 22 and 23. This is your **total tax** | 24 | 798. |
| **Payments** | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 — 25a | | |
| | b | Form(s) 1099 — 25b | | |
| | c | Other forms (see instructions) — 25c | | |
| | d | Add lines 25a through 25c | 25d | |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| If you have a qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) — 27 | | |
| | 28 | Additional child tax credit from Schedule 8812 — 28 | | |
| | 29 | American opportunity credit from Form 8863, line 8 — 29 | | |
| | 30 | Reserved for future use — 30 | | |
| | 31 | Amount from Schedule 3, line 15 — 31 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | 33 | |

**Refund**

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 34

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here . . . . . ☐ 35a

Direct deposit? See instructions.

b Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings

d Account number X X X X X X X X X X X X X X X X X

36 Amount of line 34 you want **applied to your 2024 estimated tax** . . . . . 36

**Amount You Owe**

37 Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions 37 798.

38 Estimated tax penalty (see instructions) . . . . . 38

**Third Party Designee**

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

Designee's name Isaias M Braga | Phone no. (310)617-0051 | Personal identification number (PIN) 98765

**Sign Here**

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

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

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

Phone no. (747)250-9000 Email address PAULOKOO200@GMAIL.COM

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
|---|---|---|---|---|
| Isaias M Braga | Isaias M Braga | 03/22/2024 | P01712566 | ☒ Self-employed |

Firm's name Braga Financial Services Phone no. (310)617-0051

Firm's address 840 Apollo St, Ste 100 El Segundo CA 90245 Firm's EIN 81-1131148

## Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 . . . . .

| IF your filing status is. . . | AND the number of boxes checked is. . . | THEN your standard deduction is. . . |
|---|---|---|
| Single | 1 | $15,700 |
| | 2 | 17,550 |
| Married filing jointly | 1 | $29,200 |
| | 2 | 30,700 |
| | 3 | 32,200 |
| | 4 | 33,700 |
| Qualifying surviving spouse | 1 | $29,200 |
| | 2 | 30,700 |
| Head of household | 1 | $22,650 |
| | 2 | 24,500 |
| Married filing separately** | 1 | $15,350 |
| | 2 | 16,850 |
| | 3 | 18,350 |
| | 4 | 19,850 |

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

**SCHEDULE 1**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

**2023**

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: PAULO A KOO

**Your social security number:** 101-74-8101

## Part I Additional Income

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | | 1 | 0. |
| 2a | Alimony received | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | 3 | 5,652. |
| 4 | Other gains or (losses). Attach Form 4797 | | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | | 6 | |
| 7 | Unemployment compensation | | | 7 | |
| 8 | Other income: | | | | |
| a | Net operating loss | 8a | ( ) | | |
| b | Gambling | 8b | | | |
| c | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d | ( ) | | |
| e | Income from Form 8853 | 8e | | | |
| f | Income from Form 8889 | 8f | | | |
| g | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | | |
| p | Section 461(l) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s | ( ) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | 8t | | | |
| u | Wages earned while incarcerated | 8u | | | |
| z | Other income. List type and amount: | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | | 10 | 5,652. |

## Part II Adjustments to Income

| | | | | |
|---|---|---|---|---|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | 399. |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | 399. |

**SCHEDULE 2 (Form 1040)**
Department of the Treasury
Internal Revenue Service

# Additional Taxes

**Attach to Form 1040, 1040-SR, or 1040-NR.**
**Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074
**2023**
Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: PAULO A KOO

**Your social security number:** 101-74-8101

## Part I Tax

| | | | |
|---|---|---|---|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | |

## Part II Other Taxes

| | | | | |
|---|---|---|---|---|
| 4 | Self-employment tax. Attach Schedule SE | | 4 | 798. |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐ | | 8 | |
| 9 | Household employment taxes. Attach Schedule H | | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000 | | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | | 16 | |

*(continued on page 2)*

## Part II Other Taxes *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **17** | Other additional taxes: | | | | |
| **a** | Recapture of other credits. List type, form number, and amount: _____ | **17a** | | | |
| **b** | Recapture of federal mortgage subsidy, if you sold your home see instructions | **17b** | | | |
| **c** | Additional tax on HSA distributions. Attach Form 8889 | **17c** | | | |
| **d** | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | **17d** | | | |
| **e** | Additional tax on Archer MSA distributions. Attach Form 8853 | **17e** | | | |
| **f** | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | **17f** | | | |
| **g** | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | **17g** | | | |
| **h** | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | **17h** | | | |
| **i** | Compensation you received from a nonqualified deferred compensation plan described in section 457A | **17i** | | | |
| **j** | Section 72(m)(5) excess benefits tax | **17j** | | | |
| **k** | Golden parachute payments | **17k** | | | |
| **l** | Tax on accumulation distribution of trusts | **17l** | | | |
| **m** | Excise tax on insider stock compensation from an expatriated corporation | **17m** | | | |
| **n** | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | **17n** | | | |
| **o** | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | **17o** | | | |
| **p** | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | **17p** | | | |
| **q** | Any interest from Form 8621, line 24 | **17q** | | | |
| **z** | Any other taxes. List type and amount: _____ _____ | **17z** | | | |
| **18** | Total additional taxes. Add lines 17a through 17z | | | **18** | |
| **19** | Reserved for future use | | | **19** | |
| **20** | Section 965 net tax liability installment from Form 965-A | **20** | | | |
| **21** | Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | | **21** | 798. |

**SCHEDULE C (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Profit or Loss From Business
**(Sole Proprietorship)**

**Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.**
**Go to *www.irs.gov/ScheduleC* for instructions and the latest information.**

OMB No. 1545-0074
**2023**
Attachment Sequence No. **09**

| Name of proprietor | Social security number (SSN) |
|---|---|
| PAULO A KOO | 101-74-8101 |

**A** Principal business or profession, including product or service (see instructions): SALE/MARKETING

**B** Enter code from instructions: 5 4 1 9 9 0

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see instr.)

**E** Business address (including suite or room no.) 8810 MARIPOSA STREET
City, town or post office, state, and ZIP code LA MESA, CA 91941

**F** Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

**G** Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . ☒ Yes ☐ No

**H** If you started or acquired this business during 2023, check here . . . . . ☐

**I** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . ☐ Yes ☒ No

**J** If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ Yes ☐ No

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐ | 1 | 12,000. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 12,000. |
| 4 | Cost of goods sold (from line 42) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 12,000. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | **Gross income.** Add lines 5 and 6 | 7 | 12,000. |

## Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | | 18 | Office expense (see instructions) | 18 | 589. |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 0. | 21 | Repairs and maintenance | 21 | |
| | | | | 22 | Supplies (not included in Part III) | 22 | |
| | | | | 23 | Taxes and licenses | 23 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 24 | Travel and meals: | | |
| | | | | a | Travel | 24a | 5,005. |
| | | | | b | Deductible meals (see instructions) | 24b | |
| 15 | Insurance (other than health) | 15 | | 25 | Utilities | 25 | 204. |
| 16 | Interest (see instructions): | | | 26 | Wages (less employment credits) | 26 | |
| a | Mortgage (paid to banks, etc.) | 16a | | 27a | Other expenses (from line 48) | 27a | 150. |
| b | Other | 16b | | b | Energy efficient commercial bldgs deduction (attach Form 7205) | 27b | |
| 17 | Legal and professional services | 17 | 400. | | | | |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27b | 28 | 6,348. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 5,652. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br>**Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29.<br>• If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.**<br>• If a loss, you **must** go to line 32. | 31 | 5,652. |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**<br>• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited. | 32a ☒ All investment is at risk.<br>32b ☐ Some investment is not at risk. | |

## Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

| | | | |
|---|---|---|---|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | |
| 41 | Inventory at end of year | 41 | |
| 42 | **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

## Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

## Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

| | |
|---|---|
| CONTINUE EDUCATION - COMPLIANCE TRAINING | 150. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---|---|---|---|
| 48 | **Total other expenses.** Enter here and on line 27a | 48 | 150. |

**SCHEDULE SE (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Self-Employment Tax

**Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.**

**Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.**

OMB No. 1545-0074

**2023**

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

PAULO A KOO

Social security number of person with **self-employment** income 101-74-8101

## Part I Self-Employment Tax

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

| | | | | |
|---|---|---|---|---|
| **1a** | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | | **1a** | |
| **b** | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ | | **1b** | ( ) |

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

| | | | | |
|---|---|---|---|---|
| **2** | Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order | | **2** | 5,652. |
| **3** | Combine lines 1a, 1b, and 2 | | **3** | 5,652. |
| **4a** | If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | | **4a** | 5,220. |
| | **Note:** If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions. | | | |
| **b** | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | | **4b** | |
| **c** | Combine lines 4a and 4b. If less than $400, **stop**; you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income**, enter -0- and continue | | **4c** | 5,220. |
| **5a** | Enter your **church employee income** from Form W-2. See instructions for definition of church employee income | **5a** | | |
| **b** | Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0- | | **5b** | 0. |
| **6** | Add lines 4c and 5b | | **6** | 5,220. |
| **7** | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 | | **7** | 160,200 |
| **8a** | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $160,200 or more, skip lines 8b through 10, and go to line 11 | **8a** | | |
| **b** | Unreported tips subject to social security tax from Form 4137, line 10 | **8b** | | |
| **c** | Wages subject to social security tax from Form 8919, line 10 | **8c** | | |
| **d** | Add lines 8a, 8b, and 8c | | **8d** | |
| **9** | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | | **9** | 160,200. |
| **10** | Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) | | **10** | 647. |
| **11** | Multiply line 6 by 2.9% (0.029) | | **11** | 151. |
| **12** | **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3** | | **12** | 798. |
| **13** | **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** | **13** | 399. | |

## Part II Optional Methods To Figure Net Earnings (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,840, **or (b)** your net farm profits[2] were less than $7,103.

| | | | |
|---|---|---|---|
| **14** | Maximum income for optional methods | **14** | 6,560 |
| **15** | Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,560. Also, include this amount on line 4b above | **15** | |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,103 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

| | | | |
|---|---|---|---|
| **16** | Subtract line 15 from line 14 | **16** | |
| **17** | Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above | **17** | |

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8995**

Department of the Treasury
Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

**Attach to your tax return.**

**Go to *www.irs.gov/Form8995* for instructions and the latest information.**

OMB No. 1545-2294

**2023**

Attachment Sequence No. **55**

| Name(s) shown on return | Your taxpayer identification number |
|---|---|
| PAULO A KOO | 101-74-8101 |

**Note.** *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*
*Use this form if your taxable income, before your qualified business income deduction, is at or below $182,100 ($364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.*

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|---|---|---|---|
| i | PAULO A KOO | 101-74-8101 | 5,253. |
| ii | | | |
| iii | | | |
| iv | | | |
| v | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | 5,253. | | |
| 3 | Qualified business net (loss) carryforward from the prior year | 3 | ( ) | | |
| 4 | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- | 4 | 5,253. | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | | 5 | 1,051. |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 | ( ) | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | | 9 | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and 9 | | | 10 | 1,051. |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 | 0. | | |
| 12 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 12 | 0. | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 0. | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | | 14 | 0. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | | | 15 | 0. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- | | | 16 | ( 0. ) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- | | | 17 | ( 0. ) |

# Additional Information From 2023 Federal Tax Return

## Schedule C (SALE/MARKETING): Profit or Loss from Business

**Line 25** **Itemization Statement**

| Description | Amount |
|---|---|
| CELL PHONE @ 75% | 204. |
| **Total** | **204.** |

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2023** | FORM **8879**

# California e-file Signature Authorization for Individuals

| Your name | Your SSN or ITIN |
|---|---|
| PAULO A KOO | 101-74-8101 |
| Spouse's/RDP's name | Spouse's/RDP's SSN or ITIN |
| | |

**Part I Tax Return Information** (whole dollars only)

| | | |
|---|---|---|
| 1 | California adjusted gross income (AGI). See instructions | 1 4701 |
| 2 | Amount you owe. See instructions | 2 |
| 3 | Refund or no amount due. See instructions | 3 236 |

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize BRAGA FINANCIAL SERVICES to enter my PIN 4 8 1 0 1

**ERO firm name** — **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

**Spouse's/RDP's PIN: check one box only**

☐ I authorize _____ to enter my PIN

**ERO firm name** — **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

**Part III Certification and Authentication — Practitioner PIN Method Only**

**ERO's Electronic Filer Identification Number (EFIN)/PIN.**
Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3 3 7 8 8 3 9 8 7 6 5

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 03/22/2024

TAXABLE YEAR

FORM

# 2023 California Resident Income Tax Return 540

APE

ATTACH FEDERAL RETURN

101-74-8101 KOO
PAULO A KOO

23 PBA 541990

8810 MARIPOSA STREET
LA MESA CA 91941

11-05-1953

## Principal Residence

Enter your county at time of filing (see instructions)

LOS ANGELES

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

## Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

## Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

**Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [1] X $144 = ◉ $ 144

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $144 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [1] X $144 = ◉ $ 144

REV 03/05/24 PRO

Your name: KOO Your SSN or ITIN: 101-74-8101

## Exemptions

**10 Dependents: Do not include yourself or your spouse/RDP.**

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---|---|---|---|
| First Name | | | |
| Last Name | | | |
| SSN. See instructions. | | | |
| Dependent's relationship to you | | | |

Total dependent exemptions . . . . . ● 10 [ ] X $446 = ◉ $

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . ◉ 11 $ 288

## Taxable Income

| | | | |
|---|---|---|---|
| 12 | State wages from your federal Form(s) W-2, box 16 . . . . . ● 12 | | .00 |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . ◉ 13 | 5253 | .00 |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14 | 552 | .00 |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 | 4701 | .00 |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . ● 16 | | .00 |
| 17 | California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17 | 4701 | .00 |
| 18 | Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $10,726 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . ● 18 | 5363 | .00 |
| 19 | Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ◉ 19 | 0 | .00 |

## Tax

| | | | |
|---|---|---|---|
| 31 | Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31 | 0 | .00 |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions. . . . . ◉ 32 | 288 | .00 |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ◉ 33 | 0 | .00 |
| 34 | Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A . . ● 34 | | .00 |
| 35 | Add line 33 and line 34 . . . . . ◉ 35 | 0 | .00 |

## Special Credits

| | | | |
|---|---|---|---|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . ● 40 | | .00 |
| 43 | Enter credit name [ ] code ● [ ] and amount. . . ● 43 | | .00 |
| 44 | Enter credit name [ ] code ● [ ] and amount. . . ● 44 | | .00 |

REV 03/05/24 PRO

Your name: KOO Your SSN or ITIN: 101-74-8101

**Special Credits**

| | | | |
|---|---|---|---|
| 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | 45 | .00 |
| 46 | Nonrefundable Renter's Credit. See instructions | 46 | .00 |
| 47 | Add line 40 through line 46. These are your total credits | 47 | .00 |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0- | 48 | 0 .00 |

**Other Taxes**

| | | | |
|---|---|---|---|
| 61 | Alternative Minimum Tax. Attach Schedule P (540) | 61 | .00 |
| 62 | Mental Health Services Tax. See instructions | 62 | .00 |
| 63 | Other taxes and credit recapture. See instructions | 63 | .00 |
| 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | 64 | 0 .00 |

**Payments**

| | | | |
|---|---|---|---|
| 71 | California income tax withheld. See instructions | 71 | .00 |
| 72 | 2023 California estimated tax and other payments. See instructions | 72 | .00 |
| 73 | Withholding (Form 592-B and/or Form 593). See instructions. | 73 | .00 |
| 74 | Excess SDI (or VPDI) withheld. See instructions | 74 | .00 |
| 75 | Earned Income Tax Credit (EITC). See instructions | 75 | 236 .00 |
| 76 | Young Child Tax Credit (YCTC). See instructions | 76 | .00 |
| 77 | Foster Youth Tax Credit (FYTC). See instructions | 77 | .00 |
| 78 | Add line 71 through line 77. These are your total payments. See instructions | 78 | 236 .00 |

**Use Tax**

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

**ISR Penalty**

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. ● [X]

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

**Overpaid Tax/Tax Due**

| | | | |
|---|---|---|---|
| 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | 93 | 236 .00 |
| 94 | **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 | 94 | .00 |
| 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | 95 | 236 .00 |
| 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | 96 | .00 |
| 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | 97 | 236 .00 |

REV 03/05/24 PRO

Your name: KOO Your SSN or ITIN: 101-74-8101

**Overpaid Tax/Tax Due**

| | | | |
|---|---|---|---|
| **98** | Amount of line 97 you want applied to your **2024** estimated tax | **98** | 0 .00 |
| **99** | Overpaid tax available this year. Subtract line 98 from line 97 | **99** | 236 .00 |
| **100** | Tax due. If line 95 is less than line 64, subtract line 95 from line 64 | **100** | .00 |

**Contributions**

| | Code | Amount |
|---|---|---|
| California Seniors Special Fund. See instructions | **400** | .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | **401** | .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | **403** | .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | **405** | .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | **406** | .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | **407** | .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | **408** | .00 |
| California Sea Otter Voluntary Tax Contribution Fund | **410** | .00 |
| California Cancer Research Voluntary Tax Contribution Fund | **413** | .00 |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | **422** | .00 |
| State Parks Protection Fund/Parks Pass Purchase | **423** | .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | **424** | .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | **425** | .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | **438** | .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | **439** | .00 |
| Rape Kit Backlog Voluntary Tax Contribution Fund | **440** | .00 |
| Suicide Prevention Voluntary Tax Contribution Fund | **444** | .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | **445** | .00 |
| **110** Add amounts in code 400 through code 445. This is your total contribution | **110** | .00 |

REV 03/05/24 PRO

Your name: KOO Your SSN or ITIN: 101-74-8101

**Amount You Owe**

**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties**

**112** Interest, late return penalties, and late payment penalties . . . . . **112** .00

**113** Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**. . . . . ● **115** 236 .00

**Refund and Direct Deposit**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number 121000358 ● Type ☒ Checking ☐ Savings ● Account number 325103443317 ● **116** Direct deposit amount 236 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

**Voter Info.**

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

**Health Care Coverage Info.**

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☐ No

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**Sign your tax return on Side 6**

Your name: KOO Your SSN or ITIN: 101-74-8101

**IMPORTANT:** See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

## Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 7472509000

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: ISAIAS M BRAGA

Firm's name (or yours, if self-employed): BRAGA FINANCIAL SERVICES

● PTIN: P01712566

Firm's address: 840 APOLLO ST, STE 100 EL SEGUNDO CA 90245

● Firm's FEIN: 811131148

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● [X] Yes [ ] No

Print Third Party Designee's Name: ISAIAS M BRAGA

Telephone Number: (310)617-0051

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TAXABLE YEAR

SCHEDULE

# 2023 California Adjustments — Residents

# CA (540)

**Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: PAULO A KOO

SSN or ITIN: 101748101

| **Part I** Income Adjustment Schedule<br>**Section A – Income** from federal Form 1040 or 1040-SR | **A** Federal Amounts (taxable amounts from your federal tax return) | **B** Subtractions See instructions | **C** Additions See instructions |
|---|---|---|---|
| 1 a Total amount from federal Form(s) W-2, box 1. See instructions . . . . . 1a | | | |
| b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b | | | |
| c Tip income not reported on line 1a . . . . . 1c | | | |
| d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . . . 1d | | | |
| e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e | | | |
| f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f | | | |
| g Wages from federal Form 8919, line 6. . . . . 1g | | | |
| h Other earned income. See instructions . . . . . 1h | | | |
| i Nontaxable combat pay election. See instructions. . . . . 1i | | | |
| z Add line 1a through line 1i. . . . . 1z | | | |
| 2 Taxable interest. a _____ 2b | | | |
| 3 Ordinary dividends. See instructions. a _____ 3b | | | |
| 4 IRA distributions. See instructions. a _____ 4b | | | |
| 5 Pensions and annuities. See instructions. a _____ 5b | | | |
| 6 Social security benefits. a _____ 6b | | | |
| 7 Capital gain or (loss). See instructions . . . . . 7 | | | |
| **Section B – Additional Income** from federal Schedule 1 (Form 1040) | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 1 | 0 | 0 | |
| 2 a Alimony received. See instructions. . . . . 2a | | | |
| 3 Business income or (loss). See instructions. . . . . 3 | 5652 | 552 | |
| 4 Other gains or (losses) . . . . . 4 | | | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 5 | | | |
| 6 Farm income or (loss) . . . . . 6 | | | |
| 7 Unemployment compensation . . . . . 7 | | | |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| 8 Other income: | | | |
| a Federal net operating loss. . . . . 8a | ◉ ( ) | | ◉ |
| b Gambling . . . . . 8b | ◉ | ◉ | |
| c Cancellation of debt . . . . . 8c | ◉ | ◉ | ◉ |
| d Foreign earned income exclusion from federal Form 2555 . . . . . 8d | ◉ ( ) | | ◉ |
| e Income from federal Form 8853 . . . . . 8e | ◉ | | ◉ |
| f Income from federal Form 8889. . . . . 8f | ◉ | ◉ | |
| g Alaska Permanent Fund dividends. . . . . 8g | ◉ | | |
| h Jury duty pay. . . . . 8h | ◉ | | |
| i Prizes and awards . . . . . 8i | ◉ | | |
| j Activity not engaged in for profit income . . . . . 8j | ◉ | | |
| k Stock options. . . . . 8k | ◉ | | ◉ |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l | ◉ | | |
| m Olympic and Paralympic medals and USOC prize money. . . . . 8m | ◉ | | |
| n IRC Section 951(a) inclusion. . . . . 8n | ◉ | ◉ | |
| o IRC Section 951A(a) inclusion. . . . . 8o | ◉ | ◉ | |
| p IRC Section 461(l) excess business loss adjustment 8p | ◉ | ◉ | ◉ |
| q Taxable distributions from an ABLE account . . 8q | ◉ | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . 8r | ◉ | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s | ◉ ( ) | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan . . . . . 8t | ◉ | | |
| u Wages earned while incarcerated. . . . . 8u | ◉ | | |
| z Other income. List type and amount. ◉ _____ 8z | ◉ | ◉ | ◉ |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| 9 a Total other income. Add lines 8a through 8z. . 9a | | | |
| b1 Disaster loss deduction from form FTB 3805V. . 9b1 | | | |
| b2 NOL deduction from form FTB 3805V . . . . . 9b2 | | | |
| b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3 | | | |
| 10 **Total.** Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. . . . . 10 | 5652 | 552 | |

| Section C – Adjustments to Income from federal Schedule 1 (Form 1040) | | | |
|---|---|---|---|
| 11 Educator expenses . . . . . 11 | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . . 12 | | | |
| 13 Health savings account deduction . . . . . 13 | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions . . . . . 14 | | | |
| 15 Deductible part of self-employment tax. See instructions. . . . . 15 | 399 | | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | | | |
| 17 Self-employed health insurance deduction. See instructions. . . . . 17 | | | |
| 18 Penalty on early withdrawal of savings . . . . . 18 | | | |
| 19 a Alimony paid. . . . . 19a | | | |
| b Recipient's: SSN _____ Last Name _____ | | | |
| 20 IRA deduction . . . . . 20 | | | |
| 21 Student loan interest deduction. . . . . 21 | | | |
| 22 Reserved for future use . . . . . 22 | | | |
| 23 Archer MSA deduction. . . . . 23 | | | |

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| Section C – Adjustments to Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| **24** Other adjustments: **a** Jury duty pay . . . . . **24a** | | | |
| **b** Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. . . . . **24b** | | | |
| **c** Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . . **24c** | | | |
| **d** Reforestation amortization and expenses. . . . . **24d** | | | |
| **e** Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e** | | | |
| **f** Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . **24f** | | | |
| **g** Contributions by certain chaplains to IRC Section 403(b) plans . . . . . **24g** | | | |
| **h** Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . **24h** | | | |
| **i** Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. . . . . **24i** | | | |
| **j** Housing deduction from federal Form 2555 . . . . . **24j** | | | |
| **k** Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . **24k** | | | |
| **z** Other adjustments. List type and amount. _____ **24z** | | | |
| **25** Total other adjustments. Add line 24a through line 24z . . . . . **25** | | | |
| **26** Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . **26** | 399 | | |
| **27** **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . **27** | 5253 | 552 | |

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**Part II** Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|---|
| **Medical and Dental Expenses** See instructions. | | | |
| 1 Medical and dental expenses . . . . 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11. . 2 | 5253 | | |
| 3 Multiply line 2 by 7.5% (0.075) . . . . 3 | 394 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . 4 | | | |
| **Taxes You Paid** | | | |
| 5 a State and local income tax or general sales taxes. . 5a | | | |
| b State and local real estate taxes . . . . . 5b | | | |
| c State and local personal property taxes . . . . . 5c | | | |
| d Add line 5a through line 5c. . . . . 5d | | | |
| e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . . 5e | 0 | | 0 |
| 6 Other taxes. List type _____ 6 | | | |
| 7 Add line 5e and line 6. . . . . 7 | 0 | | 0 |
| **Interest You Paid** | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a | | | |
| b Home mortgage interest not reported to you on federal Form 1098. . . . . 8b | | | |
| c Points not reported to you on federal Form 1098. . 8c | | | |
| d Reserved for future use . . . . . 8d | | | |
| e Add line 8a through line 8c. . . . . 8e | | | |
| 9 Investment interest. . . . . 9 | | | |
| 10 Add line 8e and line 9. . . . . 10 | | | |

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| **Part II** Adjustments to Federal Itemized Deductions Continued | **A** Federal Amounts (from federal Schedule A (Form 1040)) | **B** Subtractions See instructions | **C** Additions See instructions |
|---|---|---|---|
| **Gifts to Charity** | | | |
| **11** Gifts by cash or check. . . . . **11** | | | |
| **12** Other than by cash or check. . . . . **12** | | | |
| **13** Carryover from prior year. . . . . **13** | | | |
| **14** Add line 11 through line 13 . . . . . **14** | | | |
| **Casualty and Theft Losses** | | | |
| **15** Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15** | | | |
| **Other Itemized Deductions** | | | |
| **16** Other—from list in federal instructions. . . . . **16** | | | |
| **17** Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . **17** | 0 | | 0 |

**18 Total.** Combine line 17 column A less column B plus column C . . . . . **18** 0

**Job Expenses and Certain Miscellaneous Deductions**

**19** Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . **19**

**20** Tax preparation fees . . . . . **20**

**21** Other expenses: investment, safe deposit box, etc. List type . . . . . **21** 0

**22** Add line 19 through line 21 . . . . . **22** 0

**23** Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . 5253

**24** Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . **24** 105

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . **25** 0

**26 Total Itemized Deductions.** Add line 18 and line 25 . . . . . **26** 0

**27** Other adjustments. See instructions. Specify. **27**

**28** Combine line 26 and line 27 . . . . . **28** 0

**29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . . . **$237,035**
Head of household . . . . . **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP . . . . . **$474,075**

**No.** Transfer the amount on line 28 to line 29.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . **29** 0

**30 Enter the larger of the amount on line 29 or your standard deduction shown below:**

Single or married/RDP filing separately. See instructions . . . . . **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,726**

**Transfer the amount on line 30 to Form 540, line 18** . . . . . **30** 5363

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TAXABLE YEAR

# 2023 California Earned Income Tax Credit

FORM

# 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

| Name(s) as shown on tax return | Your SSN or ITIN |
|---|---|
| PAULO A KOO | 101748101 |

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ◉ ☐

**Before you begin:**

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

**Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).**

## Part I Qualifying Information (See Step 1 in the instructions.)

**1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ◉ ☐ Yes ☒ No

**b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ◉ ☐ Yes ☒ No

**2** Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . . ● **2** 5253 .00

**3** Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . . ● **3** .00

## Part II Investment Income Information

**4** Investment Income. See instructions for Step 2 – Investment Income . . . . . ● **4** .00

## Part III Qualifying Child Information (See Step 3 in the instructions.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

**Qualifying Child Information** (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

| | Child 1 | Child 2 | Child 3 |
|---|---|---|---|
| **5** First name | ◉ | ◉ | ◉ |
| **6** Last name | ◉ | ◉ | ◉ |
| **7** SSN or ITIN. See instructions. | ● | ● | ● |
| **8** Date of birth (mm/dd/yyyy). If born after 2004 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | ◉ | ◉ | ◉ |
| **9 a** Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. | ◉ ☐ Yes ☐ No | ◉ ☐ Yes ☐ No | ◉ ☐ Yes ☐ No |
| **b** Was the child permanently and totally disabled during any part of 2023? If yes, go to line 10. If no, stop here. The child is not a qualifying child. | ◉ ☐ Yes ☐ No | ◉ ☐ Yes ☐ No | ◉ ☐ Yes ☐ No |
| **10** Child's relationship to you. See instructions. | ◉ | ◉ | ◉ |
| **11** Number of days child lived with you in California during 2023. Do not enter more than 365 days. See instructions. | ◉ | ◉ | ◉ |

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**12** Child's physical address during 2023. See instructions.

**Child 1**

**a** Street address (number, street, and apt. no./ste. no.)

**b** City **c** State **d** ZIP code

**Child 2**

**a** Street address (number, street, and apt. no./ste. no.)

**b** City **c** State **d** ZIP code

**Child 3**

**a** Street address (number, street, and apt. no./ste. no.)

**b** City **c** State **d** ZIP code

## Part IV California Earned Income

| | | |
|---|---|---|
| **13** Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions | **13** | 0 .00 |
| **14** IHSS payments. See instructions | **14** | .00 |
| **15** Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions | **15** | .00 |
| **16** Subtract line 14 and line 15 from line 13 | **16** | 0 .00 |
| **17** Nontaxable combat pay. See instructions | **17** | .00 |
| **18** Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions | **18** | 5253 .00 |

**a** Business name: PAULO A KOO

**b** Business address (Street address (number, street, and apt. no./ste. no.)): 8810 MARIPOSA STREET

City: LA MESA State: CA ZIP code: 91941

**c** Business license number:

**d** SEIN:

**e** Business code: 541990

| | | |
|---|---|---|
| **19** **California earned income.** Add line 16, line 17, and line 18 | **19** | 5253 .00 |

## Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

| | | |
|---|---|---|
| **20** **California EITC.** Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a | **20** | 236 .00 |

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## Part VI Part-Year Resident California Earned Income Tax Credit

21 CA exemption credit percentage from Form 540NR, line 38. See instructions .... ◉ 21

22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 ..... ● 22 .00

## Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 ..... ◉ 23 .00

a **Total** wages, salaries, tips, and other employee compensation. See instructions .. ● 23a .00

b If your **total** net loss exceeds $33,497 or your federal AGI exceeds $30,950, check the box. See instructions ..... ●

24 **Available Young Child Tax Credit** ..... 24 1,117 .00

- If the amount on line 23 is $25,775 or less, skip line 25 through line 27 and enter $1,117 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $25,775, complete line 25 through line 28. If applicable, complete line 29 and line 30.

25 Excess earned income over threshold. Subtract $25,775 from line 23 ..... ● 25 .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. ..... ◉ 26

27 **Reduction amount.** Multiply line 26 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round ..... ■ 27

28 **Young Child Tax Credit.**

- If you did not need to complete line 25 through line 27, your credit is the $1,117 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. ..... ● 28 .00

## Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA exemption credit percentage from Form 540NR, line 38. See instructions .... ◉ 29

30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 ..... ● 30 .00

## Part IX Foster Youth Tax Credit (See Step 10 in the instructions.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

a Primary Taxpayer: My name is the first name listed on this return ..... ●

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return ..... ●

32 Qualifying foster youth information. See instructions.

| | Primary Taxpayer | Spouse/RDP |
|---|---|---|
| a First name ..... ● | | ● |
| b Last name ..... ● | | ● |

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**33** To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

**a** Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, **I** certify that **I** am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ● ☐

**b** Spouse/RDP: By checking the box and signing the tax return to which this form is attached, **I** certify that **I** am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ● ☐

**Note:** Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

**34 California earned income.** Enter the amount from form FTB 3514, line 19 . . . . . ◉ **34** .00

**35 Available Foster Youth Tax Credit** . . . . . ● **35** .00

- If the amount on line 34 is $25,775 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,117 on line 35 and line 39.
  - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,234 on line 35 and line 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $25,775, complete line 36 through line 38 and enter on line 35 the following amount.
  - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,117 on line 35.
  - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,234 on line 35.

  If applicable, complete line 40 and line 41.

**36** Excess earned income over threshold. Subtract $25,775 from line 34 . . . . . ● **36** .00

**37** Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . ◉ **37**

**38 Reduction amount** . . . . . ■ **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.32. Enter the result as a decimal out to two decimal places, **do not** round.

**39 Foster Youth Tax Credit.**

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,117 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,234 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c. . . . . ● **39** .00

## Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

**40** CA exemption credit percentage from Form 540NR, line 38. See instructions . . . . ◉ **40**

**41 Part-year resident FYTC.** Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 . . . . . ● **41** .00

REV 03/05/24 PRO

TAXABLE YEAR **2023**

# Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM **3596**

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return: PAULO A KOO

SSN or ITIN: 101748101

## Part I Due Diligence Requirements

**1 a** Preparer's name . . . . . **1a** ISAIAS M BRAGA

**b** Preparer's PTIN . . . . . **1b** P01712566

**c** Preparer's license, registration, or enrollment type. Check one box

☐ CPA ☐ EA ☐ Attorney ☒ CTEC ☐ Other (specify)

If CPA, Attorney, or Other, enter license, registration, or enrollment state . . . . . **1c**

**d** Preparer's license, registration, or enrollment number . . . . . **1d**

**2** Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? . . . . . **2** ☒ Yes ☐ No

**3** Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? . . . . . **3** ☒ Yes ☐ No

**4** Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)
- Review information to determine that the taxpayer is eligible to claim the credit and for what amount . . . . . **4** ☒ Yes ☐ No

**5** Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) . . . . . **5** ☐ Yes ☒ No

**a** Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . . **5a** ☐ Yes ☐ No

**b** Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) . . . . . **5b** ☐ Yes ☐ No

**6** Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit . . . . . **6** ☒ Yes ☐ No

List those documents provided by the taxpayer, if any, that you relied on.

**7** Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? . . . . . **7** ☒ Yes ☐ No

**8** If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? . . . . . **8** ☐ Yes ☐ No ☐ N/A

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## Part II Due Diligence Questions

**9 a** Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) . . . . . **9a** ☒ Yes ☐ No

**b** Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . . **9b** ☐ Yes ☐ No

**c** Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . . **9c** ☐ Yes ☐ No ☐ N/A

## Part III Credit Eligibility Certification

**You have complied with all the due diligence requirements if you:**

**A.** Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;
**B.** Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
**C.** Submit form FTB 3596 in the manner required; and
**D.** Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:

1. A copy of form FTB 3596,
2. The EITC worksheet(s) or your own worksheet(s),
3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

**If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a $500 penalty for each failure to comply.**

**10** Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? . . . . . **10** ☒ Yes ☐ No

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TAXABLE YEAR **2023**

# Depreciation and Amortization Adjustments

CALIFORNIA FORM **3885A**

**Do not complete this form if your California depreciation amounts are the same as federal amounts.**

| Name(s) as shown on tax return | SSN or ITIN |
|---|---|
| PAULO A KOO | 101748101 |

**Part I Identify the Activity as Passive or Nonpassive** (See instructions.)

1 ☐ This form is being completed for a passive activity.

☒ This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates: SALE/MARKETING

**Part II Election to Expense Certain Tangible Property (IRC Section 179)**

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions ..... ◉ 2

**Part III Depreciation**

| | (a) Description of property placed in service | (b) Date placed in service mm/dd/yyyy | (c) California basis for depreciation | (d) Method | (e) Life or rate | (f) California depreciation deduction |
|---|---|---|---|---|---|---|
| 3 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 4 | Add the amounts on line 3, column (f) | 4 | |
| 5 | California depreciation for assets placed in service prior to 2023 | 5 | 552 |
| 6 | Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 | 6 | 552 |
| 7 | Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 | 7 | 0 |
| 8 a | If line 6 is **more** than line 7, enter the difference here and see instructions | 8a | 552 |
| b | If line 6 is **less** than line 7, enter the difference here and see instructions | 8b | |

**Part IV Amortization**

| | (a) Description of cost | (b) Date amortization begins mm/dd/yyyy | (c) California basis for amortization | (d) Code section | (e) Period or percentage | (f) California amortization deduction |
|---|---|---|---|---|---|---|
| 9 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|---|---|---|---|
| 10 | Total California amortization from this activity. Add the amounts on line 9, column (f) | 10 | |
| 11 | California amortization of costs that began before 2023 | 11 | |
| 12 | Total California amortization from this activity. Add the amounts on line 10 and line 11 | 12 | |
| 13 | Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 | 13 | |
| 14 a | If line 12 is **more** than line 13, enter the difference here and see instructions | 14a | |
| b | If line 12 is **less** than line 13, enter the difference here and see instructions | 14b | |

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**Schedule CA, Section B**
**Lines 3, 5 and 6**

# Federal Schedule C, E and F Adjustments

**2023**

| Name as Shown on Return | Social Security Number |
|---|---|
| PAULO A KOO | 101-74-8101 |

| **Section B, Line 3 — Business Income or (Loss) Adjustments** | **(B)** California Amount | **(C)** Federal Amount | **(d)** California Adjustment |
|---|---|---|---|
| SALE/MARKETING | 5100 | 5652 | |
| Totals . . . . . | 5,100. | 5,652. | -552 |

| **Section B, Line 5 — Rents, Royalties, Partnerships, Estates, Trusts, Etc. Adjustments** | **(B)** California | **(C)** Federal | **(d)** California Adjustment |
|---|---|---|---|
| Totals . . . . . | | | |

| **Section B, Line 6 — Farm Income or (Loss) Adjustments** | **(B)** California | **(C)** Federal | **(d)** California Adjustment |
|---|---|---|---|
| Totals . . . . . | | | |

Form **1120**
Department of the Treasury
Internal Revenue Service

# U.S. Corporation Income Tax Return

**For calendar year 2024 or tax year beginning _____, 2024, ending _____, 20 _____**
**Go to *www.irs.gov/Form1120* for instructions and the latest information.**

OMB No. 1545-0123
**2024**

**A Check if:**
1a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return . . ☐
2 Personal holding co. (attach Sch. PH) . ☐
3 Personal service corp. (see instructions) . ☐
4 Schedule M-3 attached ☐

**TYPE OR PRINT**

Name: XPS 247 INC
Number, street, and room or suite no. If a P.O. box, see instructions.: 95, 3RD ST 2ND FLOOR #9603
City or town, state or province, country, and ZIP or foreign postal code: SAN FRANCISCO, CA 94103

**B Employer identification number:** 83-3407629
**C Date incorporated:** 04-24-2019
**D Total assets (see instructions):** $ 193057

**E** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

| | | | | | |
|---|---|---|---|---|---|
| **Income** | 1a | Gross receipts or sales | 1a | 0 | |
| | b | Returns and allowances | 1b | 0 | |
| | c | Balance. Subtract line 1b from line 1a | | | 1c 0 |
| | 2 | Cost of goods sold (attach Form 1125-A) | | | 2 |
| | 3 | Gross profit. Subtract line 2 from line 1c | | | 3 |
| | 4 | Dividends and inclusions (Schedule C, line 23) | | | 4 |
| | 5 | Interest | | | 5 63 |
| | 6 | Gross rents | | | 6 |
| | 7 | Gross royalties | | | 7 |
| | 8 | Capital gain net income (attach Schedule D (Form 1120)) | | | 8 |
| | 9 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | | 9 |
| | 10 | Other income (see instructions—attach statement) | | | 10 |
| | 11 | **Total income.** Add lines 3 through 10 | | | 11 63 |
| **Deductions (See instructions for limitations on deductions.)** | 12 | Compensation of officers (see instructions—attach Form 1125-E) | | | 12 0 |
| | 13 | Salaries and wages (less employment credits) | | | 13 |
| | 14 | Repairs and maintenance | | | 14 |
| | 15 | Bad debts | | | 15 |
| | 16 | Rents | | | 16 |
| | 17 | Taxes and licenses | | | 17 |
| | 18 | Interest (see instructions) | | | 18 |
| | 19 | Charitable contributions | | | 19 |
| | 20 | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | | 20 |
| | 21 | Depletion | | | 21 |
| | 22 | Advertising | | | 22 |
| | 23 | Pension, profit-sharing, etc., plans | | | 23 |
| | 24 | Employee benefit programs | | | 24 |
| | 25 | Energy efficient commercial buildings deduction (attach Form 7205) | | | 25 |
| | 26 | Other deductions (attach statement) | | | 26 40542 |
| | 27 | **Total deductions.** Add lines 12 through 26 | | | 27 40542 |
| | 28 | Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 | | | 28 (40482) |
| | 29a | Net operating loss deduction (see instructions) | 29a | 0 | |
| | b | Special deductions (Schedule C, line 24) | 29b | 0 | |
| | c | Add lines 29a and 29b | | | 29c 0 |
| **Tax, Refundable Credits, and Payments** | 30 | **Taxable income.** Subtract line 29c from line 28. See instructions | | | 30 (40482) |
| | 31 | Total tax (Schedule J, line 12) | | | 31 |
| | 32 | Reserved for future use | | | 32 |
| | 33 | Total payments and credits (Schedule J, line 23) | | | 33 |
| | 34 | Estimated tax penalty. See instructions. Check if Form 2220 is attached ☐ | | | 34 |
| | 35 | **Amount owed.** If line 33 is smaller than the total of lines 31 and 34, enter amount owed | | | 35 |
| | 36 | **Overpayment.** If line 33 is larger than the total of lines 31 and 34, enter amount overpaid | | | 36 |
| | 37 | Enter amount from line 36 you want: **Credited to 2025 estimated tax** **Refunded** | | | 37 0 |

**Sign Here**

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

Signature of officer _____ Date _____ PRESIDENT Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | FEB/21/2025 | | |

Firm's name | Firm's EIN
Firm's address | Phone no.

**Schedule C** **Dividends, Inclusions, and Special Deductions** (see instructions)

| | | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) × (b) |
|---|---|---|---|---|
| 1 | Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 50 | |
| 2 | Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 65 | |
| 3 | Dividends on certain debt-financed stock of domestic and foreign corporations | | See instructions | |
| 4 | Dividends on certain preferred stock of less-than-20%-owned public utilities | | 23.3 | |
| 5 | Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 26.7 | |
| 6 | Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 50 | |
| 7 | Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 65 | |
| 8 | Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 | **Subtotal.** Add lines 1 through 8. See instructions for limitations | | See instructions | |
| 10 | Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | | 100 | |
| 11 | Dividends from affiliated group members | | 100 | |
| 12 | Dividends from certain FSCs | | 100 | |
| 13 | Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) | | 100 | |
| 14 | Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) | | | |
| 15 | Reserved for future use | | | |
| 16a | Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) | | 100 | |
| b | Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) | | | |
| c | Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) | | | |
| 17 | Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) | | | |
| 18 | Gross-up for foreign taxes deemed paid | | | |
| 19 | IC-DISC and former DISC dividends not included on line 1, 2, or 3 | | | |
| 20 | Other dividends | | | |
| 21 | Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 22 | Section 250 deduction (attach Form 8993) | | | |
| 23 | **Total dividends and inclusions.** Add column (a), lines 9 through 20. Enter here and on page 1, line 4 | | | |
| 24 | **Total special deductions.** Add column (c), lines 9 through 22. Enter here and on page 1, line 29b | | | |

## Schedule J Tax Computation and Payment (see instructions)

| | | | | | |
|---|---|---|---|---|---|
| 1a | Income tax (see instructions) | 1a | 0 | | |
| b | Tax from Form 1120-L (see instructions) | 1b | | | |
| c | Section 1291 tax from Form 8621 | 1c | | | |
| d | Tax adjustment from Form 8978 | 1d | | | |
| e | Additional tax under section 197(f) | 1e | | | |
| f | Base erosion minimum tax from Form 8991 | 1f | | | |
| g | Amount from Form 4255, Part I, line 3, column (q) | 1g | 0 | | |
| z | Other chapter 1 tax | 1z | | | |
| 2 | Total income tax. Add lines 1a through 1z | | | 2 | 0 |
| 3 | Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626) | | | 3 | |
| 4 | Add lines 2 and 3 | | | 4 | 0 |
| 5a | Foreign tax credit (attach Form 1118) | 5a | | | |
| b | Credit from Form 8834 (see instructions) | 5b | | | |
| c | General business credit (see instructions—attach Form 3800) | 5c | | | |
| d | Credit for prior year minimum tax (attach Form 8827) | 5d | | | |
| e | Bond credits from Form 8912 | 5e | | | |
| f | Adjustment from Form 8978 | 5f | | | |
| 6 | **Total credits.** Add lines 5a through 5f | | | 6 | |
| 7 | Subtract line 6 from line 4 | | | 7 | |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | | | 8 | 0 |
| 9a | Amount from Form 4255, Part I, line 3, column (r) | 9a | | | |
| b | Recapture of low-income housing credit (attach Form 8611) | 9b | | | |
| c | Completed long-term contract look-back interest due (attach Form 8697) | 9c | | | |
| d | Interest due under the look-back method—income forecast method (attach Form 8866) | 9d | | | |
| e | Alternative tax on qualifying shipping activities (attach Form 8902) | 9e | | | |
| f | Interest/tax due under section 453A(c) | 9f | | | |
| g | Interest/tax due under section 453(l) | 9g | | | |
| z | Other (see instructions—attach statement) | 9z | | | |
| 10 | **Total.** Add lines 9a through 9z | | | 10 | 0 |
| 11a | Total tax before deferred taxes. Add lines 7, 8, and 10 | 11a | | | |
| b | Deferred tax on the corporation's share of undistributed earnings of a qualified electing fund | 11b | | | |
| c | Deferred LIFO recapture tax (section 1363(d)) | 11c | | | |
| 12 | Total tax. Subtract the sum of lines 11b and 11c from 11a. Enter here and on page 1, line 31 | | | 12 | |
| 13 | Preceding year's overpayment credited to the current year | | | 13 | |
| 14 | Current year's estimated tax payments | | | 14 | |
| 15 | Current year's refund applied for on Form 4466 | | | 15 | ( ) |
| 16 | Reserved for future use | | | 16 | |
| 17 | Tax deposited with Form 7004 | | | 17 | |
| 18 | Withholding (see instructions) | | | 18 | |
| 19 | **Total payments.** Combine lines 13 through 18 | | | 19 | |
| 20 | Refundable credits from: | | | | |
| a | Form 2439 | 20a | | | |
| b | Form 4136 | 20b | | | |
| c | Credit for tax withheld under chapter 3 or 4 from Form 1042-S, Form 8805, or Form 8288 (attach the applicable form) | 20c | | | |
| z | Other (attach statement—see instructions) | 20z | | | |
| 21 | **Total credits.** Add lines 20a through 20z | | | 21 | |
| 22 | Elective payment election amount from Form 3800 | | | 22 | |
| 23 | **Total payments and credits.** Add lines 19, 21, and 22. Enter here and on page 1, line 33 | | | 23 | 0 |

## Schedule K Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | Check accounting method: **a** ☑ Cash **b** ☐ Accrual **c** ☐ Other (specify) | | |
| 2 | See the instructions and enter the: | | |
| a | Business activity code no. 522110 | | |
| b | Business activity FINANCIAL SECTOR | | |
| c | Product or service SERVICES | | |
| 3 | Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? | | ✔ |
| | If "Yes," enter name and EIN of the parent corporation | | |
| 4 | At the end of the tax year: | | |
| a | Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) | | ✔ |
| b | Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) | ✔ | |
| 5 | At the end of the tax year, did the corporation: | | |
| a | Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions | | ✔ |
| | If "Yes," complete (i) through (iv) below. | | |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| b | Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions | | |
| | If "Yes," complete (i) through (iv) below. | | |

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 6 | During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 | | ✔ |
| | If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions. See the instructions for Form 5452. | | |
| | If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | | |
| 7 | At any time during this tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? | | ✔ |
| | For rules of attribution, see section 318. If "Yes," enter: | | |
| | (**a**) Percentage owned _____ and (**b**) Owner's country _____ | | |
| | (**c**) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____ | | |
| 8 | Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐ | | |
| | If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments. | | |
| 9 | Enter the amount of tax-exempt interest received or accrued during this tax year $ _____ | | |
| 10 | Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____ | | |
| 11 | If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ☐ | | |
| | If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | | |
| 12 | Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) $ | | |

## Schedule K Other Information *(continued from page 4)*

| | | Yes | No |
|---|---|---|---|
| 13 | Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year **and** its total assets at the end of the tax year less than $250,000? | ✔ | |
| | If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during this tax year $ | | |
| 14 | Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | | ✔ |
| | If "Yes," complete and attach Schedule UTP. | | |
| 15a | Did the corporation make any payments that would require it to file Form(s) 1099? | | ✔ |
| b | If "Yes," did or will the corporation file required Form(s) 1099? | | ✔ |
| 16 | During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | | ✔ |
| 17 | During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | | ✔ |
| 18 | Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than $1 million? | | ✔ |
| 19 | During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | | ✔ |
| 20 | Is the corporation operating on a cooperative basis? | | ✔ |
| 21 | During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | | ✔ |
| | If "Yes," enter the total amount of the disallowed deductions $ | | |
| 22 | Does this corporation have gross receipts of at least $500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).) | | ✔ |
| | If "Yes," complete and attach Form 8991. | | |
| 23 | Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions | | ✔ |
| 24 | Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions | | ✔ |
| a | The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b | The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $30 million and the corporation has business interest expense. | | |
| c | The corporation is a tax shelter and the corporation has business interest expense. | | |
| 25 | Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | ✔ |
| | If "Yes," enter amount from Form 8996, line 15 $ | | |
| 26 | Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions | | ✔ |
| | Percentage: By Vote _____ By Value _____ | | |
| 27 | At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions | | ✔ |
| 28 | Is the corporation a member of a controlled group? | | ✔ |
| | If "Yes," attach Schedule O (Form 1120). See instructions. | | |
| 29 | Corporate Alternative Minimum Tax: | | |
| a | Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year? | | ✔ |
| | If "Yes," go to question 29b. If "No," skip to question 29c. | | |
| b | Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year? | | ✔ |
| | If "Yes," complete and attach Form 4626. If "No," continue to question 29c. | | |
| c | Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions | | ✔ |
| | If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626. | | |
| 30 | Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): | | |
| a | Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)? | | ✔ |
| b | Under the applicable foreign corporation rules? | | ✔ |
| c | Under the covered surrogate foreign corporation rules? | | ✔ |
| | If "Yes" to either 30a, 30b, or 30c, complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208. | | |
| 31 | Is this a consolidated return with gross receipts or sales of $1 billion or more and a subchapter K basis adjustment, as described in the instructions, of $10 million or more? | | ✔ |
| | If "Yes," attach a statement. See instructions. | | |

| Schedule L Balance Sheets per Books | Beginning of tax year | | End of tax year | |
|---|---|---|---|---|
| **Assets** | (a) | (b) | (c) | (d) |
| 1 Cash | | | | |
| 2a Trade notes and accounts receivable | | | | |
| b Less allowance for bad debts | ( ) | | ( ) | |
| 3 Inventories | | | | |
| 4 U.S. government obligations | | | | |
| 5 Tax-exempt securities (see instructions) | | | | |
| 6 Other current assets (attach statement) | | | | |
| 7 Loans to shareholders | | | | |
| 8 Mortgage and real estate loans | | | | |
| 9 Other investments (attach statement) | | | | |
| 10a Buildings and other depreciable assets | | | | |
| b Less accumulated depreciation | ( ) | | ( ) | |
| 11a Depletable assets | | | | |
| b Less accumulated depletion | ( ) | | ( ) | |
| 12 Land (net of any amortization) | | | | |
| 13a Intangible assets (amortizable only) | | | | |
| b Less accumulated amortization | ( ) | | ( ) | |
| 14 Other assets (attach statement) | | | | |
| 15 Total assets | | | | |
| **Liabilities and Shareholders' Equity** | | | | |
| 16 Accounts payable | | | | |
| 17 Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 Other current liabilities (attach statement) | | | | |
| 19 Loans from shareholders | | | | |
| 20 Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 Other liabilities (attach statement) | | | | |
| 22 Capital stock: a Preferred stock | | | | |
| b Common stock | | | | |
| 23 Additional paid-in capital | | | | |
| 24 Retained earnings—Appropriated (attach statement) | | | | |
| 25 Retained earnings—Unappropriated | | | | |
| 26 Adjustments to shareholders' equity (attach statement) | | | | |
| 27 Less cost of treasury stock | | ( ) | | ( ) |
| 28 Total liabilities and shareholders' equity | | | | |

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

**Note:** The corporation may be required to file Schedule M-3. See instructions.

| | | | |
|---|---|---|---|
| 1 | Net income (loss) per books | 7 | Income recorded on books this year not included on this return (itemize): Tax-exempt interest $ |
| 2 | Federal income tax per books | | |
| 3 | Excess of capital losses over capital gains | | |
| 4 | Income subject to tax not recorded on books this year (itemize): | 8 | Deductions on this return not charged against book income this year (itemize): a Depreciation $ b Charitable contributions $ |
| 5 | Expenses recorded on books this year not deducted on this return (itemize): a Depreciation $ b Charitable contributions $ c Travel and entertainment $ | 9 | Add lines 7 and 8 |
| 6 | Add lines 1 through 5 | 10 | Income (page 1, line 28)—line 6 less line 9 |

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

| | | | |
|---|---|---|---|
| 1 | Balance at beginning of year | 5 | Distributions: a Cash |
| 2 | Net income (loss) per books | | b Stock |
| 3 | Other increases (itemize): | | c Property |
| | | 6 | Other decreases (itemize): |
| | | 7 | Add lines 5 and 6 |
| 4 | Add lines 1, 2, and 3 | 8 | Balance at end of year (line 4 less line 7) |

**SCHEDULE G (Form 1120)**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

# Information on Certain Persons Owning the Corporation's Voting Stock

▶ Attach to Form 1120.
▶ See instructions on page 2.

OMB No. 1545-0123

Name

XPS 247 INC

**Employer identification number (EIN)**

83-3407629

**Part I** **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Percentage Owned in Voting Stock |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

**Part II** **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Percentage Owned in Voting Stock |
|---|---|---|---|
| PAULO KOO | | | 100 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Additional Information Form 2024 Federal Corporation Tax Return**

Form 1120-US Corporation income tax return

Other Deductions

| Description | Amount |
|---|---|
| General & Administrative Expenses | 40545.00 |
| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL** | **40545.00** |

Form **1120**
Department of the Treasury
Internal Revenue Service

# U.S. Corporation Income Tax Return

**For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20 _____**
**Go to *www.irs.gov/Form1120* for instructions and the latest information.**

OMB No. 1545-0123
**2023**

**A Check if:**
1a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return . . ☐
2 Personal holding co. (attach Sch. PH) . ☐
3 Personal service corp. (see instructions) . ☐
4 Schedule M-3 attached ☐

**TYPE OR PRINT**

Name: XPS 247 INC
Number, street, and room or suite no. If a P.O. box, see instructions.: 95, 3RD ST 2ND FLOOR #9603
City or town, state or province, country, and ZIP or foreign postal code: SAN FRANCISCO, CA 94103

**B Employer identification number**: 83-3407629
**C Date incorporated**: 04-24-2019
**D Total assets (see instructions)**: $ 169140

**E** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

| | | | | | | |
|---|---|---|---|---|---|---|
| **Income** | 1a | Gross receipts or sales | 1a | 0 | | |
| | b | Returns and allowances | 1b | 0 | | |
| | c | Balance. Subtract line 1b from line 1a | | | 1c | 0 |
| | 2 | Cost of goods sold (attach Form 1125-A) | | | 2 | |
| | 3 | Gross profit. Subtract line 2 from line 1c | | | 3 | |
| | 4 | Dividends and inclusions (Schedule C, line 23) | | | 4 | |
| | 5 | Interest | | | 5 | 74 |
| | 6 | Gross rents | | | 6 | |
| | 7 | Gross royalties | | | 7 | |
| | 8 | Capital gain net income (attach Schedule D (Form 1120)) | | | 8 | |
| | 9 | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | | | 9 | |
| | 10 | Other income (see instructions—attach statement) | | | 10 | |
| | 11 | **Total income.** Add lines 3 through 10 | | | 11 | 74 |
| **Deductions (See instructions for limitations on deductions.)** | 12 | Compensation of officers (see instructions—attach Form 1125-E) | | | 12 | |
| | 13 | Salaries and wages (less employment credits) | | | 13 | |
| | 14 | Repairs and maintenance | | | 14 | |
| | 15 | Bad debts | | | 15 | |
| | 16 | Rents | | | 16 | |
| | 17 | Taxes and licenses | | | 17 | |
| | 18 | Interest (see instructions) | | | 18 | |
| | 19 | Charitable contributions | | | 19 | |
| | 20 | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | | 20 | |
| | 21 | Depletion | | | 21 | |
| | 22 | Advertising | | | 22 | |
| | 23 | Pension, profit-sharing, etc., plans | | | 23 | |
| | 24 | Employee benefit programs | | | 24 | |
| | 25 | Energy efficient commercial buildings deduction (attach Form 7205) | | | 25 | |
| | 26 | Other deductions (attach statement) | | | 26 | 12747 |
| | 27 | **Total deductions.** Add lines 12 through 26 | | | 27 | 12747 |
| | 28 | Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 | | | 28 | (12672) |
| | 29a | Net operating loss deduction (see instructions) | 29a | 0 | | |
| | b | Special deductions (Schedule C, line 24) | 29b | 0 | | |
| | c | Add lines 29a and 29b | | | 29c | 0 |
| **Tax, Refundable Credits, and Payments** | 30 | **Taxable income.** Subtract line 29c from line 28. See instructions | | | 30 | (12672) |
| | 31 | Total tax (Schedule J, Part I, line 11) | | | 31 | |
| | 32 | Reserved for future use | | | 32 | |
| | 33 | Total payments and credits (Schedule J, Part II, line 23) | | | 33 | |
| | 34 | Estimated tax penalty. See instructions. Check if Form 2220 is attached ☐ | | | 34 | |
| | 35 | **Amount owed.** If line 33 is smaller than the total of lines 31 and 34, enter amount owed | | | 35 | |
| | 36 | **Overpayment.** If line 33 is larger than the total of lines 31 and 34, enter amount overpaid | | | 36 | 0 |
| | 37 | Enter amount from line 36 you want: **Credited to 2024 estimated tax** **Refunded** | | | 37 | 0 |

**Sign Here**

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

Signature of officer | Date | PRESIDENT Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | 22/DEC/24 | | |

Firm's name | Firm's EIN
Firm's address | Phone no.

| Schedule C Dividends, Inclusions, and Special Deductions (see instructions) | | (a) Dividends and inclusions | (b) % | (c) Special deductions (a) × (b) |
|---|---|---|---|---|
| 1 | Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) | | 50 | |
| 2 | Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) | | 65 | |
| 3 | Dividends on certain debt-financed stock of domestic and foreign corporations | | See instructions | |
| 4 | Dividends on certain preferred stock of less-than-20%-owned public utilities | | 23.3 | |
| 5 | Dividends on certain preferred stock of 20%-or-more-owned public utilities | | 26.7 | |
| 6 | Dividends from less-than-20%-owned foreign corporations and certain FSCs | | 50 | |
| 7 | Dividends from 20%-or-more-owned foreign corporations and certain FSCs | | 65 | |
| 8 | Dividends from wholly owned foreign subsidiaries | | 100 | |
| 9 | **Subtotal.** Add lines 1 through 8. See instructions for limitations | | See instructions | |
| 10 | Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 | | 100 | |
| 11 | Dividends from affiliated group members | | 100 | |
| 12 | Dividends from certain FSCs | | 100 | |
| 13 | Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) | | 100 | |
| 14 | Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) | | | |
| 15 | Reserved for future use | | | |
| 16a | Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) | | 100 | |
| b | Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) | | | |
| c | Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) | | | |
| 17 | Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) | | | |
| 18 | Gross-up for foreign taxes deemed paid | | | |
| 19 | IC-DISC and former DISC dividends not included on line 1, 2, or 3 | | | |
| 20 | Other dividends | | | |
| 21 | Deduction for dividends paid on certain preferred stock of public utilities | | | |
| 22 | Section 250 deduction (attach Form 8993) | | | |
| 23 | **Total dividends and inclusions.** Add column (a), lines 9 through 20. Enter here and on page 1, line 4 | | | |
| 24 | **Total special deductions.** Add column (c), lines 9 through 22. Enter here and on page 1, line 29b | | | |

## Schedule J Tax Computation and Payment (see instructions)

### Part I—Tax Computation

| | | | | | |
|---|---|---|---|---|---|
| 1 | Income tax. See instructions | | | 1 | 0 |
| 2 | Base erosion minimum tax amount (attach Form 8991) | | | 2 | |
| 3 | Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626) | | | 3 | |
| 4 | Add lines 1, 2, and 3 | | | 4 | 0 |
| 5a | Foreign tax credit (attach Form 1118) | 5a | | | |
| b | Credit from Form 8834 (see instructions) | 5b | | | |
| c | General business credit (see instructions—attach Form 3800) | 5c | | | |
| d | Credit for prior year minimum tax (attach Form 8827) | 5d | | | |
| e | Bond credits from Form 8912 | 5e | 0 | | |
| 6 | **Total credits.** Add lines 5a through 5e | | | 6 | 0 |
| 7 | Subtract line 6 from line 4 | | | 7 | |
| 8 | Personal holding company tax (attach Schedule PH (Form 1120)) | | | 8 | |
| 9a | Recapture of investment credit (attach Form 4255) | 9a | | | |
| b | Recapture of low-income housing credit (attach Form 8611) | 9b | | | |
| c | Interest due under the look-back method—completed long-term contracts (attach Form 8697) | 9c | | | |
| d | Interest due under the look-back method—income forecast method (attach Form 8866) | 9d | | | |
| e | Alternative tax on qualifying shipping activities (attach Form 8902) | 9e | | | |
| f | Interest/tax due under section 453A(c) | 9f | | | |
| g | Interest/tax due under section 453(l) | 9g | | | |
| z | Other (see instructions—attach statement) | 9z | | | |
| 10 | **Total.** Add lines 9a through 9z | | | 10 | |
| 11 | **Total tax.** Add lines 7, 8, and 10. Enter here and on page 1, line 31 | | | 11 | 0 |

### Part II—Payments and Refundable Credits

| | | | | | |
|---|---|---|---|---|---|
| 12 | Reserved for future use | | | 12 | |
| 13 | Preceding year's overpayment credited to the current year | | | 13 | |
| 14 | Current year's estimated tax payments | | | 14 | |
| 15 | Current year's refund applied for on Form 4466 | | | 15 | ( ) |
| 16 | Combine lines 13, 14, and 15 | | | 16 | |
| 17 | Tax deposited with Form 7004 | | | 17 | |
| 18 | Withholding (see instructions) | | | 18 | |
| 19 | **Total payments.** Add lines 16, 17, and 18 | | | 19 | |
| 20 | Refundable credits from: | | | | |
| a | Form 2439 | 20a | | | |
| b | Form 4136 | 20b | | | |
| c | Reserved for future use | 20c | | | |
| z | Other (attach statement—see instructions) | 20z | | | |
| 21 | **Total credits.** Add lines 20a through 20z | | | 21 | |
| 22 | Elective payment election amount from Form 3800 | | | 22 | |
| 23 | **Total payments and credits.** Add lines 19, 21, and 22. Enter here and on page 1, line 33 | | | 23 | |

## Schedule K Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | Check accounting method: a ☑ Cash b ☐ Accrual c ☐ Other (specify) | | |
| 2 | See the instructions and enter the: | | |
| a | Business activity code no. 522110 | | |
| b | Business activity FINANCIAL SECTOR | | |
| c | Product or service SERVICES | | |
| 3 | Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? | | ✔ |
| | If "Yes," enter name and EIN of the parent corporation | | |
| 4 | At the end of the tax year: | | |
| a | Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) | | ✔ |
| b | Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) | ✔ | |
| 5 | At the end of the tax year, did the corporation: | | |
| a | Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851**, Affiliations Schedule? For rules of constructive ownership, see instructions | | ✔ |
| | If "Yes," complete (i) through (iv) below. | | |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| b | Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions | | ✔ |
| | If "Yes," complete (i) through (iv) below. | | |

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Country of Organization | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 6 | During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 | | ✔ |
| | If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions. See the instructions for Form 5452. | | |
| | If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary. | | |
| 7 | At any time during this tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? | | ✔ |
| | For rules of attribution, see section 318. If "Yes," enter: | | |
| | (a) Percentage owned _____ and (b) Owner's country _____ | | |
| | (c) The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____ | | |
| 8 | Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐ | | |
| | If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments. | | |
| 9 | Enter the amount of tax-exempt interest received or accrued during this tax year $ _____ | | |
| 10 | Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____ | | |
| 11 | If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ☐ | | |
| | If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid. | | |
| 12 | Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) $ | | |

## Schedule K Other Information *(continued from page 4)*

| | | Yes | No |
|---|---|---|---|
| 13 | Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year **and** its total assets at the end of the tax year less than $250,000? | ✔ | |
| | If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during this tax year $ | | |
| 14 | Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions | | ✔ |
| | If "Yes," complete and attach Schedule UTP. | | |
| 15a | Did the corporation make any payments that would require it to file Form(s) 1099? | | ✔ |
| b | If "Yes," did or will the corporation file required Form(s) 1099? | | ✔ |
| 16 | During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock? | | ✔ |
| 17 | During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? | | ✔ |
| 18 | Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than $1 million? | | |
| 19 | During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? | | ✔ |
| 20 | Is the corporation operating on a cooperative basis? | | ✔ |
| 21 | During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions | | ✔ |
| | If "Yes," enter the total amount of the disallowed deductions $ | | |
| 22 | Does this corporation have gross receipts of at least $500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).) | | ✔ |
| | If "Yes," complete and attach Form 8991. | | |
| 23 | Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions | | ✔ |
| 24 | Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions | | ✔ |
| a | The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. | | |
| b | The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $29 million and the corporation has business interest expense. | | |
| c | The corporation is a tax shelter and the corporation has business interest expense. | | |
| 25 | Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? | | ✔ |
| | If "Yes," enter amount from Form 8996, line 15 $ | | |
| 26 | Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions | | ✔ |
| | Percentage: By Vote By Value | | |
| 27 | At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions | | ✔ |
| 28 | Is the corporation a member of a controlled group? | | ✔ |
| | If "Yes," attach Schedule O (Form 1120). See instructions. | | |
| 29 | Corporate Alternative Minimum Tax: | | |
| a | Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year? | | ✔ |
| | If "Yes," go to question 29b. If "No," skip to question 29c. | | |
| b | Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year? | | ✔ |
| | If "Yes," complete and attach Form 4626. If "No," continue to question 29c. | | |
| c | Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions | | ✔ |
| | If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626. | | |
| 30 | Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): | | |
| a | Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)? | | ✔ |
| b | Under the applicable foreign corporation rules? | | ✔ |
| c | Under the covered surrogate foreign corporation rules? | | ✔ |
| | If "Yes" to either (a), (b), or (c), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208. | | |
| 31 | Is this a consolidated return with gross receipts or sales of $1 billion or more and a subchapter K basis adjustment, as described in the instructions, of $10 million or more? | | ✔ |
| | If "Yes," attach a statement. See instructions. | | |

| Schedule L Balance Sheets per Books | Beginning of tax year | | End of tax year | |
|---|---|---|---|---|
| **Assets** | (a) | (b) | (c) | (d) |
| 1 Cash | | | | |
| 2a Trade notes and accounts receivable | | | | |
| b Less allowance for bad debts | ( ) | | ( ) | |
| 3 Inventories | | | | |
| 4 U.S. government obligations | | | | |
| 5 Tax-exempt securities (see instructions) | | | | |
| 6 Other current assets (attach statement) | | | | |
| 7 Loans to shareholders | | | | |
| 8 Mortgage and real estate loans | | | | |
| 9 Other investments (attach statement) | | | | |
| 10a Buildings and other depreciable assets | | | | |
| b Less accumulated depreciation | ( ) | | ( ) | |
| 11a Depletable assets | | | | |
| b Less accumulated depletion | ( ) | | ( ) | |
| 12 Land (net of any amortization) | | | | |
| 13a Intangible assets (amortizable only) | | | | |
| b Less accumulated amortization | ( ) | | ( ) | |
| 14 Other assets (attach statement) | | | | |
| 15 Total assets | | | | |
| **Liabilities and Shareholders' Equity** | | | | |
| 16 Accounts payable | | | | |
| 17 Mortgages, notes, bonds payable in less than 1 year | | | | |
| 18 Other current liabilities (attach statement) | | | | |
| 19 Loans from shareholders | | | | |
| 20 Mortgages, notes, bonds payable in 1 year or more | | | | |
| 21 Other liabilities (attach statement) | | | | |
| 22 Capital stock: a Preferred stock | | | | |
| b Common stock | | | | |
| 23 Additional paid-in capital | | | | |
| 24 Retained earnings—Appropriated (attach statement) | | | | |
| 25 Retained earnings—Unappropriated | | | | |
| 26 Adjustments to shareholders' equity (attach statement) | | | | |
| 27 Less cost of treasury stock | | ( ) | | ( ) |
| 28 Total liabilities and shareholders' equity | | | | |

## Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

**Note:** The corporation may be required to file Schedule M-3. See instructions.

| | | | |
|---|---|---|---|
| 1 | Net income (loss) per books | 7 | Income recorded on books this year not included on this return (itemize): Tax-exempt interest $ |
| 2 | Federal income tax per books | | |
| 3 | Excess of capital losses over capital gains | | |
| 4 | Income subject to tax not recorded on books this year (itemize): | 8 | Deductions on this return not charged against book income this year (itemize): a Depreciation $ b Charitable contributions $ |
| 5 | Expenses recorded on books this year not deducted on this return (itemize): a Depreciation $ b Charitable contributions $ c Travel and entertainment $ | 9 | Add lines 7 and 8 |
| 6 | Add lines 1 through 5 | 10 | Income (page 1, line 28)—line 6 less line 9 |

## Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

| | | | |
|---|---|---|---|
| 1 | Balance at beginning of year | 5 | Distributions: a Cash |
| 2 | Net income (loss) per books | | b Stock |
| 3 | Other increases (itemize): | | c Property |
| | | 6 | Other decreases (itemize): |
| | | 7 | Add lines 5 and 6 |
| 4 | Add lines 1, 2, and 3 | 8 | Balance at end of year (line 4 less line 7) |

**SCHEDULE G (Form 1120)**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

# Information on Certain Persons Owning the Corporation's Voting Stock

▶ Attach to Form 1120.
▶ See instructions on page 2.

OMB No. 1545-0123

Name

XPS 247 INC

**Employer identification number (EIN)**

83-3407629

**Part I** **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Percentage Owned in Voting Stock |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II** **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Percentage Owned in Voting Stock |
|---|---|---|---|
| PAULO KOO | | | 100 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Additional Information Form 2023 Federal Corporation Tax Return**

Form 1120-US Corporation income tax return

Other Deductions

| Description | Amount |
|---|---|
| General & Administrative Expenses | 12747.00 |
| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL** | **12747.00** |

# Exhibit 11 - Evidence of Business Expansion and Multistate Licensure - XPS 247 INC

# State of Illinois

## Department of Financial and Professional Regulation

### Division of Financial Institutions

LICENSE NO.
MT.0000361
NMLS: 1847163

**The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:**

EXPIRES:
12/31/2026

Issue Date
01/01/2026

## Money Transfer License

XPS 247 INC
PAULO KOO
2365 DOG LEG COURT
BROOKSVILLE, FL 34604

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of my office the day and year first above written.

has made application in due form, and has complied with all requirements of the Transmitters of Money Act; therefore, I, Francisco Menchaca, Director of Financial Institutions of the State of Illinois, for and on behalf of the People of said State, do hereby authorize and empower the said corporation to engage in the business of selling or issuing payment instruments, transmitting money, or exchanging, for compensation, payment instruments or money of the United States government or a foreign government to or from money of another government, in accordance with the provisions of the Transmitters of Money Act, 205 ILCS 657. This license is granted upon the express condition that said licensee shall observe and obey all laws of the State of Illinois, which now are or may be in force regulating or relating to said business. This license shall be in full force and effect for the period ending December 31, 2026, or until it is surrendered by the licensee or revoked in accordance with the provisions of said Act.

Mario Treto, Jr.
Secretary

Francisco Menchaca
Director

**The official status of this license can be verified at IDFPR.illinois.gov**

2111362

**COMMONWEALTH OF MASSACHUSETTS**
**Division of Banks**
1 Federal Street, Suite 710, Boston MA 02110-2012
mass.gov/dob

**MAURA T. HEALEY**
GOVERNOR

**KIMBERLEY DRISCOLL**
LIEUTENANT GOVERNOR

**ERIC PALEY**
SECRETARY OF ECONOMIC DEVELOPMENT

**LAYLA R. D'EMILIA**
UNDERSECRETARY

**MARY L. GALLAGHER**
COMMISSIONER

April 13, 2026

**VIA Electronic Mail to: paulokoo@xps247.com**

Paulo Alves Koo, President
XPS 247 INC d/b/a XPS 247
2365 Dog Leg Court
Brooksville, FL 34604

Dear Mr. Koo,

XPS 247 INC d/b/a XPS 247's ("XPS 247" or the "Corporation") application for a money transmitter license under Massachusetts General Laws (M.G.L.) c. 169B, §4(c), has been approved in accordance with M.G.L. c. 169B, §4(e)(3) and the Division of Banks' (Division) regulation, 209 CMR 44.00 *et seq*.

A money transmitter license number will be issued to XPS 247 by the Division immediately. All money transmitter licenses are virtually posted on the Nationwide Multi-state Licensing System (NMLS) Consumer Access website at www.nmlsconsumeraccess.com. Please be advised that the license will expire on December 31, 2026. Renewal notices will be sent by email to the licensee's primary NMLS contact during the fourth calendar quarter.

Licensees are required to maintain books and records pursuant to M.G.L. c. 169B, §6, the Division's regulations at 209 CMR 44.06, and 209 CMR 48.00 *et seq.* If a licensee fails to comply with regulatory requirements, the Commissioner may modify, curtail, rescind, or otherwise limit a licensee's authority to keep its books, records, and accounts at a location outside of the Commonwealth or to store books, records, and accounts in electronic format. Furthermore, the Commissioner may take enforcement action including, but not limited to, suspension or revocation of the license.

Pursuant to M.G.L. c. 169B, §6(a) and 209 CMR 44.07, licensees are required to complete the Money Services Businesses (MSB) call report, consisting of quarterly company information including but not limited to: financial information, information about the licensee's company and state level transactional activity, licensee permissible investments information, and transaction destination country information. MSB call reports which include quarterly financial condition

reports are due within 45 days of the end of each calendar quarter. The filing of all four quarters of the MSB call reports including the financial condition reports for the calendar year shall satisfy the Division's annual reporting requirement under M.G.L. c. 169B, §4(h). Licensees are subject to a $50.00 per day late charge for components not filed by March 31st.

Furthermore, M.G.L. c. 169B, §6(c) requires licensees to submit a report of authorized delegates within 45 days of the end of each calendar quarter. Licensees must use the NMLS Uniform Authorized Agent Reporting (UAAR) functionality to report Authorized Agents. Upon license approval, applicants are required to utilize the UAAR to upload a list of agents who are authorized to conduct money services businesses in the Commonwealth of Massachusetts on the Applicant's behalf. Agent adjustments (additions, deletions, and modifications), or a confirmation of no changes to report, must be submitted through the UAAR on a quarterly basis.

Additionally, per M.G.L. c.169B, §6(b)(1) and 209 CMR 44.07(4), licensed money transmitters must annually submit through NMLS, financial statements which have been **audited** by an independent Certified Public Accountant within 90 days of the close of its fiscal year.

A targeted initial examination of money transmitters may be scheduled within six months of the commencement of the licensed business in Massachusetts. Thereafter, full scope examinations will be conducted as the Commissioner may reasonably require per M.G.L. c. 169B, §3. The fee for the examination will be $60.00 per examiner per hour, pursuant to M.G.L. c. 169B §3(a)(2), and the rate set by regulations of the Commonwealth's Executive Office for Administration and Finance. The purpose of the examination will be to assess the licensee's ability to operate in a financially safe and sound manner and its compliance with M.G.L. c. 169B and all other applicable laws, regulations and regulatory bulletins.

Please contact Deputy Commissioner Aimee Desai of the Division's Non-Depository Institution Supervision Section at 617-956-1564, or by email at aimee.desai@mass.gov if you have any questions.

Sincerely,

Mary L. Gallagher
Commissioner of Banks

LICENSE NO.
**L071432**

# State of New Jersey
*Department of Banking and Insurance*
*Licensing Services Bureau - Banking*
*PO Box 473*
*Trenton, NJ 08625-0473*

SEQUENCE NO.
**614940**

REFERENCE NO.
**1904120-C21**

THIS CERTIFIES THAT: **XPS 247 INC**

LOCATED AT: **8810 MARIPOSA STREET**
**LA MESA, CA 91941**

IS LICENSED AS A: **FOREIGN MONEY TRANSMITTER (CORPORATION)**

| LICENSE ISSUE DATE | LICENSE EXPIRE DATE |
|---|---|
| **07/01/2025** | **06/30/2027** |

Justin Zimmerman
Commissioner

**DO NOT DISCARD!**

**Keep this form attached to this license until you are ready to register for our online licensing services**

## New Jersey Banking Licensing Services are now available online!

After registering to use the new Online Licensing Services, you will be able to:

- View your current license information;
- Update your address information;
- Renew your license (REQUIRED starting in 2009);
- Register or terminate the registration of a Mortgage Solicitor;

... and plans to include many other services are currently underway!

The new online processes will make the completion of these transactions easier, faster and will provide an efficient means of managing your licensing records.

Instructions for registering to use these online licensing services by establishing a myNewJersey Portal Account (a free, one-time process) can be found at:

**ocflicensing.nj.gov**

## IMPORTANT ONLINE REGISTRATION INFORMATION!

When registering for the Banking Online Licensing Services, you will be asked to provide your Reference Number and your Account Number. The Account Number has been established solely for the purpose of providing you with a more secure method of identifying yourself during the registration process.

- **Your Reference Number is: 1904120**
- **Your Account Number is: 2528337229**

The registration process can only be completed if the Account Number shown above is provided. Once you have established your MyNewJersey Portal Account and completed the registration process, you will no longer need your Account Number.

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# MONEY TRANSMITTER AGREEMENT

*BETWEEN*

**XPS 247 INC.**

&

**DAGUR AMERICA INC.**

Effective Date: May 31, 2026

Docusign Envelope ID: D15DEED1-24B2-8FAA-83B6-5AF0DF91B09B



# PREAMBLE

Between **XPS 247 INC**, a company incorporated under the laws of the State of Delaware, USA, having its registered address at 4287 Montgomery Street, Florida 34601, United States, EIN 83-3407629, represented by its legal representative **Paulo Alves Koo**, CEO, Driver License Y5627195, on the one hand, and **DAGUR AMERICA INC.**, on the other hand, a company incorporated under the laws of the State of *Delaware*, having its registered address at 109 S. William St., 1st Floor, Newburgh, NY 12550, EIN 99-5042448; represented in this act by its legal representative **Juan Luis Pérez Escobar**, CEO , ID Passport AV907022 (Colombia) , both sufficiently empowered for this act, have agreed to enter into this Agreement.

Both **XPS 247 INC**, hereinafter "**XPS 247**", and **DAGUR AMERICA INC.**, hereinafter "**DAGUR**" shall be collectively referred to as "**the Parties**". All other terms shall be defined in this contract and in its different Addendums. Any addendum that may be attached to this agreement must be approved by the Parties and shall be considered an integral part of this agreement. The agreement described herein is entered into under the following considerations:

## RECITALS

**a. DAGUR AMERICA INC.** ("**DAGUR**") hereby requests that **XPS 247 Inc.** ("**XPS 247**") extend regulatory coverage under XPS 247's Money Transmitter License issued by the New Jersey Department of Banking and Insurance (**NJDOBI**) pursuant to N.J.S.A. 17:15C-1 et seq., so that DAGUR may act as an Authorized Delegate and Money Transmitter Agent (hereinafter "Agent") of XPS 247, solely within the State of New Jersey. In such capacity, DAGUR is authorized to facilitate services related to the reception of payments, remittance collection, and transfer and disbursement of money remittances (hereinafter the "Services"), exclusively within the geographic and regulatory scope of XPS 247's New Jersey license and strictly limited to the markets and corridors in which DAGUR operates and has commercial reach, as approved in writing by XPS 247 prior to commencement.

For the avoidance of doubt, this authorization does not extend to any state or jurisdiction other than New Jersey. Any expansion of the Services to additional states shall require the prior execution of a State-Specific Rider pursuant to Section 28 of this Agreement, completion of all applicable regulatory filings, and XPS 247's express prior written approval.

**b. DAGUR** will provide the "Services" through specialized technology for these purposes that complies with all the established operating parameters. Likewise, DAGUR has commercial and regulatory agreements with different companies and entities within and outside the U.S. territory that have all the necessary permits to guarantee the execution of the Services.

**c. XPS 247** may offer its operating licenses (hereinafter the "Licenses"), obtained in different states of the USA, to guarantee that DAGUR can provide the "Services" with the maximum regulatory guarantees within the legal framework of these states.

**d. DAGUR** makes available to XPS 247 the possibility of direct connection with the technological CORE with which it operates.

Therefore, and taking into account the mutual arrangements and commitments contained in this Agreement and other mutual benefits derived from it, the two Parties, wishing to legally bind themselves,

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agree in accordance with the terms and conditions agreed in writing in this document and the other legal provisions applicable thereto, and shall be governed in accordance with the following clauses:

## 1. PURPOSE, STRUCTURE, AND REGULATORY INTENT

### 1.1 Purpose

**Sponsor agrees to sponsor Sponsored Entity solely as Sponsor's authorized agent to facilitate fiat-only money transmission services within the State of New Jersey, subject at all times to Sponsor's licenses, policies, regulatory obligations, and sole discretion. The Parties acknowledge that XPS247 Inc. is the sole holder of the New Jersey Money Transmitter License and that all regulated money transmission activity conducted under this Agreement is performed exclusively by XPS247 as the Licensed Entity.**

### 1.2 Agency Relationship (Strict Construction)

**Sponsored Entity acts only as an agent of Sponsor. Nothing in this Agreement shall be deemed or construed as creating:**

- a partnership or joint venture,
- an employer-employee relationship, or
- any transfer, delegation, sublicense, or sharing of Sponsor's licenses.

**Sponsor retains exclusive legal, regulatory, and operational control over all regulated activities.**

### 1.3 No Independent Authority

Sponsored Entity shall not:

- represent itself as licensed,
- bind Sponsor contractually,
- alter transaction flows, products, risk parameters, or geographies,

**without prior written approval from Sponsor.**

## 2. LICENSE OWNERSHIP AND REGULATORY CONTROL

### 2.1 License Ownership

**All money transmission services are provided exclusively by Sponsor under Sponsor's New Jersey Money Transmitter License issued by the New Jersey Department of Banking and Insurance (NJDOBI)**

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**pursuant to N.J.S.A. 17:15C-1 et seq. Sponsored Entity holds no independent licensure rights under this Agreement.**

**The Sponsor represents that it is registered with FinCEN as a Money Services Business and maintains all required federal registrations.**

## 2.2 Regulatory Supremacy

Sponsor's interpretation of:

- applicable law and regulation,
- regulatory guidance or examination findings,
- sponsor-bank requirements,

**shall be final, binding, and controlling.**

## 2.3 Regulatory Disclosure

**All customer-facing disclosures shall clearly identify Sponsor as the licensed money transmitter, in a form pre-approved in writing by Sponsor. Sponsored Entity shall prominently display at each of its locations a notice, in a form prescribed by the NJDOBI Commissioner, indicating that Sponsored Entity is an Authorized Delegate of XPS247 Inc., a licensed money transmitter under N.J.S.A. 17:15C-1 et seq.**

## 2.4 Authorized Delegate Registration — NJDOBI

**Prior to commencing any regulated activity under this Agreement, Sponsored Entity shall be formally registered as an Authorized Delegate of XPS247 Inc. with the NJDOBI, pursuant to N.J.S.A. 17:15C-17. Sponsored Entity consents to the NJDOBI Commissioner's inspection, with or without prior notice to either Party, of the books and records of Sponsored Entity whenever the Commissioner has a reasonable basis to believe a violation has occurred.**

Sponsored Entity shall:

- provide all documentation required by Sponsor to complete the Authorized Delegate registration,
- notify Sponsor immediately upon receipt of any communication from NJDOBI, FinCEN, or any regulatory body regarding Sponsored Entity's activities under this Agreement,
- not commence operations until Sponsor provides written confirmation that the registration is complete.

## 2.5 Sponsor-Bank Requirements

**Sponsored Entity acknowledges that Sponsor's money transmission activities are supported by one or more financial institutions (Sponsor Banks). Sponsored Entity shall comply with any reasonable directive, policy, or requirement communicated by Sponsor that is necessary for Sponsor to comply with its obligations to its Sponsor Banks, including but not limited to transaction limits, reporting requirements, or customer restrictions. Sponsor's good-faith determination that a directive is required by a Sponsor Bank shall be conclusive and binding on Sponsored Entity.**

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# 3. EXCLUSION OF THIRD-PARTY PLATFORMS AND THIRD-PARTY RISK MANAGEMENT

## 3.1 Independent Technology Providers

**Sponsored Entity may utilize third-party technology or marketplace providers (including payment platforms) solely pursuant to separate, independent agreements. Sponsor is not a party to any such agreement and assumes no obligations thereunder.**

## 3.2 No Delegation of Regulatory Responsibility

Use of any third-party platform:

- does not transfer compliance responsibility,
- does not grant regulatory authority, and
- does not limit Sponsor oversight.

**Sponsored Entity remains fully responsible for all actions conducted through any platform.**

## 3.3 No Sponsor Liability for Third-Party Platforms

Sponsor does not endorse, control, or assume liability for any third-party platform utilized by Sponsored Entity. Sponsored Entity shall indemnify Sponsor for any claims, losses, or regulatory actions arising from its use of third-party platforms.

## 3.4 Third-Party Risk Management (TPRM)

**Sponsored Entity shall maintain a Third-Party Risk Management (TPRM) program satisfactory to Sponsor. Prior to engaging any third-party technology provider, payment platform, or service provider that handles or processes customer data, transactions, or funds in connection with activities under this Agreement, Sponsored Entity shall:**

- obtain Sponsor's prior written approval for such third-party engagement,
- conduct and document due diligence on the third party, including AML/BSA compliance assessments, data security certifications, and financial stability reviews,
- ensure all third-party contracts include provisions that allow Sponsor to audit the third party's relevant activities,
- notify Sponsor immediately of any material security incident, service disruption, or regulatory action involving any approved third-party provider.

**Sponsor reserves the right to require Sponsored Entity to terminate any third-party relationship that Sponsor reasonably determines presents regulatory, reputational, or financial risk to the Sponsor.**

## 3.4.5 Flow-Down Obligations to Technology Providers

**Sponsored Entity acknowledges that it utilizes certain technology and marketplace infrastructure provided by UHD Global LLC and/or UTek (collectively, "Technology Providers") in connection with the Services. Sponsored Entity shall ensure, by written contract with each Technology Provider, that such Technology Providers are bound by the following obligations to the same extent as Sponsored Entity:**

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- **Data security standards meeting PCI-DSS Level 1 and NIST Cybersecurity Framework requirements;**
- **Confidentiality obligations regarding Customer Data;**
- **Obligations to notify Sponsored Entity and, through Sponsored Entity, Sponsor immediately of any security incident or data breach;**
- **The right for Sponsor to audit the Technology Provider's relevant controls (or rely on SOC 2 Type II reports provided by the Technology Provider).**

**Sponsored Entity shall provide Sponsor with copies of the relevant provisions of its agreements with Technology Providers upon request. Sponsor reserves the right to require Sponsored Entity to terminate any Technology Provider relationship that Sponsor reasonably determines presents material risk to Sponsor's regulatory obligations.**

## 4. SCOPE OF AUTHORIZED ACTIVITIES

### 4.1 Permitted Activities

Subject to Sponsor approval, Sponsored Entity may facilitate:

- **fiat-only consumer-to-consumer (C2C) money transmission, and**
- delivery of funds to a recipient's U.S. bank account via approved rails.

### 4.2 Transaction Classification

**Transactions under this Agreement are classified as C2C based on the identity and intent of the sender and ultimate beneficiary, regardless of the settlement rail or type of receiving bank account. Delivery to a business bank account for settlement or pass-through purposes does not recharacterize the transaction as B2B unless expressly approved in writing by Sponsor.**

### 4.3 Transaction Limits and Controls

The following transaction controls apply at all times and may be amended by Sponsor upon written notice:

- Maximum per-transaction limit: as set forth in Schedule B (Transaction Limits and Controls), as updated by Sponsor;
- Maximum daily limit per customer: as set forth in Schedule B;
- Maximum monthly aggregate volume per customer: as set forth in Schedule B.

**Sponsored Entity shall implement and enforce all transaction limits established by Sponsor. Any request for an exception must be submitted in writing to Sponsor and approved in advance.**

### 4.4 Geographic Limitation

**Services are limited strictly to New Jersey, unless expanded by written amendment pursuant to Section 28 (State Expansion Riders). No geographic expansion shall occur without Sponsor's prior written approval and completion of all applicable regulatory, bank, and compliance reviews.**

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**All remittance corridors must be pre-approved by Sponsor and documented in a Corridor Approval Schedule.**

## 5. SERVICE SCOPE AND FUTURE CRYPTO ENABLEMENT

### 5.1 Initial Scope: Fiat-Only Services

**Upon the Effective Date, all services under this Agreement are strictly limited to fiat-only money transmission. No cryptocurrency, stablecoin, virtual asset, digital asset, or blockchain-based activity is permitted unless and until the requirements of Section 5.3 (Crypto Enablement) are satisfied.**

### 5.2 Prohibited Transactions — Baseline (Fiat Phase)

**Sponsored Entity shall not facilitate or process any transaction that:**

- **involves a party or jurisdiction subject to OFAC sanctions, including any individual or entity on the Specially Designated Nationals (SDN) List;**
- **is identified as structuring or an attempt to evade BSA/AML reporting requirements;**
- **relates to online gambling, unlicensed money transmission, or any activity prohibited under applicable federal or state law;**
- **involves the proceeds of fraud, human trafficking, narcotics, or any other criminal enterprise;**
- **involves jurisdictions classified as high-risk or non-cooperative by FATF.**

### 5.3 Crypto Enablement (Future Phase)

**Sponsored Entity may request authorization to conduct Virtual Asset transactions under this Agreement. Such authorization shall be subject to:**

- **Separate Amendment: A formal written amendment to this Agreement, executed by both Parties, specifically authorizing Virtual Asset activity.**
- **Regulatory & Bank Approval: Written confirmation from Sponsor that all necessary regulatory filings, sponsor-bank approvals, and compliance reviews for Virtual Asset activity have been completed.**
- **Enhanced AML Controls: Sponsored Entity must implement, at its sole cost, an enhanced AML program approved by Sponsor, including:**
    - Integration with blockchain analytics tools (e.g., Chainalysis, Elliptic) for wallet screening and transaction monitoring;
    - Integration with a Travel Rule solution (e.g., Notabene) for all Virtual Asset transfers exceeding $3,000;
    - Enhanced Due Diligence (EDD) procedures for crypto-native customers, including on-chain source-of-funds verification;
    - Dedicated crypto compliance training for all relevant personnel.
- **Fee Schedule Amendment: A revised Fee Schedule covering crypto transaction fees.**

Docusign Envelope ID: D15DEED1-24B2-8FAA-83B6-5AF0DF91B09B



### 5.4 No Implied Authorization

**Absent the execution of a formal amendment as described in Section 5.3, all crypto activity is expressly prohibited, and no operational practice, prior course of dealing, or third-party integration shall be deemed to authorize it.**

## 6. ACCOUNT STRUCTURE, FUNDS CONTROL, PERMISSIBLE INVESTMENTS, AND UNCLAIMED PROPERTY

### 6.1 Account Titling

**All customer and operational funds shall be held in accounts titled in the name of Sponsor or Sponsor-designated entities. Sponsored Entity shall have no authority to establish accounts in its own name for the purpose of holding customer funds under this Agreement.**

### 6.2 No Custody or Control

Sponsored Entity shall never:

- **have legal custody of funds,**
- **independently control settlement instructions, or**
- **commingle funds.**

### 6.3 Sponsor Override Rights

Sponsor may freeze, delay, reverse, or reject any transaction at its sole discretion, without liability, where required by law, regulation, or reasonable risk management.

### 6.4 Permissible Investments

**All customer funds received in connection with money transmission under this Agreement shall be held and invested exclusively in Permissible Investments as defined under N.J.S.A. 17:15C-18, including but not limited to:**

- obligations of the United States or its agencies;
- obligations of a state or any political subdivision thereof;
- interest-bearing deposits at FDIC-insured financial institutions.

Customer funds shall at all times be maintained separately from Sponsor's operating funds and shall not be subject to the claims of Sponsor's creditors. Sponsor shall provide Sponsored Entity with written confirmation of the account structure used for this purpose within thirty (30) days of the Effective Date.

### 6.5 Unclaimed Property and Escheatment

**The Parties acknowledge their obligations under the New Jersey Uniform Unclaimed Property Act, N.J.S.A. 46:30B-1 et seq. Sponsor, as the Licensed Entity, shall bear ultimate responsibility for reporting and remitting unclaimed property to the State of New Jersey. Sponsored Entity shall:**

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- maintain records sufficient to identify unclaimed or abandoned funds related to money transmission activities;
- provide Sponsor with a report of all unclaimed or abandoned funds not later than January 31 of each year, covering the preceding calendar year;
- cooperate fully with Sponsor in connection with any escheatment audit or inquiry by the State of New Jersey.

## 7. TERM AND RENEWAL

### 7.1 Initial Term

Three (3) years from the Effective Date.

### 7.2 Evergreen Renewal

Automatically renews for successive one (1) year terms unless either Party provides sixty (60) days' prior written notice of non-renewal.

### 7.3 Wind-Down Obligations

**Upon expiration or termination of this Agreement for any reason, the following wind-down obligations shall apply:**

- Sponsor shall have the right to continue processing transactions that were initiated prior to the termination date through to completion;
- Sponsored Entity shall immediately cease soliciting new customers or initiating new transactions on the Effective Date of termination;
- Sponsored Entity shall cooperate fully with Sponsor in the orderly transfer of customer data, transaction records, and pending transaction files within five (5) business days of termination;
- Pending customer refunds or uncompleted transmissions shall be resolved pursuant to Sponsor's policies and applicable law, at Sponsored Entity's cost;
- All obligations of confidentiality, data security, and cooperation with regulators shall survive termination of this Agreement.

## 8. FEES

**Sponsored Entity shall pay Sponsor all transaction-based and compliance fees set forth in Schedule A (Fee Schedule), which is incorporated herein by reference. All fees in Schedule A shall be fully defined and agreed upon by the Parties prior to execution of this Agreement. No fee item shall be left undefined or listed as "To Be Determined" (TBD) at the time of execution.**

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Sponsor may modify fees prospectively upon thirty (30) days' prior written notice, except that fee modifications may take effect immediately upon:

- a requirement mandated by a regulatory authority;
- a requirement mandated by Sponsor's sponsoring bank;
- a material adverse change in Sponsored Entity's risk profile.

### 8.1 Fee Dispute Resolution

**In the event of a good-faith dispute regarding any invoice or fee charged under Schedule A, Sponsored Entity shall:**

- pay the undisputed portion of the invoice by the due date;
- provide written notice of the dispute to Sponsor within ten (10) business days of receipt of the invoice, specifying in reasonable detail the basis for the dispute;
- cooperate with Sponsor to resolve the dispute within thirty (30) days of Sponsor's receipt of the dispute notice.

Failure to dispute an invoice within the ten (10) business day period shall constitute Sponsored Entity's acceptance of the invoice.

## 9. COMPLIANCE OBLIGATIONS — AML/BSA/CFT PROGRAM

**Sponsored Entity acknowledges that it operates under the regulatory umbrella of XPS247 Inc. as its Licensed Entity Principal. Sponsored Entity shall maintain, at its own cost, a fully operational and independently documented Anti-Money Laundering / Bank Secrecy Act / Combating the Financing of Terrorism (AML/BSA/CFT) compliance program that meets or exceeds the requirements of 31 U.S.C. § 5318(h), 31 CFR § 1022.210, and applicable NJDOBI regulations. All compliance failures are solely Sponsored Entity's liability.**

### 9.1 Written AML Program

**Sponsored Entity shall maintain a formal, written AML/BSA/CFT program that:**

- employs a risk-based approach tailored to Sponsored Entity's specific products, customers, and geographies;
- has been approved by Sponsored Entity's senior management or board of directors;
- is reviewed and updated at minimum annually, or more frequently upon regulatory changes;
- covers all products, services, and customer segments offered under this Agreement.

**Sponsored Entity shall deliver a complete copy of its AML Program to Sponsor for review and approval prior to commencing operations under this Agreement. Any material amendment to the AML Program shall be submitted to Sponsor within ten (10) business days of adoption.**

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## 9.2 Designated BSA Compliance Officer

**Sponsored Entity shall designate a qualified BSA Compliance Officer responsible for the day-to-day implementation of its AML Program. The BSA Compliance Officer shall:**

- be identified by name to Sponsor prior to commencement of operations;
- have clear authority to enforce the AML Program and access to all relevant records;
- report directly to senior management of Sponsored Entity;
- be replaced within thirty (30) days in the event of departure, with immediate written notice to Sponsor.

## 9.3 Customer Identification and Due Diligence (KYC/CDD)

**Sponsored Entity shall conduct Know Your Customer (KYC) and Customer Due Diligence (CDD) on all senders and recipients, consistent with the requirements of 31 CFR § 1020.220 and 31 CFR § 1010.230, including:**

- collection and verification of required identifying information: full legal name, date of birth, residential address, and government-issued identification number;
- identity verification through documentary and non-documentary methods;
- customer risk profiling (low, medium, high) with documented methodology;
- collection of beneficial ownership information for legal entity customers (individuals owning 25% or more);
- ongoing monitoring of customer activity for consistency with the established risk profile;
- retention of all CDD records for a minimum of five (5) years from the date of the last transaction.

## 9.4 Enhanced Due Diligence (EDD/KYB)

**Sponsored Entity shall apply Enhanced Due Diligence (EDD) to customers presenting elevated risk, including but not limited to:**

- Politically Exposed Persons (PEPs) and their immediate family members and close associates;
- customers in or transacting with countries classified as high-risk or non-cooperative by FATF or subject to OFAC country sanctions;
- cash-intensive businesses, MSBs, and other Money Services Businesses;
- customers with unusual transaction patterns or volumes inconsistent with their stated purpose.

**EDD shall include source-of-funds and source-of-wealth verification. Senior management approval of Sponsored Entity is required before establishing or maintaining any relationship with a PEP. Sponsored Entity shall notify Sponsor before onboarding any PEP or high-risk institutional customer.**

### 9.4.1 Enhanced Due Diligence for Virtual Asset Transactions

**In the event that Virtual Asset activity is authorized pursuant to Section 5.3, Sponsored Entity shall apply additional Enhanced Due Diligence measures to all customers engaging in such transactions, including:**

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- **Blockchain Analytics Screening: Prior to any transaction, the sending and receiving wallet addresses shall be screened using Sponsor-approved blockchain analytics tools to identify exposure to sanctioned entities, mixers, darknet markets, or high-risk jurisdictions.**
- **Source of Wealth (On-Chain): For customers exceeding the Monthly Aggregate Limit via Virtual Asset transactions, Sponsored Entity shall conduct an on-chain review of the customer's wallet history to verify the legitimate source of funds.**
- **Wallet Ownership Verification: Where technically feasible, Sponsored Entity shall verify customer ownership of the digital wallet through cryptographic signature challenges or micro-deposit methods.**
- **Travel Rule Compliance: For all Virtual Asset transfers exceeding $3,000, Sponsored Entity shall collect and transmit originator and beneficiary information to the counterparty VASP via Sponsor's approved Travel Rule solution prior to blockchain settlement.**
- **Counterparty VASP Due Diligence: Sponsored Entity shall only transact with counterparty VASPs that are licensed or registered in their home jurisdiction and capable of sending and receiving Travel Rule data. A list of approved counterparty VASPs shall be maintained by Sponsor.**

## 9.5 Transaction Monitoring and Suspicious Activity Detection

**Sponsored Entity shall maintain a transaction monitoring program, whether automated or manual, that:**

- applies documented thresholds and red flags appropriate to C2C fiat money transmission;
- detects patterns indicative of money laundering, fraud, structuring, or terrorist financing;
- provides for timely review and escalation of alerts, with a documented review timeline not to exceed three (3) business days for standard alerts and same-day for priority alerts;
- includes detection of structuring activity as defined under 31 U.S.C. § 5324.

Sponsored Entity shall report any alert that escalates to a Suspicious Activity Report (SAR) determination to Sponsor's compliance team no later than twenty-four (24) hours after the determination.

## 9.6 SAR Filing Obligations

**XPS247 Inc., as the Licensed Entity and MSB Principal, retains authority and responsibility for filing all Suspicious Activity Reports (SARs) with FinCEN via the BSA E-Filing System. Sponsored Entity's obligations in support of SAR filing are:**

- report to Sponsor's BSA Officer any transaction or customer activity that Sponsored Entity suspects or knows involves a violation of law or regulation, within twenty-four (24) hours of identification;
- provide all supporting documentation, transaction records, and customer information requested by Sponsor in connection with any SAR investigation, within forty-eight (48) hours of request;
- maintain confidentiality of any SAR and the fact of any SAR filing; tipping-off in any form to the subject of a SAR is strictly prohibited;
- cooperate with any law enforcement or regulatory inquiry related to SAR filings.

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**SAR records and supporting documentation shall be retained by Sponsored Entity for a minimum of five (5) years. Sponsored Entity shall maintain records of all decisions not to file a SAR, including the basis for such decision.**

## 9.7 Currency Transaction Report (CTR) Filing

**Sponsored Entity shall identify, aggregate, and report to Sponsor all currency transactions exceeding $10,000 in a single business day by or on behalf of the same individual or entity, in compliance with 31 CFR § 1022.311. Specifically:**

- Sponsored Entity shall report to Sponsor's BSA Officer any transaction or series of transactions by the same customer on the same business day that equals or exceeds $10,000 in currency, on the same business day of occurrence;
- Sponsor shall file the Currency Transaction Report (CTR) via the BSA E-Filing System within fifteen (15) calendar days of the triggering transaction;
- Sponsored Entity shall maintain records to support aggregation of same-day, same-customer transactions;
- CTR records shall be retained for a minimum of five (5) years.

## 9.8 OFAC Sanctions Screening

**Sponsored Entity shall conduct OFAC sanctions screening of all customers, counterparties, and transactions in connection with this Agreement, consistent with 31 CFR Parts 500–598. At a minimum:**

- all customers shall be screened against the OFAC Specially Designated Nationals (SDN) List and all applicable OFAC consolidated sanctions lists at onboarding and prior to each transaction;
- all parties to a transaction (sender and recipient) shall be screened;
- Sponsored Entity shall implement a documented match-review process, distinguishing true matches from false positives, with escalation to Sponsor's BSA Officer for any potential true matches within two (2) hours;
- any potential sanctions or terrorism financing match must be escalated immediately to Sponsor's compliance team;
- any blocked or rejected transaction shall be reported to Sponsor immediately, and Sponsor shall file all required OFAC blocking and rejection reports;
- records of all screening activities shall be retained for a minimum of five (5) years.

## 9.9 Independent AML Audit

**Sponsored Entity shall conduct an independent audit of its AML Program at least annually, or more frequently if required by Sponsor or a regulatory authority. The independent auditor shall:**

- be independent from the BSA Compliance Officer and operational staff;
- have documented AML/BSA expertise;
- assess compliance with all elements of the AML Program and applicable regulations.

Sponsored Entity shall provide Sponsor with a copy of each independent audit report, including findings and remediation plan, within thirty (30) calendar days of completion. Open findings shall be remediated

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within ninety (90) days of the audit report date, unless Sponsor approves a longer remediation period in writing.

### 9.10 AML Training Program

**Sponsored Entity shall maintain a mandatory AML training program for all employees involved in money transmission activities under this Agreement. The training program shall:**

- be conducted at least annually for all relevant employees, and upon hire for new employees;
- include role-specific training for the BSA Officer, front-line staff, and management;
- cover: BSA obligations, identification of red flags, SAR/CTR filing obligations, KYC/CDD procedures, OFAC sanctions screening, and institution-specific risks;
- be updated when regulations or institutional practices change.

Sponsored Entity shall maintain records of all training completion, including employee name, training date, training content, and assessment results, and shall provide such records to Sponsor upon request.

### 9.11 Reporting to Sponsor

**Sponsored Entity shall provide Sponsor with the following reports:**

- Daily end-of-day transaction reports in a format approved by Sponsor;
- Monthly compliance attestation confirming adherence to this Section 9;
- Immediate written notification of any regulatory examination, inquiry, enforcement action, or material compliance incident affecting Sponsored Entity.

### 9.12 Travel Rule Data Requirements

**Even for fiat remittances, Sponsored Entity shall comply with the requirement to capture the following information for each transaction:**

- Sender name;
- Address;
- Date of birth;
- ID (government-issued identification number);
- Receiver identity.

### 9.13 Program Governance Committee

**XPS 247, DAGUR, and the Technology Provider (UHD/UTek) shall establish a Program Governance Committee to provide regular oversight of the program and ensure ongoing regulatory compliance.**

- Oversight meetings shall be held monthly or quarterly between representatives of XPS 247, DAGUR, and the Technology Provider (UHD/UTek);
- Each meeting shall review program volume, compliance issues, operational incidents, and growth plans;
- Meeting minutes shall be documented and retained by Sponsor for a minimum of five (5) years for compliance recordkeeping purposes.

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## 10. AUDITS, EXAMS, AND ACCESS

**Sponsor may audit Sponsored Entity at any time and may disclose information to regulators, sponsor banks, auditors, or law enforcement without notice or consent of Sponsored Entity. Sponsor shall provide reasonable advance notice (not less than five (5) business days) of any scheduled audit, except in circumstances where Sponsor reasonably believes that advance notice would compromise the audit or that an emergency condition exists.**

Sponsored Entity shall bear all costs related to audits triggered by Sponsored Entity's compliance failures. Costs for routine annual audits conducted at Sponsor's initiative shall be allocated as specified in Schedule A. Sponsor shall provide Sponsored Entity with a copy of any audit findings report and Sponsored Entity shall have fifteen (15) business days to provide a written response.

## 11. SUSPENSION AND STEP-IN RIGHTS

**Sponsor may immediately suspend any transaction, customer, or the entire program and may assume full operational control if Sponsor determines any regulatory, financial, operational, or reputational risk exists.**

### 11.1 Customer Notification During Suspension

**In the event of a suspension affecting customer transactions, the following notification obligations apply:**

- For suspensions lasting more than two (2) business days, Sponsor shall direct Sponsored Entity to notify affected customers in writing of the suspension and anticipated timeline for resolution, in a form approved by Sponsor;
- In the event of a full program suspension, Sponsor shall determine the appropriate customer notification strategy in compliance with applicable consumer protection laws;
- Sponsored Entity shall cooperate fully and immediately with all Sponsor-directed customer communication activities.

Pending customer transactions at the time of suspension shall be processed, returned, or refunded in accordance with Sponsor's instructions and applicable law.

## 12. TERMINATION

**Sponsor may terminate this Agreement immediately for cause, including but not limited to: regulatory breaches, misrepresentation, bank demand, system failures, or failure to maintain required insurance. Either Party may terminate for convenience with sixty (60) days' prior written notice.**

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### 12.1 Post-Termination Consumer Protection

**Upon termination, Sponsored Entity shall:**

- immediately cease initiating new transactions and soliciting new customers;
- transfer to Sponsor within five (5) business days all customer records, transaction histories, AML files, and pending transaction data in Sponsor's prescribed format;
- ensure that all customer funds in transit at the time of termination are completed, returned, or refunded in accordance with Sponsor's written instructions;
- not retain any customer data beyond the period required by applicable law and Sponsor's data retention policy;
- make itself available for regulatory inquiries related to pre-termination activities for a period of five (5) years following termination.

The obligations under Sections 9 (Compliance), 14 (Indemnification), 17 (Confidentiality and Data Security), 21 (Consumer Complaints), and 23 (Intellectual Property) shall survive termination of this Agreement.

### 12.2 Cure Period for Certain Breaches

**Notwithstanding the immediate termination rights set forth above, Sponsor shall provide Sponsored Entity with a thirty (30) day written notice and opportunity to cure prior to exercising termination rights for the following breach categories:**

- Operational issues that do not pose an immediate regulatory or compliance risk;
- Reporting delays that do not constitute a material violation of this Agreement or applicable law.

## 13. REPRESENTATIONS AND WARRANTIES

**Sponsored Entity represents, warrants, and covenants to Sponsor as follows, as of the Effective Date and throughout the Term of this Agreement:**

### 13.1 Corporate and Legal Standing

- Sponsored Entity is a validly formed and existing entity in good standing under the laws of its jurisdiction of organization.
- This Agreement has been duly authorized by Sponsored Entity's governing body and constitutes a valid and binding obligation.

### 13.2 Accuracy of Information

- All information provided to Sponsor in connection with this Agreement is accurate, complete, and not misleading.
- Sponsored Entity will promptly notify Sponsor of any material change in the information previously provided.

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### 13.3 No Undisclosed Regulatory or Legal Matters

- There are no pending or threatened regulatory investigations, enforcement actions, civil litigation, or criminal proceedings against Sponsored Entity, its principals, officers, or directors that have not been disclosed to Sponsor in writing prior to execution.
- Sponsored Entity shall immediately notify Sponsor in writing of any such matter that arises during the Term.

### 13.4 Background and OFAC Screening of Principals

- **Sponsored Entity represents that all principals, officers, and directors (collectively, "Control Persons") have undergone fingerprint-based criminal background checks and OFAC/SDN List screenings within ninety (90) days prior to the Effective Date, with clear results.**
- Sponsored Entity shall provide Sponsor with documentary evidence of such screenings within five (5) business days of a written request.
- Any Control Person added during the Term shall be subject to equivalent screening, and results shall be disclosed to Sponsor within fifteen (15) days of the addition.

### 13.5 AML Program and Compliance Capabilities

- Sponsored Entity has or will have, prior to commencing operations, a written AML/BSA/CFT program that complies with the requirements of Section 9 of this Agreement.
- Sponsored Entity has or will implement information technology and security systems adequate to support the transaction monitoring, KYC/CDD, and OFAC screening obligations of this Agreement.
- Sponsored Entity will not materially change its business model, products, customers, geographies, or Control Persons without prior written approval of Sponsor.

### 13.6 Insurance

- Sponsored Entity maintains, and will maintain throughout the Term, the insurance coverages required by Section 16 of this Agreement.

## 14. INDEMNIFICATION

### 14.1 Indemnification by Sponsored Entity

**Sponsored Entity shall fully indemnify, defend, and hold harmless Sponsor, its sponsoring banks, directors, officers, employees, and agents (collectively, "XPS Indemnitees") from and against any and all claims, losses, fines, penalties, regulatory assessments, and liabilities arising from or related to:**

- Sponsored Entity's violation of any provision of this Agreement;
- Sponsored Entity's failure to comply with applicable AML/BSA/CFT, OFAC, or consumer protection laws;
- any misrepresentation or breach of warranty by Sponsored Entity;

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- any third-party claim arising from Sponsored Entity's activities under this Agreement;
- any action or omission of Sponsored Entity's employees, agents, sub-contractors, or technology providers.

### 14.2 Indemnification by Sponsor

**Sponsor shall indemnify, defend, and hold harmless Sponsored Entity from and against claims, losses, and liabilities arising from:**

- Sponsor's gross negligence or willful misconduct in the performance of its obligations under this Agreement;
- any wrongful refusal, freezing, or reversal of customer transactions that is proven to have been caused solely by Sponsor's error and not by any compliance obligation.

For the avoidance of doubt, Sponsor's indemnification obligation shall not apply to any action taken by Sponsor in good faith in reliance on a compliance obligation, regulatory requirement, or bank directive.

### 14.3 Indemnification Procedures

The indemnified party shall: (i) promptly notify the indemnifying party in writing of any claim; (ii) provide reasonable cooperation to the indemnifying party; and (iii) allow the indemnifying party to control the defense and settlement of the claim, provided that no settlement shall be entered into that imposes any obligation or restriction on the indemnified party without its prior written consent.

## 15. LIMITATION OF LIABILITY

**Sponsor shall not be liable for indirect, incidental, special, consequential, or punitive damages arising out of or related to this Agreement, regardless of the form of action or the theory of liability.**

**Sponsor's total liability to Sponsored Entity for any cause of action arising under or in connection with this Agreement shall be capped at the total fees paid by Sponsored Entity to Sponsor in the twelve (12) months immediately preceding the event giving rise to the claim, except in cases of Sponsor's gross negligence or willful misconduct.**

The limitation of liability set forth in this Section shall not apply to: (i) claims arising from a Party's indemnification obligations; (ii) breach of confidentiality obligations; (iii) Sponsor's regulatory failures that arise solely from Sponsor's own actions and are not attributable to Sponsored Entity's conduct.

## 16. INSURANCE

**Sponsored Entity shall obtain and maintain, at its sole cost and expense, throughout the Term and for a period of three (3) years following termination, the following insurance coverages:**

- Errors and Omissions (E&O) / Professional Liability: minimum coverage of $1,000,000 per occurrence and $2,000,000 in the aggregate;

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- Cyber Liability / Data Breach Insurance: minimum coverage of $2,000,000 per occurrence;
- Fidelity Bond / Crime Insurance: minimum coverage of $500,000, covering employee dishonesty and computer fraud;
- Commercial General Liability: minimum coverage of $1,000,000 per occurrence.

**All policies shall name Sponsor as an additional insured and shall include a thirty (30) day notice of cancellation or material change clause. Sponsored Entity shall provide Sponsor with certificates of insurance and endorsements evidencing such coverages within ten (10) business days of the Effective Date and upon each policy renewal. Failure to maintain required insurance is a material breach and grounds for immediate termination under Section 12.**

## 17. CONFIDENTIALITY, DATA SECURITY, AND DATA PROTECTION

### 17.1 Security Standards

**Sponsored Entity shall implement and maintain information security standards that comply with:**

- Payment Card Industry Data Security Standard (PCI-DSS) Level 1, or such equivalent standard as approved by Sponsor in writing;
- National Institute of Standards and Technology (NIST) Cybersecurity Framework or equivalent;
- All applicable New Jersey data security requirements, including the New Jersey Identity Theft Prevention Act, N.J.S.A. 56:11-44 et seq.

Sponsored Entity shall provide Sponsor with evidence of its current PCI-DSS certification or a third-party audit report demonstrating compliance with the NIST Cybersecurity Framework upon request and at minimum annually, within thirty (30) days of the anniversary of the Effective Date. Failure to provide such evidence shall be grounds for immediate suspension under Section 11.

### 17.2 Ownership of Customer Data

**XPS247 Inc. is and shall remain the sole owner of all customer data, transaction data, and compliance data generated in connection with money transmission activities under this Agreement ("Customer Data"). Sponsored Entity's access to Customer Data is limited to a non-exclusive, non-transferable license to use such data solely for the purpose of performing its obligations under this Agreement.**

Sponsored Entity shall not: (i) sell, transfer, or disclose Customer Data to any third party without Sponsor's prior written consent; (ii) use Customer Data for any purpose other than fulfillment of this Agreement; (iii) retain Customer Data beyond the period required by applicable law following termination of this Agreement.

### 17.3 Data Retention and Destruction

**Sponsored Entity shall retain all Customer Data and transaction records in accordance with:**

- BSA recordkeeping requirements (minimum five (5) years from the date of last transaction);
- OFAC-related records (minimum five (5) years from the date of screening);

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- Sponsor's data retention schedule, as provided in writing from time to time.

Upon expiration of the retention period or upon Sponsor's written request, Sponsored Entity shall destroy all Customer Data using industry-standard secure destruction methods and provide written certification of destruction to Sponsor within fifteen (15) business days.

### 17.4 Security Incident Response

**Sponsored Entity shall maintain a formal written Incident Response Plan. In the event of any security incident involving Customer Data, unauthorized access to transaction systems, or any cyber event that may affect Sponsor's regulatory obligations, Sponsored Entity shall:**

- notify Sponsor's designated security contact within four (4) hours of discovery of the incident;
- provide a written incident report to Sponsor within twenty-four (24) hours of discovery, including a description of the incident, data potentially compromised, and initial containment steps taken;
- cooperate fully with Sponsor in the investigation, containment, and remediation of the incident;
- not issue any public statement, regulatory notification, or customer notification related to the incident without Sponsor's prior written approval, except as required by law.

Sponsor shall retain the right to direct the regulatory notification process for any incident that may implicate Sponsor's regulatory obligations as the Licensed Entity.

### 17.5 Consumer Data Protection Compliance

**Sponsored Entity shall comply with all applicable consumer data protection laws in the processing of Customer Data, including:**

- the New Jersey Identity Theft Prevention Act (N.J.S.A. 56:11-44 et seq.);
- the Gramm-Leach-Bliley Act (GLBA) privacy requirements applicable to financial institutions;
- all applicable FinCEN data protection and recordkeeping obligations.

Sponsored Entity shall not use Customer Data for marketing purposes, profiling, or any purpose other than the performance of money transmission services under this Agreement.

## 18. GOVERNING LAW

**This Agreement is governed by the laws of the State of New Jersey, without giving effect to its conflict of laws provisions, with exclusive venue in the courts of the State of New Jersey or the United States District Court for the District of New Jersey, as applicable.**

## 19. CONSUMER PROTECTION AND COMPLAINT HANDLING

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### 19.1 Consumer Disclosures

**Prior to each transaction, Sponsored Entity shall provide each customer with disclosures, in a form approved by Sponsor, that clearly state:**

- the identity of XPS247 Inc. as the licensed money transmitter;
- applicable transaction fees and exchange rates;
- the right to cancel the transaction within the period required by applicable law;
- a description of the complaint process required by Section 19.2 below.

### 19.2 Complaint Handling

**Sponsored Entity shall maintain a formal consumer complaint handling procedure that:**

- provides consumers with a clearly identified channel to submit complaints;
- acknowledges all complaints within three (3) business days;
- resolves or escalates all complaints within fifteen (15) business days of receipt;
- maintains a complaint log with date, customer identification, nature of complaint, resolution, and resolution date.

Sponsored Entity shall provide Sponsor with a monthly summary of all consumer complaints. Any complaint alleging fraud, AML/BSA violations, or regulatory non-compliance shall be reported to Sponsor immediately.

### 19.3 Prohibition on Deceptive Practices

**Sponsored Entity shall not engage in any deceptive, unfair, or abusive acts or practices in connection with the services offered under this Agreement. Sponsored Entity shall not represent itself as a licensed money transmitter or misrepresent XPS247's role to any customer or regulatory authority.**

## 20. CHANGE OF CONTROL

**For purposes of this Section, "Change of Control" means any transaction or series of transactions resulting in: (i) the acquisition of more than fifty percent (50%) of the voting equity of Sponsored Entity by a person or entity not currently a shareholder; (ii) the sale of all or substantially all of the assets of Sponsored Entity; (iii) a merger or consolidation of Sponsored Entity with or into another entity; or (iv) any material change in the Control Persons (officers, directors, or beneficial owners of 25% or more) of Sponsored Entity.**

Sponsored Entity shall provide Sponsor with at least thirty (30) days' prior written notice of any proposed Change of Control. Sponsor shall have the right, exercisable within thirty (30) days of receipt of such notice, to:

- approve the proposed Change of Control and continue this Agreement, subject to completion of updated due diligence and AML screening of incoming Control Persons;

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- condition its approval on the execution of an amended Agreement or additional representations and warranties; or
- terminate this Agreement effective as of the date of the Change of Control.

**Any Change of Control occurring without Sponsor's prior written approval shall constitute a material breach of this Agreement, entitling Sponsor to immediately terminate for cause.**

### 20.1 Change of BSA Compliance Officer

**Sponsored Entity shall notify Sponsor in writing at least fifteen (15) days prior to any planned change of its designated BSA Compliance Officer. Any new BSA Compliance Officer shall be subject to Sponsor's prior written approval, which shall not be unreasonably withheld, conditioned, or delayed. Sponsor shall have the right to interview the proposed BSA Compliance Officer and review their qualifications, training, and background. In the event of an unplanned departure of the BSA Compliance Officer, Sponsored Entity shall notify Sponsor within twenty-four (24) hours and shall appoint an interim BSA Compliance Officer subject to Sponsor's approval.**

## 21. INTELLECTUAL PROPERTY

### 21.1 Ownership of Customer and Transaction Data

**As set forth in Section 17.2, all Customer Data is owned exclusively by Sponsor. Upon termination or expiration of this Agreement, Sponsored Entity shall return or destroy all Customer Data as directed by Sponsor.**

### 21.2 XPS247 Brand and Trademarks

Sponsored Entity is granted a limited, non-exclusive, non-transferable, revocable license to use XPS247's name and approved trademarks solely to the extent necessary to perform its obligations under this Agreement and as expressly pre-approved in writing by Sponsor. Sponsored Entity shall not use Sponsor's name, logo, or trademarks in any manner that suggests it is endorsed by or affiliated with Sponsor beyond the authorized agent relationship.

### 21.3 Technology and Systems

Each Party shall retain exclusive ownership of its pre-existing intellectual property. Any technology, systems, or methodologies developed by Sponsored Entity solely for the purpose of this Agreement, using Sponsor's Confidential Information or Customer Data, shall be disclosed to Sponsor, and Sponsor shall have a perpetual, royalty-free license to use such technology in connection with its regulated activities.

## 22. BACKGROUND CHECKS AND PERSONNEL REQUIREMENTS

**Prior to commencing operations under this Agreement and annually thereafter, Sponsored Entity shall:**

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- **conduct fingerprint-based criminal background checks on all Control Persons and provide results to Sponsor upon request;**
- conduct OFAC/SDN List screenings of all Control Persons;
- conduct criminal background checks and OFAC screenings on all employees who handle customer funds or who have access to sensitive customer data, prior to their commencement of duties.

**Sponsored Entity shall immediately notify Sponsor if any Control Person or employee is found to: (i) have a prior criminal conviction involving fraud, financial crimes, or violations of financial regulations; (ii) appear on the OFAC SDN List or any other sanctions list; or (iii) become subject to any regulatory enforcement action.**

Sponsor reserves the right to require Sponsored Entity to remove from duties under this Agreement any individual whose background check results raise material compliance concerns.

## 23. BUSINESS CONTINUITY AND DISASTER RECOVERY

**Sponsored Entity shall maintain a written Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP) that ensure the continuity of its compliance and transaction-support obligations under this Agreement in the event of a system failure, natural disaster, or other disruptive event. The BCP and DRP shall:**

- be reviewed and tested at least annually;
- provide for the continuation of transaction monitoring, KYC/CDD, and OFAC screening activities within twenty-four (24) hours of any disruptive event;
- include a communication protocol for notifying Sponsor within four (4) hours of any event that may materially disrupt Sponsored Entity's operations.

Sponsored Entity shall provide Sponsor with a summary of its BCP and DRP upon request and shall promptly notify Sponsor of any invocation of such plans.

## 24. FORCE MAJEURE

**Neither Party shall be liable for any delay or failure to perform its obligations under this Agreement to the extent that such delay or failure is caused by an event beyond that Party's reasonable control and without its fault or negligence, including but not limited to: acts of God, natural disasters, war, terrorism, national emergency, government action, pandemic, or failure of third-party infrastructure not attributable to that Party's negligence (a "Force Majeure Event").**

The Party affected by a Force Majeure Event shall: (i) provide the other Party with prompt written notice of the Force Majeure Event and its expected duration; (ii) use commercially reasonable efforts to resume performance as soon as practicable; and (iii) provide regular updates to the other Party during the continuance of the Force Majeure Event.

For the avoidance of doubt, a Force Majeure Event shall not excuse either Party's obligations to comply with applicable law, including AML/BSA/CFT obligations, OFAC screening, and regulatory reporting requirements, which shall be performed to the extent feasible under the circumstances.

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## 25. DISPUTE RESOLUTION

### 25.1 Negotiation

The Parties shall attempt in good faith to resolve any dispute, controversy, or claim arising out of or relating to this Agreement through negotiation between senior representatives of each Party within thirty (30) days of written notice by one Party to the other identifying the dispute.

### 25.2 Binding Arbitration

**If the dispute is not resolved through negotiation within thirty (30) days of written notice, the Parties agree to submit the dispute to binding arbitration administered by the American Arbitration Association (AAA) under its Commercial Arbitration Rules. The arbitration shall be conducted:**

- by a single arbitrator mutually agreed upon by the Parties, or if not agreed, appointed by the AAA;
- in the State of New Jersey;
- in the English language.

The arbitrator's decision shall be final and binding, and judgment may be entered upon it in any court of competent jurisdiction.

### 25.3 Interim Relief

**Notwithstanding the obligation to arbitrate, either Party may seek preliminary or permanent injunctive relief from a court of competent jurisdiction to prevent irreparable harm, including but not limited to violations of AML/BSA/CFT obligations, OFAC sanctions, data security breaches, or misappropriation of confidential information. The seeking of such relief shall not be deemed a waiver of the right to arbitrate the underlying dispute.**

### 25.4 Waiver of Jury Trial

**TO THE EXTENT PERMITTED BY APPLICABLE LAW, EACH PARTY HEREBY IRREVOCABLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY.**

## 26. NOTICES

**All formal notices, demands, approvals, and other communications under this Agreement shall be in writing and shall be deemed duly given upon: (i) personal delivery; (ii) delivery by nationally recognized overnight courier (with confirmation of delivery); or (iii) electronic mail with written confirmation of receipt.**

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Notices to Sponsor shall be addressed to:

**XPS 247 Inc.**

***2365 Dog Leg CT.***
***Brooksville, FL 34604-9242***
Attn: **Diana Corbin**
Email: ***compliance@xps247.com***

Notices to Sponsored Entity shall be addressed to:

**DAGUR AMERICA INC.**

***109 S. William St., 1st Floor.***
***Newburgh, NY 12550***
Attn: **José Alvarado**
Email: ***jose.alvarado@dagurpay.com***

## 27. MISCELLANEOUS

### 27.1 Assignment

Sponsored Entity may not assign this Agreement or any of its rights or obligations hereunder without Sponsor's prior written consent. Any purported assignment without such consent shall be void. Sponsor may assign this Agreement to any affiliate or successor entity without Sponsored Entity's consent, provided that Sponsor provides written notice to Sponsored Entity within thirty (30) days of such assignment.

### 27.2 Unilateral Policy Updates by Sponsor

Sponsor may update its internal compliance policies, procedures, transaction limits, and AML standards applicable to Sponsored Entity upon thirty (30) days' written notice. Sponsored Entity's continued operation under this Agreement following such notice constitutes acceptance of the updated policies.

### 27.3 Severability

If any provision of this Agreement is held invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect, and the Parties shall negotiate in good faith to replace the invalid provision with a valid provision that achieves the same economic and commercial result.

### 27.4 Entire Agreement

This Agreement, together with all Schedules and Riders attached hereto, constitutes the entire agreement between the Parties with respect to its subject matter and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions, whether oral or written.

### 27.5 Amendments

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This Agreement may only be amended by a written instrument signed by duly authorized representatives of both Parties, except that Sponsor may amend Schedule A (Fee Schedule), Schedule B (Transaction Limits), and internal compliance policies in accordance with the notice provisions of this Agreement.

### 27.6 No Waiver

No failure or delay by either Party to exercise any right under this Agreement shall constitute a waiver of that right. Any waiver must be in writing and signed by the waiving Party.

### 27.7 Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Electronic signatures shall be deemed valid.

## 28. STATE EXPANSION RIDERS

The geographic scope of this Agreement may be expanded to additional states by the execution of State-Specific Riders substantially in the form of Schedule C (State Rider Template), subject to:

- completion of all applicable regulatory filings and approvals in the target state;
- completion of Sponsor's compliance and bank review for the target state;
- execution of a written amendment to this Agreement; and
- Sponsored Entity's delivery of any additional representations, warranties, or compliance documentation required for the target state.

### 28.1 Pre-Approved State List

**Sponsor may provide Sponsored Entity with a written list of "Pre-Approved States" where Sponsor holds an active license and for which a standardized State Rider and compliance package have been developed. For any state on such list, Sponsored Entity may request activation by providing thirty (30) days' written notice to Sponsor, along with a completed State Rider for that state. Sponsor shall have the right to reject any activation request within such thirty (30) day period if Sponsor determines, in its sole discretion, that Sponsored Entity's compliance program, financial condition, or business model presents unacceptable risk for that specific state. If not rejected within thirty (30) days, the State Rider shall be deemed effective.**

**No activities shall be conducted in any state outside of New Jersey until a State-Specific Rider for that state has been executed by both Parties and all conditions set forth therein have been satisfied.**

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# SIGNATURES

**IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date first written above.**

## XPS 247 INC.

By: DocuSigned by: PAULO KOO ADEA2F3666484AC...

Name: **Paulo Alves Koo**

Title: **Chief Executive Officer (CEO)**

Date: 5/20/2026

## DAGUR AMERICA INC.

By: DocuSigned by: JUAN LUIS PEREZ ESCOBAR 116D8C1D233B41D...

Name: **Juan Luis Pérez Escobar**

Title: **Chief Executive Officer (CEO)**

Date: 5/20/2026

Docusign Envelope ID: D15DEED1-24B2-8FAA-83B6-5AF0DF91B09B



# SCHEDULE A

## FEE SCHEDULE (VOLUME-BASED)

*(Attached to MTaaS Sponsorship Agreement — All fees must be fully defined at time of execution.* ***No TBD items permitted.****)*

### 1. Transaction Fees (Fiat-Only, C2C)

#### A. Per-Volume Fees (Tiered by Monthly Volume)

| Monthly Transaction Volume | Fee per Transaction | Notes |
|---|---|---|
| $0 – $5 million | $[1.20] | |
| $5 million – $20 million | $[0.95] | |
| $20 million – $40 million | $[0.80] | |
| $40 million+ | $[0.60] | |

*Ramp-Up Stimulus: 25% discount (Month 1), 15% discount (Month 2), 10% discount (Month 3).*

#### B. Settlement and Exception Fees

| Item | Fee |
|---|---|
| ACH Return / Reject | $6.00 |
| Wire Recall / Manual Intervention | $25.00 |
| Regulatory Hold / Freeze Processing | $15.00 per event |
| Chargeback / Dispute Handling | $45.00 per case |

#### C. Compliance and Oversight Fees

| Item | Fee | Notes |
|---|---|---|
| Monthly Compliance Oversight Fee | $[500.00/1,000.00] | Fixed monthly fee |
| Enhanced Monitoring / EDD Review | $[10.00] per case | Per EDD case triggered |
| Independent AML Audit (Pass-Through) | At Cost | Pre-approved |
| Regulator Exam Support (Sponsor Error) | At Cost | Allocated as agreed |
| Regulator Exam Support (Agent Error) | $[300.00]/hour | |

#### D. Fee Adjustment Policy

Sponsor may adjust fees upon thirty (30) days' written notice, or immediately if required by regulators or sponsoring bank. Fee disputes shall be resolved per Section 8.1 of the Agreement.

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# SCHEDULE B

## TRANSACTION LIMITS AND CONTROLS

This Schedule B sets forth the transaction limits and risk-based threshold framework applicable to DAGUR AMERICA INC. ("Sponsored Entity") under the MTaaS Sponsorship Agreement (the "Agreement"). These limits are a condition of the sponsorship and constitute mandatory requirements under DAGUR AMERICA INC.'s AML/BSA/CFT Compliance Program. All limits herein are cumulative across all channels and transaction types unless otherwise specified.

### 1. Standard Customer Transaction Limits — DAGUR AMERICA INC.

The following limits apply by default to all customers of DAGUR AMERICA INC. that are onboarded and classified as Standard (Low) Risk:

| Limit Type | Amount (USD) | Notes |
|---|---|---|
| Maximum Per-Transaction Limit | $3,000.00 | Single transaction ceiling |
| Maximum Daily Aggregate Limit | $3,000.00 | Cumulative per calendar day |
| Maximum Monthly Aggregate Limit | $10,000.00 | Triggers EDD review |
| Maximum Six-Month Aggregate Limit | $50,000.00 | Triggers enhanced monitoring |
| Maximum Monthly Program Volume | As agreed with XPS 247 | Triggers risk review |

Any transaction or pattern of transactions that approaches or exceeds the Six-Month Aggregate Limit shall immediately trigger a mandatory Enhanced Due Diligence (EDD) review, including but not limited to: re-verification of government-issued identification, written source-of-funds declaration, and review and approval by DAGUR AMERICA INC.'s designated BSA/AML Compliance Officer.

### 2. Risk-Based Threshold Framework

DAGUR AMERICA INC. shall operate a risk-based customer classification system consistent with FinCEN's CDD Final Rule (31 CFR § 1010.230):

| Risk Level | Per Transaction | Daily Aggregate | Monthly Aggregate | Six-Month Aggregate |
|---|---|---|---|---|
| Low | $3,000 | $3,000 | $10,000 | $50,000 |
| Medium | $2,000 | $2,000 | $7,500 | $25,000 |
| High | $1,000 | $1,000 | $3,000 | $10,000 |

All customers rated as High Risk must receive prior written approval from DAGUR AMERICA INC.'s BSA/AML Compliance Officer before any transaction is processed.

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## 3. AML Program Conditions — DAGUR AMERICA INC.

The transaction limits set forth in this Schedule B are conditions of sponsorship under the Agreement. DAGUR AMERICA INC.'s AML/BSA/CFT Compliance Program shall include, at minimum:

- Automated transaction monitoring capable of flagging and blocking transactions that exceed applicable limits before settlement;
- Real-time alerts to DAGUR AMERICA INC.'s BSA/AML Compliance Officer when any customer reaches 80% of the applicable Monthly Aggregate or Six-Month Aggregate limit;
- Mandatory suspension of customer transactions upon reaching the Six-Month Aggregate Limit pending completion of EDD review and written approval to resume;
- Monthly reporting to XPS 247 Inc. Compliance Department of any customer who reached or exceeded 90% of any limit in the prior calendar month;
- Documentation and retention (minimum five (5) years) of all limit exceptions, EDD reviews, and approvals granted for transactions at or near applicable limits;
- Annual review of limit adequacy in light of evolving customer base, transaction volumes, and regulatory guidance, with proposed adjustments submitted to XPS 247 Inc. for prior written approval.

**Failure by DAGUR AMERICA INC. to implement, maintain, or enforce the transaction limits and controls set forth in this Schedule B shall constitute a material breach of the Agreement and may result in immediate suspension of all sponsored operations by XPS 247 Inc. pursuant to Section 11 of the Agreement.**

## 4. Limit Modification Procedure

Transaction limits set forth in this Schedule B may only be modified in accordance with the following procedure:

- DAGUR AMERICA INC. submits a written request to XPS 247 Inc.'s Chief Compliance Officer, including the proposed new limit, the business justification, and a description of any additional controls to be implemented;
- XPS 247 Inc. conducts a risk review within thirty (30) calendar days of receipt of the request;
- Limit modifications are effective only upon execution of a written amendment to this Schedule B signed by authorized representatives of both Parties;
- XPS 247 Inc. reserves the right to decrease any applicable limit at any time upon five (5) business days' written notice to DAGUR AMERICA INC., without requiring Sponsored Entity's consent, if XPS 247 Inc. determines in its sole discretion that an increased risk profile, regulatory requirement, or bank directive so requires.

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# CHEDULE C

## STATE RIDER TEMPLATE (MULTI-STATE EXPANSION)

### 1. State Covered

This Rider applies solely to the State of: **New Jersey**

### 2. License Authority

Services in this State are provided only under Sponsor's active license coverage for the applicable jurisdiction. Sponsor's license in this State of New Jersey — **# LO71432 — Active**

### 3. State-Specific Requirements

Sponsored Entity shall comply with:

- State transaction limits as set forth in Schedule B (as amended for this State);
- Permissible instruments under this State's money transmission law;
- Reporting timelines required by this State's regulator;
- Consumer disclosure rules specific to this State.

### 4. Suspension Rights

Sponsor may:

- Suspend operations in this State only, without affecting other active State Riders;
- Impose State-specific transaction limits;
- Terminate this Rider without affecting the Agreement or other State Riders.

### 5. No Automatic Expansion

No State is activated under this Agreement unless:

- This Rider is fully executed by both Parties;
- Compliance review for this State is completed and documented;
- Bank approval (if required by Sponsor's sponsoring bank) is obtained;
- All applicable state regulatory filings and approvals are confirmed by Sponsor in writing.

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# BANK EXAM DIAGRAM AND NARRATIVE

## A. Bank-Facing Transaction Flow

**Consumer Sender**

↓

*(KYC/CDD completed by Sponsored Entity; verified against XPS247 standards)*

↓

**UTek Platform / UHD Global**

*(Technology Infrastructure Only — No Funds Held or Transmitted)*

↓

**XPS 247 Inc. (Licensed Money Transmitter)**

*(Transaction Approval, Monitoring, OFAC Screening, SAR Authority, Regulatory Control)*

↓

**U.S. Banking Rails (ACH / RTP / Wire)**

↓

**Recipient Bank Account**

## B. Bank Exam Narrative (Use Verbatim)

*"The program facilitates fiat-only consumer-to-consumer money transmission. UHD Global LLC provides technology and marketplace infrastructure only and does not engage in regulated activity.*

*All money transmission is conducted exclusively by XPS 247 Inc., a licensed money transmitter under N.J.S.A. 17:15C-1 et seq. and registered with FinCEN as a Money Services Business. XPS247 retains full regulatory control, including transaction approval, monitoring, holds, SAR filing authority, CTR filing, and regulator interaction.*

*Sponsored Entity acts as XPS247's Authorized Delegate and is registered as such with NJDOBI. Sponsored Entity conducts KYC/CDD and OFAC screening of customers at onboarding and per-transaction, in accordance with XPS247's compliance program.*

*No cryptocurrency, stablecoins, or virtual assets are supported. Any future crypto activity would require a separate agreement, new compliance framework, and bank approval."*

**This language is exam-safe.**

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## C. Program Structure Summary

| Layer | Parties | Function |
|---|---|---|
| MTaaS Agreement | XPS 247 ↔ Sponsored Co. | Licensing, compliance & regulatory framework |
| Marketplace Agreement | UHD/UTek ↔ Sponsored Co. | Technology only — no regulatory activity |
| Bank Narrative | XPS-centric | Exam clarity — licensed entity is XPS247 |
| State Riders | XPS-controlled | Scalable multi-state expansion |

**FINAL STRUCTURE — APPROVED AND REGULATORY ALIGNED**

# MONEY TRANSMITTER AGENT AGREEMENT

*BETWEEN*

**XPS 247 INC.**

&

**REMESSAS MALCAS DEL SURESTE LLC**

Effective Date: March 27, 2026



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# PREAMBLE

Between **XPS 247 INC**, a company incorporated under the laws of the State of Delaware, USA, having its registered address at 4287 Montgomery Street, Florida 34601, United States, EIN 83-3407629, represented by its legal representative **Paulo Alves Koo**, CEO, Driver License Y5627195, on the one hand, and **REMESSAS MALCAS DEL SURESTE LLC.**, on the other hand, a company incorporated under the laws of the State of Wyoming, having its registered address at 30 N, Gould Street, Ste R, Sheridan, WY, 82801, United States, EIN 32-0812294; represented in this act by its legal representative **Jesus F Maldonado May**, CEO, ID ***N19542044***, both sufficiently empowered for this act, have agreed to enter into this Agreement.

Both **XPS 247 INC**, hereinafter "**XPS 247**", and **REMESSAS MALCAS DEL SURESTE LLC.**, hereinafter "**MALCAS**" shall be collectively referred to as "**the Parties**". All other terms shall be defined in this contract and in its different Addendums. Any addendum that may be attached to this agreement must be approved by the Parties and shall be considered an integral part of this agreement. The agreement described herein is entered into under the following considerations:

## RECITALS

**a. REMESSAS MALCAS DEL SURESTE LLC.** ("**MALCAS**") hereby requests that **XPS 247 Inc.** ("**XPS 247**") extend regulatory coverage under XPS 247's Money Transmitter License issued by the Illinois Department of Banking and Insurance (**NJDOBI**) pursuant to N.J.S.A. 17:15C-1 et seq., so that MALCAS may act as an Authorized Delegate and Money Transmitter Agent (hereinafter "Agent") of XPS 247, solely within the State of Illinois. In such capacity, MALCAS is authorized to facilitate services related to the reception of payments, remittance collection, and transfer and disbursement of money remittances (hereinafter the "Services"), exclusively within the geographic and regulatory scope of XPS 247's Illinois license and strictly limited to the markets and corridors in which MALCAS operates and has commercial reach, as approved in writing by XPS 247 prior to commencement.

For the avoidance of doubt, this authorization does not extend to any state or jurisdiction other than Illinois. Any expansion of the Services to additional states shall require the prior execution of a State-Specific Rider pursuant to Section 28 of this Agreement, completion of all applicable regulatory filings, and XPS 247's express prior written approval.

**b. MALCAS** will provide the "Services" through specialized technology for these purposes that complies with all the established operating parameters. Likewise, MALCAS has commercial and regulatory agreements with different companies and entities within and outside the U.S. territory that have all the necessary permits to guarantee the execution of the Services.

**c. XPS 247** may offer its operating licenses (hereinafter the "Licenses"), obtained in different states of the USA, to guarantee that MALCAS can provide the "Services" with the maximum regulatory guarantees within the legal framework of these states.

**d. MALCAS** makes available to XPS 247 the possibility of direct connection with the technological CORE with which it operates.

Therefore, and taking into account the mutual arrangements and commitments contained in this Agreement and other mutual benefits derived from it, the two Parties, wishing to legally bind themselves,



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agree in accordance with the terms and conditions agreed in writing in this document and the other legal provisions applicable thereto, and shall be governed in accordance with the following clauses:

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____







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# 1. PURPOSE, STRUCTURE, AND REGULATORY INTENT

## 1.1 Purpose

**Sponsor agrees to sponsor Sponsored Entity solely as Sponsor's authorized agent to facilitate fiat-only money transmission services within the State of Illinois, subject at all times to Sponsor's licenses, policies, regulatory obligations, and sole discretion. The Parties acknowledge that XPS247 Inc. is the sole holder of the Illinois Money Transmitter License and that all regulated money transmission activity conducted under this Agreement is performed exclusively by XPS247 as the Licensed Entity.**

## 1.2 Agency Relationship (Strict Construction)

**Sponsored Entity acts only as an agent of Sponsor. Nothing in this Agreement shall be deemed or construed as creating:**

- a partnership or joint venture,
- an employer-employee relationship, or
- any transfer, delegation, sublicense, or sharing of Sponsor's licenses.

**Sponsor retains exclusive legal, regulatory, and operational control over all regulated activities.**

## 1.3 No Independent Authority

Sponsored Entity shall not:

- represent itself as licensed,
- bind Sponsor contractually,
- alter transaction flows, products, risk parameters, or geographies,

**without prior written approval from Sponsor.**

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____



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## 2. LICENSE OWNERSHIP AND REGULATORY CONTROL

### 2.1 License Ownership

**All money transmission services are provided exclusively by Sponsor under Sponsor's Illinois Money Transmitter License issued by the Illinois Department of Banking and Insurance (NJDOBI) pursuant to N.J.S.A. 17:15C-1 et seq. Sponsored Entity holds no independent licensure rights under this Agreement.**

**The Sponsor represents that it is registered with FinCEN as a Money Services Business and maintains all required federal registrations.**

### 2.2 Regulatory Supremacy

Sponsor's interpretation of:

- applicable law and regulation,
- regulatory guidance or examination findings,
- sponsor-bank requirements,

**shall be final, binding, and controlling.**

### 2.3 Regulatory Disclosure

**All customer-facing disclosures shall clearly identify Sponsor as the licensed money transmitter, in a form pre-approved in writing by Sponsor. Sponsored Entity shall prominently display at each of its locations a notice, in a form prescribed by the NJDOBI Commissioner, indicating that Sponsored Entity is an Authorized Delegate of XPS247 Inc., a licensed money transmitter under N.J.S.A. 17:15C-1 et seq.**

### 2.4 Authorized Delegate Registration — NJDOBI

**Prior to commencing any regulated activity under this Agreement, Sponsored Entity shall be formally registered as an Authorized Delegate of XPS247 Inc. with the NJDOBI, pursuant to N.J.S.A. 17:15C-17. Sponsored Entity consents to the NJDOBI Commissioner's inspection, with or without prior notice to either Party, of the books and records of Sponsored Entity whenever the Commissioner has a reasonable basis to believe a violation has occurred.**

Sponsored Entity shall:

- provide all documentation required by Sponsor to complete the Authorized Delegate registration,
- notify Sponsor immediately upon receipt of any communication from NJDOBI, FinCEN, or any regulatory body regarding Sponsored Entity's activities under this Agreement,
- not commence operations until Sponsor provides written confirmation that the registration is complete.

### 2.5 Sponsor-Bank Requirements

**Sponsored Entity acknowledges that Sponsor's money transmission activities are supported by one or more financial institutions (Sponsor Banks). Sponsored Entity shall comply with any reasonable directive, policy, or requirement communicated by Sponsor that is necessary for Sponsor to comply with its obligations to its Sponsor Banks, including but not limited to transaction limits, reporting**



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**requirements, or customer restrictions. Sponsor's good-faith determination that a directive is required by a Sponsor Bank shall be conclusive and binding on Sponsored Entity.**

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# 3. EXCLUSION OF THIRD-PARTY PLATFORMS AND THIRD-PARTY RISK MANAGEMENT

## 3.1 Independent Technology Providers

**Sponsored Entity may utilize third-party technology or marketplace providers (including payment platforms) solely pursuant to separate, independent agreements. Sponsor is not a party to any such agreement and assumes no obligations thereunder.**

## 3.2 No Delegation of Regulatory Responsibility

Use of any third-party platform:

- does not transfer compliance responsibility,
- does not grant regulatory authority, and
- does not limit Sponsor oversight.

**Sponsored Entity remains fully responsible for all actions conducted through any platform.**

## 3.3 No Sponsor Liability for Third-Party Platforms

Sponsor does not endorse, control, or assume liability for any third-party platform utilized by Sponsored Entity. Sponsored Entity shall indemnify Sponsor for any claims, losses, or regulatory actions arising from its use of third-party platforms.

## 3.4 Third-Party Risk Management (TPRM)

**Sponsored Entity shall maintain a Third-Party Risk Management (TPRM) program satisfactory to Sponsor. Prior to engaging any third-party technology provider, payment platform, or service provider that handles or processes customer data, transactions, or funds in connection with activities under this Agreement, Sponsored Entity shall:**

- obtain Sponsor's prior written approval for such third-party engagement,
- conduct and document due diligence on the third party, including AML/BSA compliance assessments, data security certifications, and financial stability reviews,
- ensure all third-party contracts include provisions that allow Sponsor to audit the third party's relevant activities,
- notify Sponsor immediately of any material security incident, service disruption, or regulatory action involving any approved third-party provider.

**Sponsor reserves the right to require Sponsored Entity to terminate any third-party relationship that Sponsor reasonably determines presents regulatory, reputational, or financial risk to the Sponsor.**

### 3.4.5 Flow-Down Obligations to Technology Providers

**Sponsored Entity acknowledges that it utilizes certain technology and marketplace infrastructure provided by UHD Global LLC and/or UTek (collectively, "Technology Providers") in connection with the Services. Sponsored Entity shall ensure, by written contract with each Technology Provider, that such Technology Providers are bound by the following obligations to the same extent as Sponsored Entity:**



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- **Data security standards meeting PCI-DSS Level 1 and NIST Cybersecurity Framework requirements;**
- **Confidentiality obligations regarding Customer Data;**
- **Obligations to notify Sponsored Entity and, through Sponsored Entity, Sponsor immediately of any security incident or data breach;**
- **The right for Sponsor to audit the Technology Provider's relevant controls (or rely on SOC 2 Type II reports provided by the Technology Provider).**

**Sponsored Entity shall provide Sponsor with copies of the relevant provisions of its agreements with Technology Providers upon request. Sponsor reserves the right to require Sponsored Entity to terminate any Technology Provider relationship that Sponsor reasonably determines presents material risk to Sponsor's regulatory obligations.**

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____



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# 4. SCOPE OF AUTHORIZED ACTIVITIES

## 4.1 Permitted Activities

Subject to Sponsor approval, Sponsored Entity may facilitate:

- **fiat-only consumer-to-consumer (C2C) money transmission, and**
- delivery of funds to a recipient's U.S. bank account via approved rails.

## 4.2 Transaction Classification

**Transactions under this Agreement are classified as C2C based on the identity and intent of the sender and ultimate beneficiary, regardless of the settlement rail or type of receiving bank account. Delivery to a business bank account for settlement or pass-through purposes does not recharacterize the transaction as B2B unless expressly approved in writing by Sponsor.**

## 4.3 Transaction Limits and Controls

The following transaction controls apply at all times and may be amended by Sponsor upon written notice:

- Maximum per-transaction limit: as set forth in Schedule B (Transaction Limits and Controls), as updated by Sponsor;
- Maximum daily limit per customer: as set forth in Schedule B;
- Maximum monthly aggregate volume per customer: as set forth in Schedule B.

**Sponsored Entity shall implement and enforce all transaction limits established by Sponsor. Any request for an exception must be submitted in writing to Sponsor and approved in advance.**

## 4.4 Geographic Limitation

**Services are limited strictly to Illinois, unless expanded by written amendment pursuant to Section 28 (State Expansion Riders). No geographic expansion shall occur without Sponsor's prior written approval and completion of all applicable regulatory, bank, and compliance reviews.**

**All remittance corridors must be pre-approved by Sponsor and documented in a Corridor Approval Schedule.**

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____



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# 5. SERVICE SCOPE AND FUTURE CRYPTO ENABLEMENT

## 5.1 Initial Scope: Fiat-Only Services

**Upon the Effective Date, all services under this Agreement are strictly limited to fiat-only money transmission. No cryptocurrency, stablecoin, virtual asset, digital asset, or blockchain-based activity is permitted unless and until the requirements of Section 5.3 (Crypto Enablement) are satisfied.**

## 5.2 Prohibited Transactions — Baseline (Fiat Phase)

**Sponsored Entity shall not facilitate or process any transaction that:**

- **involves a party or jurisdiction subject to OFAC sanctions, including any individual or entity on the Specially Designated Nationals (SDN) List;**
- **is identified as structuring or an attempt to evade BSA/AML reporting requirements;**
- **relates to online gambling, unlicensed money transmission, or any activity prohibited under applicable federal or state law;**
- **involves the proceeds of fraud, human trafficking, narcotics, or any other criminal enterprise;**
- **involves jurisdictions classified as high-risk or non-cooperative by FATF.**

## 5.3 Crypto Enablement (Future Phase)

**Sponsored Entity may request authorization to conduct Virtual Asset transactions under this Agreement. Such authorization shall be subject to:**

- **Separate Amendment: A formal written amendment to this Agreement, executed by both Parties, specifically authorizing Virtual Asset activity.**
- **Regulatory & Bank Approval: Written confirmation from Sponsor that all necessary regulatory filings, sponsor-bank approvals, and compliance reviews for Virtual Asset activity have been completed.**
- **Enhanced AML Controls: Sponsored Entity must implement, at its sole cost, an enhanced AML program approved by Sponsor, including:**
  - Integration with blockchain analytics tools (e.g., Chainalysis, Elliptic) for wallet screening and transaction monitoring;
  - Integration with a Travel Rule solution (e.g., Notabene) for all Virtual Asset transfers exceeding $3,000;
  - Enhanced Due Diligence (EDD) procedures for crypto-native customers, including on-chain source-of-funds verification;
  - Dedicated crypto compliance training for all relevant personnel.
- **Fee Schedule Amendment: A revised Fee Schedule covering crypto transaction fees.**

## 5.4 No Implied Authorization

**Absent the execution of a formal amendment as described in Section 5.3, all crypto activity is expressly prohibited, and no operational practice, prior course of dealing, or third-party integration shall be deemed to authorize it.**



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# 6. ACCOUNT STRUCTURE, FUNDS CONTROL, PERMISSIBLE INVESTMENTS, AND UNCLAIMED PROPERTY

## 6.1 Account Titling

**All customer and operational funds shall be held in accounts titled in the name of Sponsor or Sponsor-designated entities. Sponsored Entity shall have no authority to establish accounts in its own name for the purpose of holding customer funds under this Agreement.**

## 6.2 No Custody or Control

Sponsored Entity shall never:

- **have legal custody of funds,**
- **independently control settlement instructions, or**
- **commingle funds.**

## 6.3 Sponsor Override Rights

Sponsor may freeze, delay, reverse, or reject any transaction at its sole discretion, without liability, where required by law, regulation, or reasonable risk management.

## 6.4 Permissible Investments

**All customer funds received in connection with money transmission under this Agreement shall be held and invested exclusively in Permissible Investments as defined under N.J.S.A. 17:15C-18, including but not limited to:**

- obligations of the United States or its agencies;
- obligations of a state or any political subdivision thereof;
- interest-bearing deposits at FDIC-insured financial institutions.

Customer funds shall at all times be maintained separately from Sponsor's operating funds and shall not be subject to the claims of Sponsor's creditors. Sponsor shall provide Sponsored Entity with written confirmation of the account structure used for this purpose within thirty (30) days of the Effective Date.

## 6.5 Unclaimed Property and Escheatment

**The Parties acknowledge their obligations under the Illinois Uniform Unclaimed Property Act, N.J.S.A. 46:30B-1 et seq. Sponsor, as the Licensed Entity, shall bear ultimate responsibility for reporting and remitting unclaimed property to the State of Illinois. Sponsored Entity shall:**

- maintain records sufficient to identify unclaimed or abandoned funds related to money transmission activities;
- provide Sponsor with a report of all unclaimed or abandoned funds not later than January 31 of each year, covering the preceding calendar year;
- cooperate fully with Sponsor in connection with any escheatment audit or inquiry by the State of Illinois.





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## 7. TERM AND RENEWAL

### 7.1 Initial Term

Three (3) years from the Effective Date.

### 7.2 Evergreen Renewal

Automatically renews for successive one (1) year terms unless either Party provides sixty (60) days' prior written notice of non-renewal.

### 7.3 Wind-Down Obligations

**Upon expiration or termination of this Agreement for any reason, the following wind-down obligations shall apply:**

- Sponsor shall have the right to continue processing transactions that were initiated prior to the termination date through to completion;
- Sponsored Entity shall immediately cease soliciting new customers or initiating new transactions on the Effective Date of termination;
- Sponsored Entity shall cooperate fully with Sponsor in the orderly transfer of customer data, transaction records, and pending transaction files within five (5) business days of termination;
- Pending customer refunds or uncompleted transmissions shall be resolved pursuant to Sponsor's policies and applicable law, at Sponsored Entity's cost;
- All obligations of confidentiality, data security, and cooperation with regulators shall survive termination of this Agreement.

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## 8. FEES

**Sponsored Entity shall pay Sponsor all transaction-based and compliance fees set forth in Schedule A (Fee Schedule), which is incorporated herein by reference. All fees in Schedule A shall be fully defined and agreed upon by the Parties prior to execution of this Agreement. No fee item shall be left undefined or listed as "To Be Determined" (TBD) at the time of execution.**

Sponsor may modify fees prospectively upon thirty (30) days' prior written notice, except that fee modifications may take effect immediately upon:

- a requirement mandated by a regulatory authority;
- a requirement mandated by Sponsor's sponsoring bank;
- a material adverse change in Sponsored Entity's risk profile.

### 8.1 Fee Dispute Resolution

**In the event of a good-faith dispute regarding any invoice or fee charged under Schedule A, Sponsored Entity shall:**

- pay the undisputed portion of the invoice by the due date;
- provide written notice of the dispute to Sponsor within ten (10) business days of receipt of the invoice, specifying in reasonable detail the basis for the dispute;
- cooperate with Sponsor to resolve the dispute within thirty (30) days of Sponsor's receipt of the dispute notice.

Failure to dispute an invoice within the ten (10) business day period shall constitute Sponsored Entity's acceptance of the invoice.

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## 9. COMPLIANCE OBLIGATIONS — AML/BSA/CFT PROGRAM

**Sponsored Entity acknowledges that it operates under the regulatory umbrella of XPS247 Inc. as its Licensed Entity Principal. Sponsored Entity shall maintain, at its own cost, a fully operational and independently documented Anti-Money Laundering / Bank Secrecy Act / Combating the Financing of Terrorism (AML/BSA/CFT) compliance program that meets or exceeds the requirements of 31 U.S.C. § 5318(h), 31 CFR § 1022.210, and applicable NJDOBI regulations. All compliance failures are solely Sponsored Entity's liability.**

### 9.1 Written AML Program

**Sponsored Entity shall maintain a formal, written AML/BSA/CFT program that:**

- employs a risk-based approach tailored to Sponsored Entity's specific products, customers, and geographies;
- has been approved by Sponsored Entity's senior management or board of directors;
- is reviewed and updated at minimum annually, or more frequently upon regulatory changes;
- covers all products, services, and customer segments offered under this Agreement.

**Sponsored Entity shall deliver a complete copy of its AML Program to Sponsor for review and approval prior to commencing operations under this Agreement. Any material amendment to the AML Program shall be submitted to Sponsor within ten (10) business days of adoption.**

### 9.2 Designated BSA Compliance Officer

**Sponsored Entity shall designate a qualified BSA Compliance Officer responsible for the day-to-day implementation of its AML Program. The BSA Compliance Officer shall:**

- be identified by name to Sponsor prior to commencement of operations;
- have clear authority to enforce the AML Program and access to all relevant records;
- report directly to senior management of Sponsored Entity;
- be replaced within thirty (30) days in the event of departure, with immediate written notice to Sponsor.

### 9.3 Customer Identification and Due Diligence (KYC/CDD)

**Sponsored Entity shall conduct Know Your Customer (KYC) and Customer Due Diligence (CDD) on all senders and recipients, consistent with the requirements of 31 CFR § 1020.220 and 31 CFR § 1010.230, including:**

- collection and verification of required identifying information: full legal name, date of birth, residential address, and government-issued identification number;
- identity verification through documentary and non-documentary methods;
- customer risk profiling (low, medium, high) with documented methodology;
- collection of beneficial ownership information for legal entity customers (individuals owning 25% or more);
- ongoing monitoring of customer activity for consistency with the established risk profile;



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- retention of all CDD records for a minimum of five (5) years from the date of the last transaction.

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## 9.4 Enhanced Due Diligence (EDD/KYB)

**Sponsored Entity shall apply Enhanced Due Diligence (EDD) to customers presenting elevated risk, including but not limited to:**

- Politically Exposed Persons (PEPs) and their immediate family members and close associates;
- customers in or transacting with countries classified as high-risk or non-cooperative by FATF or subject to OFAC country sanctions;
- cash-intensive businesses, MSBs, and other Money Services Businesses;
- customers with unusual transaction patterns or volumes inconsistent with their stated purpose.

**EDD shall include source-of-funds and source-of-wealth verification. Senior management approval of Sponsored Entity is required before establishing or maintaining any relationship with a PEP. Sponsored Entity shall notify Sponsor before onboarding any PEP or high-risk institutional customer.**

### 9.4.1 Enhanced Due Diligence for Virtual Asset Transactions

**In the event that Virtual Asset activity is authorized pursuant to Section 5.3, Sponsored Entity shall apply additional Enhanced Due Diligence measures to all customers engaging in such transactions, including:**

- **Blockchain Analytics Screening: Prior to any transaction, the sending and receiving wallet addresses shall be screened using Sponsor-approved blockchain analytics tools to identify exposure to sanctioned entities, mixers, darknet markets, or high-risk jurisdictions.**
- **Source of Wealth (On-Chain): For customers exceeding the Monthly Aggregate Limit via Virtual Asset transactions, Sponsored Entity shall conduct an on-chain review of the customer's wallet history to verify the legitimate source of funds.**
- **Wallet Ownership Verification: Where technically feasible, Sponsored Entity shall verify customer ownership of the digital wallet through cryptographic signature challenges or micro-deposit methods.**
- **Travel Rule Compliance: For all Virtual Asset transfers exceeding $3,000, Sponsored Entity shall collect and transmit originator and beneficiary information to the counterparty VASP via Sponsor's approved Travel Rule solution prior to blockchain settlement.**
- **Counterparty VASP Due Diligence: Sponsored Entity shall only transact with counterparty VASPs that are licensed or registered in their home jurisdiction and capable of sending and receiving Travel Rule data. A list of approved counterparty VASPs shall be maintained by Sponsor.**

## 9.5 Transaction Monitoring and Suspicious Activity Detection

**Sponsored Entity shall maintain a transaction monitoring program, whether automated or manual, that:**

- applies documented thresholds and red flags appropriate to C2C fiat money transmission;
- detects patterns indicative of money laundering, fraud, structuring, or terrorist financing;
- provides for timely review and escalation of alerts, with a documented review timeline not to exceed three (3) business days for standard alerts and same-day for priority alerts;
- includes detection of structuring activity as defined under 31 U.S.C. § 5324.



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Sponsored Entity shall report any alert that escalates to a Suspicious Activity Report (SAR) determination to Sponsor's compliance team no later than twenty-four (24) hours after the determination.

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## 9.6 SAR Filing Obligations

**XPS247 Inc., as the Licensed Entity and MSB Principal, retains authority and responsibility for filing all Suspicious Activity Reports (SARs) with FinCEN via the BSA E-Filing System. Sponsored Entity's obligations in support of SAR filing are:**

- report to Sponsor's BSA Officer any transaction or customer activity that Sponsored Entity suspects or knows involves a violation of law or regulation, within twenty-four (24) hours of identification;
- provide all supporting documentation, transaction records, and customer information requested by Sponsor in connection with any SAR investigation, within forty-eight (48) hours of request;
- maintain confidentiality of any SAR and the fact of any SAR filing; tipping-off in any form to the subject of a SAR is strictly prohibited;
- cooperate with any law enforcement or regulatory inquiry related to SAR filings.

**SAR records and supporting documentation shall be retained by Sponsored Entity for a minimum of five (5) years. Sponsored Entity shall maintain records of all decisions not to file a SAR, including the basis for such decision.**

## 9.7 Currency Transaction Report (CTR) Filing

**Sponsored Entity shall identify, aggregate, and report to Sponsor all currency transactions exceeding $10,000 in a single business day by or on behalf of the same individual or entity, in compliance with 31 CFR § 1022.311. Specifically:**

- Sponsored Entity shall report to Sponsor's BSA Officer any transaction or series of transactions by the same customer on the same business day that equals or exceeds $10,000 in currency, on the same business day of occurrence;
- Sponsor shall file the Currency Transaction Report (CTR) via the BSA E-Filing System within fifteen (15) calendar days of the triggering transaction;
- Sponsored Entity shall maintain records to support aggregation of same-day, same-customer transactions;
- CTR records shall be retained for a minimum of five (5) years.

## 9.8 OFAC Sanctions Screening

**Sponsored Entity shall conduct OFAC sanctions screening of all customers, counterparties, and transactions in connection with this Agreement, consistent with 31 CFR Parts 500–598. At a minimum:**

- all customers shall be screened against the OFAC Specially Designated Nationals (SDN) List and all applicable OFAC consolidated sanctions lists at onboarding and prior to each transaction;
- all parties to a transaction (sender and recipient) shall be screened;
- Sponsored Entity shall implement a documented match-review process, distinguishing true matches from false positives, with escalation to Sponsor's BSA Officer for any potential true matches within two (2) hours;
- any potential sanctions or terrorism financing match must be escalated immediately to Sponsor's compliance team;







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- any blocked or rejected transaction shall be reported to Sponsor immediately, and Sponsor shall file all required OFAC blocking and rejection reports;
- records of all screening activities shall be retained for a minimum of five (5) years.

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## 9.9 Independent AML Audit

**Sponsored Entity shall conduct an independent audit of its AML Program at least annually, or more frequently if required by Sponsor or a regulatory authority. The independent auditor shall:**

- be independent from the BSA Compliance Officer and operational staff;
- have documented AML/BSA expertise;
- assess compliance with all elements of the AML Program and applicable regulations.

Sponsored Entity shall provide Sponsor with a copy of each independent audit report, including findings and remediation plan, within thirty (30) calendar days of completion. Open findings shall be remediated within ninety (90) days of the audit report date, unless Sponsor approves a longer remediation period in writing.

## 9.10 AML Training Program

**Sponsored Entity shall maintain a mandatory AML training program for all employees involved in money transmission activities under this Agreement. The training program shall:**

- be conducted at least annually for all relevant employees, and upon hire for new employees;
- include role-specific training for the BSA Officer, front-line staff, and management;
- cover: BSA obligations, identification of red flags, SAR/CTR filing obligations, KYC/CDD procedures, OFAC sanctions screening, and institution-specific risks;
- be updated when regulations or institutional practices change.

Sponsored Entity shall maintain records of all training completion, including employee name, training date, training content, and assessment results, and shall provide such records to Sponsor upon request.

## 9.11 Reporting to Sponsor

**Sponsored Entity shall provide Sponsor with the following reports:**

- Daily end-of-day transaction reports in a format approved by Sponsor;
- Monthly compliance attestation confirming adherence to this Section 9;
- Immediate written notification of any regulatory examination, inquiry, enforcement action, or material compliance incident affecting Sponsored Entity.

## 9.12 Travel Rule Data Requirements

**Even for fiat remittances, Sponsored Entity shall comply with the requirement to capture the following information for each transaction:**

- Sender name;
- Address;
- Date of birth;
- ID (government-issued identification number);
- Receiver identity.





## 9.13 Program Governance Committee



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**XPS 247, MALCAS, and the Technology Provider (UHD/UTek) shall establish a Program Governance Committee to provide regular oversight of the program and ensure ongoing regulatory compliance.**

- Oversight meetings shall be held monthly or quarterly between representatives of XPS 247, MALCAS, and the Technology Provider (UHD/UTek);
- Each meeting shall review program volume, compliance issues, operational incidents, and growth plans;
- Meeting minutes shall be documented and retained by Sponsor for a minimum of five (5) years for compliance recordkeeping purposes.

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## 10. AUDITS, EXAMS, AND ACCESS

**Sponsor may audit Sponsored Entity at any time and may disclose information to regulators, sponsor banks, auditors, or law enforcement without notice or consent of Sponsored Entity. Sponsor shall provide reasonable advance notice (not less than five (5) business days) of any scheduled audit, except in circumstances where Sponsor reasonably believes that advance notice would compromise the audit or that an emergency condition exists.**

Sponsored Entity shall bear all costs related to audits triggered by Sponsored Entity's compliance failures. Costs for routine annual audits conducted at Sponsor's initiative shall be allocated as specified in Schedule A. Sponsor shall provide Sponsored Entity with a copy of any audit findings report and Sponsored Entity shall have fifteen (15) business days to provide a written response.

## 11. SUSPENSION AND STEP-IN RIGHTS

**Sponsor may immediately suspend any transaction, customer, or the entire program and may assume full operational control if Sponsor determines any regulatory, financial, operational, or reputational risk exists.**

### 11.1 Customer Notification During Suspension

**In the event of a suspension affecting customer transactions, the following notification obligations apply:**

- For suspensions lasting more than two (2) business days, Sponsor shall direct Sponsored Entity to notify affected customers in writing of the suspension and anticipated timeline for resolution, in a form approved by Sponsor;
- In the event of a full program suspension, Sponsor shall determine the appropriate customer notification strategy in compliance with applicable consumer protection laws;
- Sponsored Entity shall cooperate fully and immediately with all Sponsor-directed customer communication activities.

Pending customer transactions at the time of suspension shall be processed, returned, or refunded in accordance with Sponsor's instructions and applicable law.

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## 12. TERMINATION

**Sponsor may terminate this Agreement immediately for cause, including but not limited to: regulatory breaches, misrepresentation, bank demand, system failures, or failure to maintain required insurance. Either Party may terminate for convenience with sixty (60) days' prior written notice.**

### 12.1 Post-Termination Consumer Protection

**Upon termination, Sponsored Entity shall:**

- immediately cease initiating new transactions and soliciting new customers;
- transfer to Sponsor within five (5) business days all customer records, transaction histories, AML files, and pending transaction data in Sponsor's prescribed format;
- ensure that all customer funds in transit at the time of termination are completed, returned, or refunded in accordance with Sponsor's written instructions;
- not retain any customer data beyond the period required by applicable law and Sponsor's data retention policy;
- make itself available for regulatory inquiries related to pre-termination activities for a period of five (5) years following termination.

The obligations under Sections 9 (Compliance), 14 (Indemnification), 17 (Confidentiality and Data Security), 21 (Consumer Complaints), and 23 (Intellectual Property) shall survive termination of this Agreement.

### 12.2 Cure Period for Certain Breaches

**Notwithstanding the immediate termination rights set forth above, Sponsor shall provide Sponsored Entity with a thirty (30) day written notice and opportunity to cure prior to exercising termination rights for the following breach categories:**

- Operational issues that do not pose an immediate regulatory or compliance risk;
- Reporting delays that do not constitute a material violation of this Agreement or applicable law.

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## 13. REPRESENTATIONS AND WARRANTIES

**Sponsored Entity represents, warrants, and covenants to Sponsor as follows, as of the Effective Date and throughout the Term of this Agreement:**

### 13.1 Corporate and Legal Standing

- Sponsored Entity is a validly formed and existing entity in good standing under the laws of its jurisdiction of organization.
- This Agreement has been duly authorized by Sponsored Entity's governing body and constitutes a valid and binding obligation.

### 13.2 Accuracy of Information

- All information provided to Sponsor in connection with this Agreement is accurate, complete, and not misleading.
- Sponsored Entity will promptly notify Sponsor of any material change in the information previously provided.

### 13.3 No Undisclosed Regulatory or Legal Matters

- There are no pending or threatened regulatory investigations, enforcement actions, civil litigation, or criminal proceedings against Sponsored Entity, its principals, officers, or directors that have not been disclosed to Sponsor in writing prior to execution.
- Sponsored Entity shall immediately notify Sponsor in writing of any such matter that arises during the Term.

### 13.4 Background and OFAC Screening of Principals

- **Sponsored Entity represents that all principals, officers, and directors (collectively, "Control Persons") have undergone fingerprint-based criminal background checks and OFAC/SDN List screenings within ninety (90) days prior to the Effective Date, with clear results.**
- Sponsored Entity shall provide Sponsor with documentary evidence of such screenings within five (5) business days of a written request.
- Any Control Person added during the Term shall be subject to equivalent screening, and results shall be disclosed to Sponsor within fifteen (15) days of the addition.

### 13.5 AML Program and Compliance Capabilities

- Sponsored Entity has or will have, prior to commencing operations, a written AML/BSA/CFT program that complies with the requirements of Section 9 of this Agreement.
- Sponsored Entity has or will implement information technology and security systems adequate to support the transaction monitoring, KYC/CDD, and OFAC screening obligations of this Agreement.
- Sponsored Entity will not materially change its business model, products, customers, geographies, or Control Persons without prior written approval of Sponsor.



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## 13.6 Insurance

- Sponsored Entity maintains, and will maintain throughout the Term, the insurance coverages required by Section 16 of this Agreement.

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## 14. INDEMNIFICATION

### 14.1 Indemnification by Sponsored Entity

**Sponsored Entity shall fully indemnify, defend, and hold harmless Sponsor, its sponsoring banks, directors, officers, employees, and agents (collectively, "XPS Indemnitees") from and against any and all claims, losses, fines, penalties, regulatory assessments, and liabilities arising from or related to:**

- Sponsored Entity's violation of any provision of this Agreement;
- Sponsored Entity's failure to comply with applicable AML/BSA/CFT, OFAC, or consumer protection laws;
- any misrepresentation or breach of warranty by Sponsored Entity;
- any third-party claim arising from Sponsored Entity's activities under this Agreement;
- any action or omission of Sponsored Entity's employees, agents, sub-contractors, or technology providers.

### 14.2 Indemnification by Sponsor

**Sponsor shall indemnify, defend, and hold harmless Sponsored Entity from and against claims, losses, and liabilities arising from:**

- Sponsor's gross negligence or willful misconduct in the performance of its obligations under this Agreement;
- any wrongful refusal, freezing, or reversal of customer transactions that is proven to have been caused solely by Sponsor's error and not by any compliance obligation.

For the avoidance of doubt, Sponsor's indemnification obligation shall not apply to any action taken by Sponsor in good faith in reliance on a compliance obligation, regulatory requirement, or bank directive.

### 14.3 Indemnification Procedures

The indemnified party shall: (i) promptly notify the indemnifying party in writing of any claim; (ii) provide reasonable cooperation to the indemnifying party; and (iii) allow the indemnifying party to control the defense and settlement of the claim, provided that no settlement shall be entered into that imposes any obligation or restriction on the indemnified party without its prior written consent.

## 15. LIMITATION OF LIABILITY

**Sponsor shall not be liable for indirect, incidental, special, consequential, or punitive damages arising out of or related to this Agreement, regardless of the form of action or the theory of liability.**

**Sponsor's total liability to Sponsored Entity for any cause of action arising under or in connection with this Agreement shall be capped at the total fees paid by Sponsored Entity to Sponsor in the twelve (12) months immediately preceding the event giving rise to the claim, except in cases of Sponsor's gross negligence or willful misconduct.**





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The limitation of liability set forth in this Section shall not apply to: (i) claims arising from a Party's indemnification obligations; (ii) breach of confidentiality obligations; (iii) Sponsor's regulatory failures that arise solely from Sponsor's own actions and are not attributable to Sponsored Entity's conduct.

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## 16. INSURANCE

**Sponsored Entity shall obtain and maintain, at its sole cost and expense, throughout the Term and for a period of three (3) years following termination, the following insurance coverages:**

- Errors and Omissions (E&O) / Professional Liability: minimum coverage of $1,000,000 per occurrence and $2,000,000 in the aggregate;
- Cyber Liability / Data Breach Insurance: minimum coverage of $2,000,000 per occurrence;
- Fidelity Bond / Crime Insurance: minimum coverage of $500,000, covering employee dishonesty and computer fraud;
- Commercial General Liability: minimum coverage of $1,000,000 per occurrence.

**All policies shall name Sponsor as an additional insured and shall include a thirty (30) day notice of cancellation or material change clause. Sponsored Entity shall provide Sponsor with certificates of insurance and endorsements evidencing such coverages within ten (10) business days of the Effective Date and upon each policy renewal. Failure to maintain required insurance is a material breach and grounds for immediate termination under Section 12.**

## 17. CONFIDENTIALITY, DATA SECURITY, AND DATA PROTECTION

### 17.1 Security Standards

**Sponsored Entity shall implement and maintain information security standards that comply with:**

- Payment Card Industry Data Security Standard (PCI-DSS) Level 1, or such equivalent standard as approved by Sponsor in writing;
- National Institute of Standards and Technology (NIST) Cybersecurity Framework or equivalent;
- All applicable Illinois data security requirements, including the Illinois Identity Theft Prevention Act, N.J.S.A. 56:11-44 et seq.

Sponsored Entity shall provide Sponsor with evidence of its current PCI-DSS certification or a third-party audit report demonstrating compliance with the NIST Cybersecurity Framework upon request and at minimum annually, within thirty (30) days of the anniversary of the Effective Date. Failure to provide such evidence shall be grounds for immediate suspension under Section 11.

### 17.2 Ownership of Customer Data

**XPS247 Inc. is and shall remain the sole owner of all customer data, transaction data, and compliance data generated in connection with money transmission activities under this Agreement ("Customer Data"). Sponsored Entity's access to Customer Data is limited to a non-exclusive, non-transferable license to use such data solely for the purpose of performing its obligations under this Agreement.**

Sponsored Entity shall not: (i) sell, transfer, or disclose Customer Data to any third party without Sponsor's prior written consent; (ii) use Customer Data for any purpose other than fulfillment of this Agreement; (iii) retain Customer Data beyond the period required by applicable law following termination of this Agreement.



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## 17.3 Data Retention and Destruction

**Sponsored Entity shall retain all Customer Data and transaction records in accordance with:**

- BSA recordkeeping requirements (minimum five (5) years from the date of last transaction);
- OFAC-related records (minimum five (5) years from the date of screening);
- Sponsor's data retention schedule, as provided in writing from time to time.

Upon expiration of the retention period or upon Sponsor's written request, Sponsored Entity shall destroy all Customer Data using industry-standard secure destruction methods and provide written certification of destruction to Sponsor within fifteen (15) business days.

## 17.4 Security Incident Response

**Sponsored Entity shall maintain a formal written Incident Response Plan. In the event of any security incident involving Customer Data, unauthorized access to transaction systems, or any cyber event that may affect Sponsor's regulatory obligations, Sponsored Entity shall:**

- notify Sponsor's designated security contact within four (4) hours of discovery of the incident;
- provide a written incident report to Sponsor within twenty-four (24) hours of discovery, including a description of the incident, data potentially compromised, and initial containment steps taken;
- cooperate fully with Sponsor in the investigation, containment, and remediation of the incident;
- not issue any public statement, regulatory notification, or customer notification related to the incident without Sponsor's prior written approval, except as required by law.

Sponsor shall retain the right to direct the regulatory notification process for any incident that may implicate Sponsor's regulatory obligations as the Licensed Entity.

## 17.5 Consumer Data Protection Compliance

**Sponsored Entity shall comply with all applicable consumer data protection laws in the processing of Customer Data, including:**

- the Illinois Identity Theft Prevention Act (N.J.S.A. 56:11-44 et seq.);
- the Gramm-Leach-Bliley Act (GLBA) privacy requirements applicable to financial institutions;
- all applicable FinCEN data protection and recordkeeping obligations.

Sponsored Entity shall not use Customer Data for marketing purposes, profiling, or any purpose other than the performance of money transmission services under this Agreement.

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____



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## 18. GOVERNING LAW

**This Agreement is governed by the laws of the State of Illinois, without giving effect to its conflict of laws provisions, with exclusive venue in the courts of the State of Illinois or the United States District Court for the District of Illinois, as applicable.**

## 19. CONSUMER PROTECTION AND COMPLAINT HANDLING

### 19.1 Consumer Disclosures

**Prior to each transaction, Sponsored Entity shall provide each customer with disclosures, in a form approved by Sponsor, that clearly state:**

- the identity of XPS247 Inc. as the licensed money transmitter;
- applicable transaction fees and exchange rates;
- the right to cancel the transaction within the period required by applicable law;
- a description of the complaint process required by Section 19.2 below.

### 19.2 Complaint Handling

**Sponsored Entity shall maintain a formal consumer complaint handling procedure that:**

- provides consumers with a clearly identified channel to submit complaints;
- acknowledges all complaints within three (3) business days;
- resolves or escalates all complaints within fifteen (15) business days of receipt;
- maintains a complaint log with date, customer identification, nature of complaint, resolution, and resolution date.

Sponsored Entity shall provide Sponsor with a monthly summary of all consumer complaints. Any complaint alleging fraud, AML/BSA violations, or regulatory non-compliance shall be reported to Sponsor immediately.

### 19.3 Prohibition on Deceptive Practices

**Sponsored Entity shall not engage in any deceptive, unfair, or abusive acts or practices in connection with the services offered under this Agreement. Sponsored Entity shall not represent itself as a licensed money transmitter or misrepresent XPS247's role to any customer or regulatory authority.**

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## 20. CHANGE OF CONTROL

**For purposes of this Section, "Change of Control" means any transaction or series of transactions resulting in: (i) the acquisition of more than fifty percent (50%) of the voting equity of Sponsored Entity by a person or entity not currently a shareholder; (ii) the sale of all or substantially all of the assets of Sponsored Entity; (iii) a merger or consolidation of Sponsored Entity with or into another entity; or (iv) any material change in the Control Persons (officers, directors, or beneficial owners of 25% or more) of Sponsored Entity.**

Sponsored Entity shall provide Sponsor with at least thirty (30) days' prior written notice of any proposed Change of Control. Sponsor shall have the right, exercisable within thirty (30) days of receipt of such notice, to:

- approve the proposed Change of Control and continue this Agreement, subject to completion of updated due diligence and AML screening of incoming Control Persons;
- condition its approval on the execution of an amended Agreement or additional representations and warranties; or
- terminate this Agreement effective as of the date of the Change of Control.

**Any Change of Control occurring without Sponsor's prior written approval shall constitute a material breach of this Agreement, entitling Sponsor to immediately terminate for cause.**

### 20.1 Change of BSA Compliance Officer

**Sponsored Entity shall notify Sponsor in writing at least fifteen (15) days prior to any planned change of its designated BSA Compliance Officer. Any new BSA Compliance Officer shall be subject to Sponsor's prior written approval, which shall not be unreasonably withheld, conditioned, or delayed. Sponsor shall have the right to interview the proposed BSA Compliance Officer and review their qualifications, training, and background. In the event of an unplanned departure of the BSA Compliance Officer, Sponsored Entity shall notify Sponsor within twenty-four (24) hours and shall appoint an interim BSA Compliance Officer subject to Sponsor's approval.**

## 21. INTELLECTUAL PROPERTY

### 21.1 Ownership of Customer and Transaction Data

**As set forth in Section 17.2, all Customer Data is owned exclusively by Sponsor. Upon termination or expiration of this Agreement, Sponsored Entity shall return or destroy all Customer Data as directed by Sponsor.**

### 21.2 XPS247 Brand and Trademarks

Sponsored Entity is granted a limited, non-exclusive, non-transferable, revocable license to use XPS247's name and approved trademarks solely to the extent necessary to perform its obligations under this Agreement and as expressly pre-approved in writing by Sponsor. Sponsored Entity shall not use Sponsor's





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name, logo, or trademarks in any manner that suggests it is endorsed by or affiliated with Sponsor beyond the authorized agent relationship.

### 21.3 Technology and Systems

Each Party shall retain exclusive ownership of its pre-existing intellectual property. Any technology, systems, or methodologies developed by Sponsored Entity solely for the purpose of this Agreement, using Sponsor's Confidential Information or Customer Data, shall be disclosed to Sponsor, and Sponsor shall have a perpetual, royalty-free license to use such technology in connection with its regulated activities.

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## 22. BACKGROUND CHECKS AND PERSONNEL REQUIREMENTS

**Prior to commencing operations under this Agreement and annually thereafter, Sponsored Entity shall:**

- **conduct fingerprint-based criminal background checks on all Control Persons and provide results to Sponsor upon request;**
- conduct OFAC/SDN List screenings of all Control Persons;
- conduct criminal background checks and OFAC screenings on all employees who handle customer funds or who have access to sensitive customer data, prior to their commencement of duties.

**Sponsored Entity shall immediately notify Sponsor if any Control Person or employee is found to: (i) have a prior criminal conviction involving fraud, financial crimes, or violations of financial regulations; (ii) appear on the OFAC SDN List or any other sanctions list; or (iii) become subject to any regulatory enforcement action.**

Sponsor reserves the right to require Sponsored Entity to remove from duties under this Agreement any individual whose background check results raise material compliance concerns.

## 23. BUSINESS CONTINUITY AND DISASTER RECOVERY

**Sponsored Entity shall maintain a written Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP) that ensure the continuity of its compliance and transaction-support obligations under this Agreement in the event of a system failure, natural disaster, or other disruptive event. The BCP and DRP shall:**

- be reviewed and tested at least annually;
- provide for the continuation of transaction monitoring, KYC/CDD, and OFAC screening activities within twenty-four (24) hours of any disruptive event;
- include a communication protocol for notifying Sponsor within four (4) hours of any event that may materially disrupt Sponsored Entity's operations.

Sponsored Entity shall provide Sponsor with a summary of its BCP and DRP upon request and shall promptly notify Sponsor of any invocation of such plans.

## 24. FORCE MAJEURE

**Neither Party shall be liable for any delay or failure to perform its obligations under this Agreement to the extent that such delay or failure is caused by an event beyond that Party's reasonable control and without its fault or negligence, including but not limited to: acts of God, natural disasters, war, terrorism, national emergency, government action, pandemic, or failure of third-party infrastructure not attributable to that Party's negligence (a "Force Majeure Event").**

The Party affected by a Force Majeure Event shall: (i) provide the other Party with prompt written notice of the Force Majeure Event and its expected duration; (ii) use commercially reasonable efforts to resume



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performance as soon as practicable; and (iii) provide regular updates to the other Party during the continuance of the Force Majeure Event.

For the avoidance of doubt, a Force Majeure Event shall not excuse either Party's obligations to comply with applicable law, including AML/BSA/CFT obligations, OFAC screening, and regulatory reporting requirements, which shall be performed to the extent feasible under the circumstances.

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## 25. DISPUTE RESOLUTION

### 25.1 Negotiation

The Parties shall attempt in good faith to resolve any dispute, controversy, or claim arising out of or relating to this Agreement through negotiation between senior representatives of each Party within thirty (30) days of written notice by one Party to the other identifying the dispute.

### 25.2 Binding Arbitration

**If the dispute is not resolved through negotiation within thirty (30) days of written notice, the Parties agree to submit the dispute to binding arbitration administered by the American Arbitration Association (AAA) under its Commercial Arbitration Rules. The arbitration shall be conducted:**

- by a single arbitrator mutually agreed upon by the Parties, or if not agreed, appointed by the AAA;
- in the State of Illinois;
- in the English language.

The arbitrator's decision shall be final and binding, and judgment may be entered upon it in any court of competent jurisdiction.

### 25.3 Interim Relief

**Notwithstanding the obligation to arbitrate, either Party may seek preliminary or permanent injunctive relief from a court of competent jurisdiction to prevent irreparable harm, including but not limited to violations of AML/BSA/CFT obligations, OFAC sanctions, data security breaches, or misappropriation of confidential information. The seeking of such relief shall not be deemed a waiver of the right to arbitrate the underlying dispute.**

### 25.4 Waiver of Jury Trial

**TO THE EXTENT PERMITTED BY APPLICABLE LAW, EACH PARTY HEREBY IRREVOCABLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY.**

## 26. NOTICES

**All formal notices, demands, approvals, and other communications under this Agreement shall be in writing and shall be deemed duly given upon: (i) personal delivery; (ii) delivery by nationally recognized overnight courier (with confirmation of delivery); or (iii) electronic mail with written confirmation of receipt.**

Notices to Sponsor shall be addressed to:

**XPS 247 Inc.**

***4287 Montgomery Street***
***Florida 34601, United States***



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Attn: ***Johana S. Cool Chi***
Email: ***oficial.cumplimiento@paisamex.mx***

Notices to Sponsored Entity shall be addressed to:

**REMESSAS MALCAS DEL SURESTE LLC.**
***5200 NW 5TH AVE APT B***
***MIAMI FL 33127-1934***
Attn: ***Johana S. Cool Chi***
Email: ***oficial.cumplimiento@paisamex.mx***

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____







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# 27. MISCELLANEOUS

## 27.1 Assignment

Sponsored Entity may not assign this Agreement or any of its rights or obligations hereunder without Sponsor's prior written consent. Any purported assignment without such consent shall be void. Sponsor may assign this Agreement to any affiliate or successor entity without Sponsored Entity's consent, provided that Sponsor provides written notice to Sponsored Entity within thirty (30) days of such assignment.

## 27.2 Unilateral Policy Updates by Sponsor

Sponsor may update its internal compliance policies, procedures, transaction limits, and AML standards applicable to Sponsored Entity upon thirty (30) days' written notice. Sponsored Entity's continued operation under this Agreement following such notice constitutes acceptance of the updated policies.

## 27.3 Severability

If any provision of this Agreement is held invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect, and the Parties shall negotiate in good faith to replace the invalid provision with a valid provision that achieves the same economic and commercial result.

## 27.4 Entire Agreement

This Agreement, together with all Schedules and Riders attached hereto, constitutes the entire agreement between the Parties with respect to its subject matter and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions, whether oral or written.

## 27.5 Amendments

This Agreement may only be amended by a written instrument signed by duly authorized representatives of both Parties, except that Sponsor may amend Schedule A (Fee Schedule), Schedule B (Transaction Limits), and internal compliance policies in accordance with the notice provisions of this Agreement.

## 27.6 No Waiver

No failure or delay by either Party to exercise any right under this Agreement shall constitute a waiver of that right. Any waiver must be in writing and signed by the waiving Party.

## 27.7 Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Electronic signatures shall be deemed valid.

# 28. STATE EXPANSION RIDERS



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The geographic scope of this Agreement may be expanded to additional states by the execution of State-Specific Riders substantially in the form of Schedule C (State Rider Template), subject to:

- completion of all applicable regulatory filings and approvals in the target state;
- completion of Sponsor's compliance and bank review for the target state;
- execution of a written amendment to this Agreement; and
- Sponsored Entity's delivery of any additional representations, warranties, or compliance documentation required for the target state.

## 28.1 Pre-Approved State List

**Sponsor may provide Sponsored Entity with a written list of "Pre-Approved States" where Sponsor holds an active license and for which a standardized State Rider and compliance package have been developed. For any state on such list, Sponsored Entity may request activation by providing thirty (30) days' written notice to Sponsor, along with a completed State Rider for that state. Sponsor shall have the right to reject any activation request within such thirty (30) day period if Sponsor determines, in its sole discretion, that Sponsored Entity's compliance program, financial condition, or business model presents unacceptable risk for that specific state. If not rejected within thirty (30) days, the State Rider shall be deemed effective.**

**No activities shall be conducted in any state outside of Illinois until a State-Specific Rider for that state has been executed by both Parties and all conditions set forth therein have been satisfied.**

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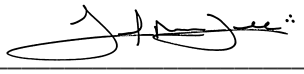
# SIGNATURES

**IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date first written above.**

## XPS 247 INC.

By: 

Name: **Paulo Alves Koo**

Title: **Chief Executive Officer (CEO)**

Date: March 30, 2026

## REMESSAS MALCAS DEL SURESTE LLC.

By: 

Name: Jesus F. Maldonado May

Title: **Chief Executive Officer (CEO)**

Date: March 30, 2026

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____



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# SCHEDULE A

## FEE SCHEDULE (VOLUME-BASED)

*(Attached to MTaaS Sponsorship Agreement — All fees must be fully defined at time of execution. **No TBD items permitted.**)*

### 1. Transaction Fees (Fiat-Only, C2C)

#### A. Per-Volume Fees (Tiered by Monthly Volume)

| Monthly Transaction Volume | Fee per Transaction | Notes |
|---|---|---|
| $0 – $5 million | $[1.20] | |
| $5 million – $20 million | $[0.95] | |
| $20 million – $40 million | $[0.80] | |
| $40 million+ | $[0.60] | |

*Ramp-Up Stimulus: 25% discount (Month 1), 15% discount (Month 2), 10% discount (Month 3).*

#### B. Settlement and Exception Fees

| Item | Fee |
|---|---|
| ACH Return / Reject | $6.00 |
| Wire Recall / Manual Intervention | $25.00 |
| Regulatory Hold / Freeze Processing | $15.00 per event |
| Chargeback / Dispute Handling | $45.00 per case |

#### C. Compliance and Oversight Fees

| Item | Fee | Notes |
|---|---|---|
| Monthly Compliance Oversight Fee | $[500.00/1,000.00] | Fixed monthly fee |
| Enhanced Monitoring / EDD Review | $[10.00] per case | Per EDD case triggered |
| Independent AML Audit (Pass-Through) | At Cost | Pre-approved |
| Regulator Exam Support (Sponsor Error) | At Cost | Allocated as agreed |
| Regulator Exam Support (Agent Error) | $[300.00]/hour | |

#### D. Fee Adjustment Policy

Sponsor may adjust fees upon thirty (30) days' written notice, or immediately if required by regulators or sponsoring bank. Fee disputes shall be resolved per Section 8.1 of the Agreement.



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# SCHEDULE B

## TRANSACTION LIMITS AND CONTROLS

This Schedule B sets forth the transaction limits and risk-based threshold framework applicable to REMESSAS MALCAS DEL SURESTE LLC. ("Sponsored Entity") under the MTaaS Sponsorship Agreement (the "Agreement"). These limits are a condition of the sponsorship and constitute mandatory requirements under REMESSAS MALCAS DEL SURESTE LLC.'s AML/BSA/CFT Compliance Program. All limits herein are cumulative across all channels and transaction types unless otherwise specified.

### 1. Standard Customer Transaction Limits — REMESSAS MALCAS DEL SURESTE LLC.

The following limits apply by default to all customers of REMESSAS MALCAS DEL SURESTE LLC. that are onboarded and classified as Standard (Low) Risk:

| Limit Type | Amount (USD) | Notes |
|---|---|---|
| Maximum Per-Transaction Limit | $3,000.00 | Single transaction ceiling |
| Maximum Daily Aggregate Limit | $3,000.00 | Cumulative per calendar day |
| Maximum Monthly Aggregate Limit | $10,000.00 | Triggers EDD review |
| Maximum Six-Month Aggregate Limit | $50,000.00 | Triggers enhanced monitoring |
| Maximum Monthly Program Volume | As agreed with XPS 247 | Triggers risk review |

Any transaction or pattern of transactions that approaches or exceeds the Six-Month Aggregate Limit shall immediately trigger a mandatory Enhanced Due Diligence (EDD) review, including but not limited to: re-verification of government-issued identification, written source-of-funds declaration, and review and approval by REMESSAS MALCAS DEL SURESTE LLC.'s designated BSA/AML Compliance Officer.

### 2. Risk-Based Threshold Framework

REMESSAS MALCAS DEL SURESTE LLC. shall operate a risk-based customer classification system consistent with FinCEN's CDD Final Rule (31 CFR § 1010.230):

| Risk Level | Per Transaction | Daily Aggregate | Monthly Aggregate | Six-Month Aggregate |
|---|---|---|---|---|
| Low | $3,000 | $3,000 | $10,000 | $50,000 |
| Medium | $2,000 | $2,000 | $7,500 | $25,000 |
| High | $1,000 | $1,000 | $3,000 | $10,000 |

All customers rated as High Risk must receive prior written approval from REMESSAS MALCAS DEL SURESTE LLC.'s BSA/AML Compliance Officer before any transaction is processed.



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## 3. AML Program Conditions — REMESSAS MALCAS DEL SURESTE LLC.

The transaction limits set forth in this Schedule B are conditions of sponsorship under the Agreement. REMESSAS MALCAS DEL SURESTE LLC.'s AML/BSA/CFT Compliance Program shall include, at minimum:

- Automated transaction monitoring capable of flagging and blocking transactions that exceed applicable limits before settlement;
- Real-time alerts to REMESSAS MALCAS DEL SURESTE LLC.'s BSA/AML Compliance Officer when any customer reaches 80% of the applicable Monthly Aggregate or Six-Month Aggregate limit;
- Mandatory suspension of customer transactions upon reaching the Six-Month Aggregate Limit pending completion of EDD review and written approval to resume;
- Monthly reporting to XPS 247 Inc. Compliance Department of any customer who reached or exceeded 90% of any limit in the prior calendar month;
- Documentation and retention (minimum five (5) years) of all limit exceptions, EDD reviews, and approvals granted for transactions at or near applicable limits;
- Annual review of limit adequacy in light of evolving customer base, transaction volumes, and regulatory guidance, with proposed adjustments submitted to XPS 247 Inc. for prior written approval.

**Failure by REMESSAS MALCAS DEL SURESTE LLC. to implement, maintain, or enforce the transaction limits and controls set forth in this Schedule B shall constitute a material breach of the Agreement and may result in immediate suspension of all sponsored operations by XPS 247 Inc. pursuant to Section 11 of the Agreement.**

## 4. Limit Modification Procedure

Transaction limits set forth in this Schedule B may only be modified in accordance with the following procedure:

- REMESSAS MALCAS DEL SURESTE LLC. submits a written request to XPS 247 Inc.'s Chief Compliance Officer, including the proposed new limit, the business justification, and a description of any additional controls to be implemented;
- XPS 247 Inc. conducts a risk review within thirty (30) calendar days of receipt of the request;
- Limit modifications are effective only upon execution of a written amendment to this Schedule B signed by authorized representatives of both Parties;
- XPS 247 Inc. reserves the right to decrease any applicable limit at any time upon five (5) business days' written notice to REMESSAS MALCAS DEL SURESTE LLC., without requiring Sponsored Entity's consent, if XPS 247 Inc. determines in its sole discretion that an increased risk profile, regulatory requirement, or bank directive so requires.

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# SCHEDULE C

## STATE RIDER TEMPLATE (MULTI-STATE EXPANSION)

### 1. State Covered

This Rider applies solely to the State of: **Illinois**

### 2. License Authority

Services in this State are provided only under Sponsor's active license coverage for the applicable jurisdiction. Sponsor's license in this State of Illinois — **# LO71432 — Active**

### 3. State-Specific Requirements

Sponsored Entity shall comply with:

- State transaction limits as set forth in Schedule B (as amended for this State);
- Permissible instruments under this State's money transmission law;
- Reporting timelines required by this State's regulator;
- Consumer disclosure rules specific to this State.

### 4. Suspension Rights

Sponsor may:

- Suspend operations in this State only, without affecting other active State Riders;
- Impose State-specific transaction limits;
- Terminate this Rider without affecting the Agreement or other State Riders.

### 5. No Automatic Expansion

No State is activated under this Agreement unless:

- This Rider is fully executed by both Parties;
- Compliance review for this State is completed and documented;
- Bank approval (if required by Sponsor's sponsoring bank) is obtained;
- All applicable state regulatory filings and approvals are confirmed by Sponsor in writing.

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# BANK EXAM DIAGRAM AND NARRATIVE

## A. Bank-Facing Transaction Flow

**Consumer Sender**

↓

*(KYC/CDD completed by Sponsored Entity; verified against XPS247 standards)*

↓

**UTek Platform / UHD Global**

*(Technology Infrastructure Only — No Funds Held or Transmitted)*

↓

**XPS 247 Inc. (Licensed Money Transmitter)**

*(Transaction Approval, Monitoring, OFAC Screening, SAR Authority, Regulatory Control)*

↓

**U.S. Banking Rails (ACH / RTP / Wire)**

↓

**Recipient Bank Account**

## B. Bank Exam Narrative (Use Verbatim)

*"The program facilitates fiat-only consumer-to-consumer money transmission. UHD Global LLC provides technology and marketplace infrastructure only and does not engage in regulated activity.*

*All money transmission is conducted exclusively by XPS 247 Inc., a licensed money transmitter under N.J.S.A. 17:15C-1 et seq. and registered with FinCEN as a Money Services Business. XPS247 retains full regulatory control, including transaction approval, monitoring, holds, SAR filing authority, CTR filing, and regulator interaction.*

*Sponsored Entity acts as XPS247's Authorized Delegate and is registered as such with NJDOBI. Sponsored Entity conducts KYC/CDD and OFAC screening of customers at onboarding and per-transaction, in accordance with XPS247's compliance program.*

*No cryptocurrency, stablecoins, or virtual assets are supported. Any future crypto activity would require a separate agreement, new compliance framework, and bank approval."*

**This language is exam-safe.**

## C. Program Structure Summary

| Layer | Parties | Function |
|---|---|---|
| MTaaS Agreement | XPS 247 ↔ Sponsored Co. | Licensing, compliance & regulatory framework |



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| | | |
|---|---|---|
| Marketplace Agreement | UHD/UTek ↔ Sponsored Co. | Technology only — no regulatory activity |
| Bank Narrative | XPS-centric | Exam clarity — licensed entity is XPS247 |
| State Riders | XPS-controlled | Scalable multi-state expansion |

## FINAL STRUCTURE — APPROVED AND REGULATORY ALIGNED

*Initials:* XPS 247 Inc. _____ Remessas Malcas Del Sureste LLC. _____



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Dropbox Sign

# Registro de auditoría

| | |
|---|---|
| **Título** | Agreement Paysamex-XPS - MAR26 (1) |
| **Nombre de archivo** | Agreement Paysamex-XPS - MAR26 (1).pdf |
| **Id. del documento** | bebac8b2892caac0ae168c35e6284fda1daf3ebd |
| **Formato de la fecha del registro de auditoría** | DD / MM / YYYY |
| **Estado** | ● Firmado |

## Historial del documento

| | | |
|---|---|---|
| ENVIADO | **30 / 03 / 2026**<br>15:00:52 UTC-5 | Enviado para su firma a Jesus F Maldonado May (jesus.maldonado@paisamex.mx) and Paulo Alves Koo (paulokoo@xps247.com) por integrations@hellosign.com en nombre de joana.cool@paisamex.mx<br>IP: 2806:10b7:2:10cf:7c91:1d81:aa3f:326f |
| VISTO | **30 / 03 / 2026**<br>15:48:16 UTC-5 | Visto por Jesus F Maldonado May (jesus.maldonado@paisamex.mx)<br>IP: 189.162.159.113 |
| FIRMADO | **30 / 03 / 2026**<br>15:51:30 UTC-5 | Firmado por Jesus F Maldonado May (jesus.maldonado@paisamex.mx)<br>IP: 189.162.159.113 |
| VISTO | **31 / 03 / 2026**<br>10:51:29 UTC-5 | Visto por Paulo Alves Koo (paulokoo@xps247.com)<br>IP: 146.70.248.4 |

Dropbox Sign

# Registro de auditoría

| | |
|---|---|
| **Título** | Agreement Paysamex-XPS - MAR26 (1) |
| **Nombre de archivo** | Agreement Paysamex-XPS - MAR26 (1).pdf |
| **Id. del documento** | bebac8b2892caac0ae168c35e6284fda1daf3ebd |
| **Formato de la fecha del registro de auditoría** | DD / MM / YYYY |
| **Estado** | Firmado |

## Historial del documento

| | | |
|---|---|---|
| FIRMADO | **31 / 03 / 2026**<br>10:57:50 UTC-5 | Firmado por Paulo Alves Koo (paulokoo@xps247.com)<br>IP: 146.70.248.4 |
| COMPLETADO | **31 / 03 / 2026**<br>10:57:50 UTC-5 | Se completó el documento. |

Docusign Envelope ID: 28551D65-CC45-873E-8233-B96A104CD60E



# MONEY TRANSMITTER AGREEMENT

*BETWEEN*

**XPS 247 INC.**

&

**Continental United Services Corp.**

Effective Date: May, 15th, 2026

Docusign Envelope ID: 28551D65-CC45-873E-8233-B96A104CD60E



# PREAMBLE

Between **XPS 247 INC**, a company incorporated under the laws of the State of Delaware, USA, having its registered address at 2365 Dog Leg CT, Florida, 34604, United States, EIN 83-3407629, represented by its legal representative **Paulo Alves Koo**, CEO, Driver License K638-532-65-500-0, on the one hand, and **Continental United Services Corp.**, on the other hand, a company incorporated under the laws of the State of New York, having its registered address at 7914 Roosevelt Avenue , Jackson Heights NY, 11372 , EIN 11-3613687; represented in this act by its legal representative Wilson Quiceno , ID Passport # A42087665, both sufficiently empowered for this act, have agreed to enter into this Agreement.

Both **XPS 247 INC**, hereinafter "**XPS 247**", and **Continental United Services Corp.**, hereinafter "**CONTINENTAL**" shall be collectively referred to as "**the Parties**". All other terms shall be defined in this contract and in its different Addendums. Any addendum that may be attached to this agreement must be approved by the Parties and shall be considered an integral part of this agreement. The agreement described herein is entered into under the following considerations:

## RECITALS

**a. Continental United Services Corp.** ("**CONTINENTAL**") hereby requests that **XPS 247 Inc.** ("**XPS 247**") extend regulatory coverage under XPS 247's Money Transmitter License issued by the New Jersey Department of Banking and Insurance (**NJDOBI**) pursuant to N.J.S.A. 17:15C-1 et seq., so that CONTINENTAL may act as an Authorized Delegate and Money Transmitter Agent (hereinafter "Agent") of XPS 247, solely within the State of New Jersey. In such capacity, CONTINENTAL is authorized to facilitate services related to the reception of payments, remittance collection, and transfer and disbursement of money remittances (hereinafter the "Services"), exclusively within the geographic and regulatory scope of XPS 247's New Jersey license and strictly limited to the markets and corridors in which CONTINENTAL operates and has commercial reach, as approved in writing by XPS 247 prior to commencement.

For the avoidance of doubt, this authorization does not extend to any state or jurisdiction other than New Jersey. Any expansion of the Services to additional states shall require the prior execution of a State-Specific Rider pursuant to Section 28 of this Agreement, completion of all applicable regulatory filings, and XPS 247's express prior written approval.

**b. CONTINENTAL** will provide the "Services" through specialized technology for these purposes that complies with all the established operating parameters. Likewise, CONTINENTAL has commercial and regulatory agreements with different companies and entities within and outside the U.S. territory that have all the necessary permits to guarantee the execution of the Services.

**c. XPS 247** may offer its operating licenses (hereinafter the "Licenses"), obtained in different states of the USA, to guarantee that CONTINENTAL can provide the "Services" with the maximum regulatory guarantees within the legal framework of these states.

**d. CONTINENTAL** makes available to XPS 247 the possibility of direct connection with the technological CORE with which it operates.

Therefore, and taking into account the mutual arrangements and commitments contained in this Agreement and other mutual benefits derived from it, the two Parties, wishing to legally bind themselves,

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agree in accordance with the terms and conditions agreed in writing in this document and the other legal provisions applicable thereto, and shall be governed in accordance with the following clauses:

## 1. PURPOSE, STRUCTURE, AND REGULATORY INTENT

### 1.1 Purpose

**Sponsor agrees to sponsor Sponsored Entity solely as Sponsor's authorized agent to facilitate fiat-only money transmission services within the State of New Jersey, subject at all times to Sponsor's licenses, policies, regulatory obligations, and sole discretion. The Parties acknowledge that XPS247 Inc. is the sole holder of the New Jersey Money Transmitter License and that all regulated money transmission activity conducted under this Agreement is performed exclusively by XPS247 as the Licensed Entity.**

### 1.2 Agency Relationship (Strict Construction)

**Sponsored Entity acts only as an agent of Sponsor. Nothing in this Agreement shall be deemed or construed as creating:**

- a partnership or joint venture,
- an employer-employee relationship, or
- any transfer, delegation, sublicense, or sharing of Sponsor's licenses.

**Sponsor retains exclusive legal, regulatory, and operational control over all regulated activities.**

### 1.3 No Independent Authority

Sponsored Entity shall not:

- represent itself as licensed,
- bind Sponsor contractually,
- alter transaction flows, products, risk parameters, or geographies,

**without prior written approval from Sponsor.**

## 2. LICENSE OWNERSHIP AND REGULATORY CONTROL

### 2.1 License Ownership

**All money transmission services are provided exclusively by Sponsor under Sponsor's New Jersey Money Transmitter License issued by the New Jersey Department of Banking and Insurance (NJDOBI)**

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**pursuant to N.J.S.A. 17:15C-1 et seq. Sponsored Entity holds no independent licensure rights under this Agreement.**

**The Sponsor represents that it is registered with FinCEN as a Money Services Business and maintains all required federal registrations.**

## 2.2 Regulatory Supremacy

Sponsor's interpretation of:

- applicable law and regulation,
- regulatory guidance or examination findings,
- sponsor-bank requirements,

**shall be final, binding, and controlling.**

## 2.3 Regulatory Disclosure

**All customer-facing disclosures shall clearly identify Sponsor as the licensed money transmitter, in a form pre-approved in writing by Sponsor. Sponsored Entity shall prominently display at each of its locations a notice, in a form prescribed by the NJDOBI Commissioner, indicating that Sponsored Entity is an Authorized Delegate of XPS247 Inc., a licensed money transmitter under N.J.S.A. 17:15C-1 et seq.**

## 2.4 Authorized Delegate Registration — NJDOBI

**Prior to commencing any regulated activity under this Agreement, Sponsored Entity shall be formally registered as an Authorized Delegate of XPS247 Inc. with the NJDOBI, pursuant to N.J.S.A. 17:15C-17. Sponsored Entity consents to the NJDOBI Commissioner's inspection, with or without prior notice to either Party, of the books and records of Sponsored Entity whenever the Commissioner has a reasonable basis to believe a violation has occurred.**

Sponsored Entity shall:

- provide all documentation required by Sponsor to complete the Authorized Delegate registration,
- notify Sponsor immediately upon receipt of any communication from NJDOBI, FinCEN, or any regulatory body regarding Sponsored Entity's activities under this Agreement,
- not commence operations until Sponsor provides written confirmation that the registration is complete.

## 2.5 Sponsor-Bank Requirements

**Sponsored Entity acknowledges that Sponsor's money transmission activities are supported by one or more financial institutions (Sponsor Banks). Sponsored Entity shall comply with any reasonable directive, policy, or requirement communicated by Sponsor that is necessary for Sponsor to comply with its obligations to its Sponsor Banks, including but not limited to transaction limits, reporting requirements, or customer restrictions. Sponsor's good-faith determination that a directive is required by a Sponsor Bank shall be conclusive and binding on Sponsored Entity.**

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# 3. EXCLUSION OF THIRD-PARTY PLATFORMS AND THIRD-PARTY RISK MANAGEMENT

## 3.1 Independent Technology Providers

**Sponsored Entity may utilize third-party technology or marketplace providers (including payment platforms) solely pursuant to separate, independent agreements. Sponsor is not a party to any such agreement and assumes no obligations thereunder.**

## 3.2 No Delegation of Regulatory Responsibility

Use of any third-party platform:

- does not transfer compliance responsibility,
- does not grant regulatory authority, and
- does not limit Sponsor oversight.

**Sponsored Entity remains fully responsible for all actions conducted through any platform.**

## 3.3 No Sponsor Liability for Third-Party Platforms

Sponsor does not endorse, control, or assume liability for any third-party platform utilized by Sponsored Entity. Sponsored Entity shall indemnify Sponsor for any claims, losses, or regulatory actions arising from its use of third-party platforms.

## 3.4 Third-Party Risk Management (TPRM)

**Sponsored Entity shall maintain a Third-Party Risk Management (TPRM) program satisfactory to Sponsor. Prior to engaging any third-party technology provider, payment platform, or service provider that handles or processes customer data, transactions, or funds in connection with activities under this Agreement, Sponsored Entity shall:**

- obtain Sponsor's prior written approval for such third-party engagement,
- conduct and document due diligence on the third party, including AML/BSA compliance assessments, data security certifications, and financial stability reviews,
- ensure all third-party contracts include provisions that allow Sponsor to audit the third party's relevant activities,
- notify Sponsor immediately of any material security incident, service disruption, or regulatory action involving any approved third-party provider.

**Sponsor reserves the right to require Sponsored Entity to terminate any third-party relationship that Sponsor reasonably determines presents regulatory, reputational, or financial risk to the Sponsor.**

## 3.4.5 Flow-Down Obligations to Technology Providers

**Sponsored Entity acknowledges that it utilizes certain technology and marketplace infrastructure provided by UHD Global LLC and/or UTek (collectively, "Technology Providers") in connection with the Services. Sponsored Entity shall ensure, by written contract with each Technology Provider, that such Technology Providers are bound by the following obligations to the same extent as Sponsored Entity:**

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- **Data security standards meeting PCI-DSS Level 1 and NIST Cybersecurity Framework requirements;**
- **Confidentiality obligations regarding Customer Data;**
- **Obligations to notify Sponsored Entity and, through Sponsored Entity, Sponsor immediately of any security incident or data breach;**
- **The right for Sponsor to audit the Technology Provider's relevant controls (or rely on SOC 2 Type II reports provided by the Technology Provider).**

**Sponsored Entity shall provide Sponsor with copies of the relevant provisions of its agreements with Technology Providers upon request. Sponsor reserves the right to require Sponsored Entity to terminate any Technology Provider relationship that Sponsor reasonably determines presents material risk to Sponsor's regulatory obligations.**

## 4. SCOPE OF AUTHORIZED ACTIVITIES

### 4.1 Permitted Activities

Subject to Sponsor approval, Sponsored Entity may facilitate:

- **fiat-only consumer-to-consumer (C2C) money transmission, and**
- delivery of funds to a recipient's U.S. bank account via approved rails.

### 4.2 Transaction Classification

**Transactions under this Agreement are classified as C2C based on the identity and intent of the sender and ultimate beneficiary, regardless of the settlement rail or type of receiving bank account. Delivery to a business bank account for settlement or pass-through purposes does not recharacterize the transaction as B2B unless expressly approved in writing by Sponsor.**

### 4.3 Transaction Limits and Controls

The following transaction controls apply at all times and may be amended by Sponsor upon written notice:

- Maximum per-transaction limit: as set forth in Schedule B (Transaction Limits and Controls), as updated by Sponsor;
- Maximum daily limit per customer: as set forth in Schedule B;
- Maximum monthly aggregate volume per customer: as set forth in Schedule B.

**Sponsored Entity shall implement and enforce all transaction limits established by Sponsor. Any request for an exception must be submitted in writing to Sponsor and approved in advance.**

### 4.4 Geographic Limitation

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**Services are limited strictly to New Jersey, unless expanded by written amendment pursuant to Section 28 (State Expansion Riders). No geographic expansion shall occur without Sponsor's prior written approval and completion of all applicable regulatory, bank, and compliance reviews.**

**All remittance corridors must be pre-approved by Sponsor and documented in a Corridor Approval Schedule.**

## 5. SERVICE SCOPE AND FUTURE CRYPTO ENABLEMENT

### 5.1 Initial Scope: Fiat-Only Services

**Upon the Effective Date, all services under this Agreement are strictly limited to fiat-only money transmission. No cryptocurrency, stablecoin, virtual asset, digital asset, or blockchain-based activity is permitted unless and until the requirements of Section 5.3 (Crypto Enablement) are satisfied.**

### 5.2 Prohibited Transactions — Baseline (Fiat Phase)

**Sponsored Entity shall not facilitate or process any transaction that:**

- **involves a party or jurisdiction subject to OFAC sanctions, including any individual or entity on the Specially Designated Nationals (SDN) List;**
- **is identified as structuring or an attempt to evade BSA/AML reporting requirements;**
- **relates to online gambling, unlicensed money transmission, or any activity prohibited under applicable federal or state law;**
- **involves the proceeds of fraud, human trafficking, narcotics, or any other criminal enterprise;**
- **involves jurisdictions classified as high-risk or non-cooperative by FATF.**

### 5.3 Crypto Enablement (Future Phase)

**Sponsored Entity may request authorization to conduct Virtual Asset transactions under this Agreement. Such authorization shall be subject to:**

- **Separate Amendment: A formal written amendment to this Agreement, executed by both Parties, specifically authorizing Virtual Asset activity.**
- **Regulatory & Bank Approval: Written confirmation from Sponsor that all necessary regulatory filings, sponsor-bank approvals, and compliance reviews for Virtual Asset activity have been completed.**
- **Enhanced AML Controls: Sponsored Entity must implement, at its sole cost, an enhanced AML program approved by Sponsor, including:**
    - Integration with blockchain analytics tools (e.g., Chainalysis, Elliptic) for wallet screening and transaction monitoring;
    - Integration with a Travel Rule solution (e.g., Notabene) for all Virtual Asset transfers exceeding $3,000;

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- Enhanced Due Diligence (EDD) procedures for crypto-native customers, including on-chain source-of-funds verification;
- Dedicated crypto compliance training for all relevant personnel.

- **Fee Schedule Amendment: A revised Fee Schedule covering crypto transaction fees.**

### 5.4 No Implied Authorization

**Absent the execution of a formal amendment as described in Section 5.3, all crypto activity is expressly prohibited, and no operational practice, prior course of dealing, or third-party integration shall be deemed to authorize it.**

## 6. ACCOUNT STRUCTURE, FUNDS CONTROL, PERMISSIBLE INVESTMENTS, AND UNCLAIMED PROPERTY

### 6.1 Account Titling

**All customer and operational funds shall be held in accounts titled in the name of Sponsor or Sponsor-designated entities. Sponsored Entity shall have no authority to establish accounts in its own name for the purpose of holding customer funds under this Agreement.**

### 6.2 No Custody or Control

Sponsored Entity shall never:

- **have legal custody of funds,**
- **independently control settlement instructions, or**
- **commingle funds.**

### 6.3 Sponsor Override Rights

Sponsor may freeze, delay, reverse, or reject any transaction at its sole discretion, without liability, where required by law, regulation, or reasonable risk management.

### 6.4 Permissible Investments

**All customer funds received in connection with money transmission under this Agreement shall be held and invested exclusively in Permissible Investments as defined under N.J.S.A. 17:15C-18, including but not limited to:**

- obligations of the United States or its agencies;
- obligations of a state or any political subdivision thereof;
- interest-bearing deposits at FDIC-insured financial institutions.

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Customer funds shall at all times be maintained separately from Sponsor's operating funds and shall not be subject to the claims of Sponsor's creditors. Sponsor shall provide Sponsored Entity with written confirmation of the account structure used for this purpose within thirty (30) days of the Effective Date.

### 6.5 Unclaimed Property and Escheatment

**The Parties acknowledge their obligations under the New Jersey Uniform Unclaimed Property Act, N.J.S.A. 46:30B-1 et seq. Sponsor, as the Licensed Entity, shall bear ultimate responsibility for reporting and remitting unclaimed property to the State of New Jersey. Sponsored Entity shall:**

- maintain records sufficient to identify unclaimed or abandoned funds related to money transmission activities;
- provide Sponsor with a report of all unclaimed or abandoned funds not later than January 31 of each year, covering the preceding calendar year;
- cooperate fully with Sponsor in connection with any escheatment audit or inquiry by the State of New Jersey.

## 7. TERM AND RENEWAL

### 7.1 Initial Term

Three (3) years from the Effective Date.

### 7.2 Evergreen Renewal

Automatically renews for successive one (1) year terms unless either Party provides sixty (60) days' prior written notice of non-renewal.

### 7.3 Wind-Down Obligations

**Upon expiration or termination of this Agreement for any reason, the following wind-down obligations shall apply:**

- Sponsor shall have the right to continue processing transactions that were initiated prior to the termination date through to completion;
- Sponsored Entity shall immediately cease soliciting new customers or initiating new transactions on the Effective Date of termination;
- Sponsored Entity shall cooperate fully with Sponsor in the orderly transfer of customer data, transaction records, and pending transaction files within five (5) business days of termination;
- Pending customer refunds or uncompleted transmissions shall be resolved pursuant to Sponsor's policies and applicable law, at Sponsored Entity's cost;
- All obligations of confidentiality, data security, and cooperation with regulators shall survive termination of this Agreement.

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## 8. FEES

**Sponsored Entity shall pay Sponsor all transaction-based and compliance fees set forth in Schedule A (Fee Schedule), which is incorporated herein by reference. All fees in Schedule A shall be fully defined and agreed upon by the Parties prior to execution of this Agreement. No fee item shall be left undefined or listed as "To Be Determined" (TBD) at the time of execution.**

Sponsor may modify fees prospectively upon thirty (30) days' prior written notice, except that fee modifications may take effect immediately upon:

- a requirement mandated by a regulatory authority;
- a requirement mandated by Sponsor's sponsoring bank;
- a material adverse change in Sponsored Entity's risk profile.

### 8.1 Fee Dispute Resolution

**In the event of a good-faith dispute regarding any invoice or fee charged under Schedule A, Sponsored Entity shall:**

- pay the undisputed portion of the invoice by the due date;
- provide written notice of the dispute to Sponsor within ten (10) business days of receipt of the invoice, specifying in reasonable detail the basis for the dispute;
- cooperate with Sponsor to resolve the dispute within thirty (30) days of Sponsor's receipt of the dispute notice.

Failure to dispute an invoice within the ten (10) business day period shall constitute Sponsored Entity's acceptance of the invoice.

## 9. COMPLIANCE OBLIGATIONS — AML/BSA/CFT PROGRAM

**Sponsored Entity acknowledges that it operates under the regulatory umbrella of XPS247 Inc. as its Licensed Entity Principal. Sponsored Entity shall maintain, at its own cost, a fully operational and independently documented Anti-Money Laundering / Bank Secrecy Act / Combating the Financing of Terrorism (AML/BSA/CFT) compliance program that meets or exceeds the requirements of 31 U.S.C. § 5318(h), 31 CFR § 1022.210, and applicable NJDOBI regulations. All compliance failures are solely Sponsored Entity's liability.**

### 9.1 Written AML Program

**Sponsored Entity shall maintain a formal, written AML/BSA/CFT program that:**

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- employs a risk-based approach tailored to Sponsored Entity's specific products, customers, and geographies;
- has been approved by Sponsored Entity's senior management or board of directors;
- is reviewed and updated at minimum annually, or more frequently upon regulatory changes;
- covers all products, services, and customer segments offered under this Agreement.

**Sponsored Entity shall deliver a complete copy of its AML Program to Sponsor for review and approval prior to commencing operations under this Agreement. Any material amendment to the AML Program shall be submitted to Sponsor within ten (10) business days of adoption.**

## 9.2 Designated BSA Compliance Officer

**Sponsored Entity shall designate a qualified BSA Compliance Officer responsible for the day-to-day implementation of its AML Program. The BSA Compliance Officer shall:**

- be identified by name to Sponsor prior to commencement of operations;
- have clear authority to enforce the AML Program and access to all relevant records;
- report directly to senior management of Sponsored Entity;
- be replaced within thirty (30) days in the event of departure, with immediate written notice to Sponsor.

## 9.3 Customer Identification and Due Diligence (KYC/CDD)

**Sponsored Entity shall conduct Know Your Customer (KYC) and Customer Due Diligence (CDD) on all senders and recipients, consistent with the requirements of 31 CFR § 1020.220 and 31 CFR § 1010.230, including:**

- collection and verification of required identifying information: full legal name, date of birth, residential address, and government-issued identification number;
- identity verification through documentary and non-documentary methods;
- customer risk profiling (low, medium, high) with documented methodology;
- collection of beneficial ownership information for legal entity customers (individuals owning 25% or more);
- ongoing monitoring of customer activity for consistency with the established risk profile;
- retention of all CDD records for a minimum of five (5) years from the date of the last transaction.

## 9.4 Enhanced Due Diligence (EDD/KYB)

**Sponsored Entity shall apply Enhanced Due Diligence (EDD) to customers presenting elevated risk, including but not limited to:**

- Politically Exposed Persons (PEPs) and their immediate family members and close associates;
- customers in or transacting with countries classified as high-risk or non-cooperative by FATF or subject to OFAC country sanctions;
- cash-intensive businesses, MSBs, and other Money Services Businesses;

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- customers with unusual transaction patterns or volumes inconsistent with their stated purpose.

**EDD shall include source-of-funds and source-of-wealth verification. Senior management approval of Sponsored Entity is required before establishing or maintaining any relationship with a PEP. Sponsored Entity shall notify Sponsor before onboarding any PEP or high-risk institutional customer.**

### 9.4.1 Enhanced Due Diligence for Virtual Asset Transactions

**In the event that Virtual Asset activity is authorized pursuant to Section 5.3, Sponsored Entity shall apply additional Enhanced Due Diligence measures to all customers engaging in such transactions, including:**

- **Blockchain Analytics Screening: Prior to any transaction, the sending and receiving wallet addresses shall be screened using Sponsor-approved blockchain analytics tools to identify exposure to sanctioned entities, mixers, darknet markets, or high-risk jurisdictions.**
- **Source of Wealth (On-Chain): For customers exceeding the Monthly Aggregate Limit via Virtual Asset transactions, Sponsored Entity shall conduct an on-chain review of the customer's wallet history to verify the legitimate source of funds.**
- **Wallet Ownership Verification: Where technically feasible, Sponsored Entity shall verify customer ownership of the digital wallet through cryptographic signature challenges or micro-deposit methods.**
- **Travel Rule Compliance: For all Virtual Asset transfers exceeding $3,000, Sponsored Entity shall collect and transmit originator and beneficiary information to the counterparty VASP via Sponsor's approved Travel Rule solution prior to blockchain settlement.**
- **Counterparty VASP Due Diligence: Sponsored Entity shall only transact with counterparty VASPs that are licensed or registered in their home jurisdiction and capable of sending and receiving Travel Rule data. A list of approved counterparty VASPs shall be maintained by Sponsor.**

## 9.5 Transaction Monitoring and Suspicious Activity Detection

**Sponsored Entity shall maintain a transaction monitoring program, whether automated or manual, that:**

- applies documented thresholds and red flags appropriate to C2C fiat money transmission;
- detects patterns indicative of money laundering, fraud, structuring, or terrorist financing;
- provides for timely review and escalation of alerts, with a documented review timeline not to exceed three (3) business days for standard alerts and same-day for priority alerts;
- includes detection of structuring activity as defined under 31 U.S.C. § 5324.

Sponsored Entity shall report any alert that escalates to a Suspicious Activity Report (SAR) determination to Sponsor's compliance team no later than twenty-four (24) hours after the determination.

## 9.6 SAR Filing Obligations

**XPS247 Inc., as the Licensed Entity and MSB Principal, retains authority and responsibility for filing all Suspicious Activity Reports (SARs) with FinCEN via the BSA E-Filing System. Sponsored Entity's obligations in support of SAR filing are:**

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- report to Sponsor's BSA Officer any transaction or customer activity that Sponsored Entity suspects or knows involves a violation of law or regulation, within twenty-four (24) hours of identification;
- provide all supporting documentation, transaction records, and customer information requested by Sponsor in connection with any SAR investigation, within forty-eight (48) hours of request;
- maintain confidentiality of any SAR and the fact of any SAR filing; tipping-off in any form to the subject of a SAR is strictly prohibited;
- cooperate with any law enforcement or regulatory inquiry related to SAR filings.

**SAR records and supporting documentation shall be retained by Sponsored Entity for a minimum of five (5) years. Sponsored Entity shall maintain records of all decisions not to file a SAR, including the basis for such decision.**

## 9.7 Currency Transaction Report (CTR) Filing

**Sponsored Entity shall identify, aggregate, and report to Sponsor all currency transactions exceeding $10,000 in a single business day by or on behalf of the same individual or entity, in compliance with 31 CFR § 1022.311. Specifically:**

- Sponsored Entity shall report to Sponsor's BSA Officer any transaction or series of transactions by the same customer on the same business day that equals or exceeds $10,000 in currency, on the same business day of occurrence;
- Sponsor shall file the Currency Transaction Report (CTR) via the BSA E-Filing System within fifteen (15) calendar days of the triggering transaction;
- Sponsored Entity shall maintain records to support aggregation of same-day, same-customer transactions;
- CTR records shall be retained for a minimum of five (5) years.

## 9.8 OFAC Sanctions Screening

**Sponsored Entity shall conduct OFAC sanctions screening of all customers, counterparties, and transactions in connection with this Agreement, consistent with 31 CFR Parts 500–598. At a minimum:**

- all customers shall be screened against the OFAC Specially Designated Nationals (SDN) List and all applicable OFAC consolidated sanctions lists at onboarding and prior to each transaction;
- all parties to a transaction (sender and recipient) shall be screened;
- Sponsored Entity shall implement a documented match-review process, distinguishing true matches from false positives, with escalation to Sponsor's BSA Officer for any potential true matches within two (2) hours;
- any potential sanctions or terrorism financing match must be escalated immediately to Sponsor's compliance team;
- any blocked or rejected transaction shall be reported to Sponsor immediately, and Sponsor shall file all required OFAC blocking and rejection reports;
- records of all screening activities shall be retained for a minimum of five (5) years.

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## 9.9 Independent AML Audit

**Sponsored Entity shall conduct an independent audit of its AML Program at least annually, or more frequently if required by Sponsor or a regulatory authority. The independent auditor shall:**

- be independent from the BSA Compliance Officer and operational staff;
- have documented AML/BSA expertise;
- assess compliance with all elements of the AML Program and applicable regulations.

Sponsored Entity shall provide Sponsor with a copy of each independent audit report, including findings and remediation plan, within thirty (30) calendar days of completion. Open findings shall be remediated within ninety (90) days of the audit report date, unless Sponsor approves a longer remediation period in writing.

## 9.10 AML Training Program

**Sponsored Entity shall maintain a mandatory AML training program for all employees involved in money transmission activities under this Agreement. The training program shall:**

- be conducted at least annually for all relevant employees, and upon hire for new employees;
- include role-specific training for the BSA Officer, front-line staff, and management;
- cover: BSA obligations, identification of red flags, SAR/CTR filing obligations, KYC/CDD procedures, OFAC sanctions screening, and institution-specific risks;
- be updated when regulations or institutional practices change.

Sponsored Entity shall maintain records of all training completion, including employee name, training date, training content, and assessment results, and shall provide such records to Sponsor upon request.

## 9.11 Reporting to Sponsor

**Sponsored Entity shall provide Sponsor with the following reports:**

- Daily end-of-day transaction reports in a format approved by Sponsor;
- Monthly compliance attestation confirming adherence to this Section 9;
- Immediate written notification of any regulatory examination, inquiry, enforcement action, or material compliance incident affecting Sponsored Entity.

## 9.12 Travel Rule Data Requirements

**Even for fiat remittances, Sponsored Entity shall comply with the requirement to capture the following information for each transaction:**

- Sender name;
- Address;
- Date of birth;
- ID (government-issued identification number);
- Receiver identity.

## 9.13 Program Governance Committee

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**XPS 247, CONTINENTAL, and the Technology Provider (UHD/UTek) shall establish a Program Governance Committee to provide regular oversight of the program and ensure ongoing regulatory compliance.**

- Oversight meetings shall be held monthly or quarterly between representatives of XPS 247, CONTINENTAL, and the Technology Provider (UHD/UTek);
- Each meeting shall review program volume, compliance issues, operational incidents, and growth plans;
- Meeting minutes shall be documented and retained by Sponsor for a minimum of five (5) years for compliance recordkeeping purposes.

## 10. AUDITS, EXAMS, AND ACCESS

**Sponsor may audit Sponsored Entity at any time and may disclose information to regulators, sponsor banks, auditors, or law enforcement without notice or consent of Sponsored Entity. Sponsor shall provide reasonable advance notice (not less than five (5) business days) of any scheduled audit, except in circumstances where Sponsor reasonably believes that advance notice would compromise the audit or that an emergency condition exists.**

Sponsored Entity shall bear all costs related to audits triggered by Sponsored Entity's compliance failures. Costs for routine annual audits conducted at Sponsor's initiative shall be allocated as specified in Schedule A. Sponsor shall provide Sponsored Entity with a copy of any audit findings report and Sponsored Entity shall have fifteen (15) business days to provide a written response.

## 11. SUSPENSION AND STEP-IN RIGHTS

**Sponsor may immediately suspend any transaction, customer, or the entire program and may assume full operational control if Sponsor determines any regulatory, financial, operational, or reputational risk exists.**

### 11.1 Customer Notification During Suspension

**In the event of a suspension affecting customer transactions, the following notification obligations apply:**

- For suspensions lasting more than two (2) business days, Sponsor shall direct Sponsored Entity to notify affected customers in writing of the suspension and anticipated timeline for resolution, in a form approved by Sponsor;
- In the event of a full program suspension, Sponsor shall determine the appropriate customer notification strategy in compliance with applicable consumer protection laws;
- Sponsored Entity shall cooperate fully and immediately with all Sponsor-directed customer communication activities.

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Pending customer transactions at the time of suspension shall be processed, returned, or refunded in accordance with Sponsor's instructions and applicable law.

## 12. TERMINATION

**Sponsor may terminate this Agreement immediately for cause, including but not limited to: regulatory breaches, misrepresentation, bank demand, system failures, or failure to maintain required insurance. Either Party may terminate for convenience with sixty (60) days' prior written notice.**

### 12.1 Post-Termination Consumer Protection

**Upon termination, Sponsored Entity shall:**

- immediately cease initiating new transactions and soliciting new customers;
- transfer to Sponsor within five (5) business days all customer records, transaction histories, AML files, and pending transaction data in Sponsor's prescribed format;
- ensure that all customer funds in transit at the time of termination are completed, returned, or refunded in accordance with Sponsor's written instructions;
- not retain any customer data beyond the period required by applicable law and Sponsor's data retention policy;
- make itself available for regulatory inquiries related to pre-termination activities for a period of five (5) years following termination.

The obligations under Sections 9 (Compliance), 14 (Indemnification), 17 (Confidentiality and Data Security), 21 (Consumer Complaints), and 23 (Intellectual Property) shall survive termination of this Agreement.

### 12.2 Cure Period for Certain Breaches

**Notwithstanding the immediate termination rights set forth above, Sponsor shall provide Sponsored Entity with a thirty (30) day written notice and opportunity to cure prior to exercising termination rights for the following breach categories:**

- Operational issues that do not pose an immediate regulatory or compliance risk;
- Reporting delays that do not constitute a material violation of this Agreement or applicable law.

## 13. REPRESENTATIONS AND WARRANTIES

**Sponsored Entity represents, warrants, and covenants to Sponsor as follows, as of the Effective Date and throughout the Term of this Agreement:**

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### 13.1 Corporate and Legal Standing

- Sponsored Entity is a validly formed and existing entity in good standing under the laws of its jurisdiction of organization.
- This Agreement has been duly authorized by Sponsored Entity's governing body and constitutes a valid and binding obligation.

### 13.2 Accuracy of Information

- All information provided to Sponsor in connection with this Agreement is accurate, complete, and not misleading.
- Sponsored Entity will promptly notify Sponsor of any material change in the information previously provided.

### 13.3 No Undisclosed Regulatory or Legal Matters

- There are no pending or threatened regulatory investigations, enforcement actions, civil litigation, or criminal proceedings against Sponsored Entity, its principals, officers, or directors that have not been disclosed to Sponsor in writing prior to execution.
- Sponsored Entity shall immediately notify Sponsor in writing of any such matter that arises during the Term.

### 13.4 Background and OFAC Screening of Principals

- **Sponsored Entity represents that all principals, officers, and directors (collectively, "Control Persons") have undergone fingerprint-based criminal background checks and OFAC/SDN List screenings within ninety (90) days prior to the Effective Date, with clear results.**
- Sponsored Entity shall provide Sponsor with documentary evidence of such screenings within five (5) business days of a written request.
- Any Control Person added during the Term shall be subject to equivalent screening, and results shall be disclosed to Sponsor within fifteen (15) days of the addition.

### 13.5 AML Program and Compliance Capabilities

- Sponsored Entity has or will have, prior to commencing operations, a written AML/BSA/CFT program that complies with the requirements of Section 9 of this Agreement.
- Sponsored Entity has or will implement information technology and security systems adequate to support the transaction monitoring, KYC/CDD, and OFAC screening obligations of this Agreement.
- Sponsored Entity will not materially change its business model, products, customers, geographies, or Control Persons without prior written approval of Sponsor.

### 13.6 Insurance

- Sponsored Entity maintains, and will maintain throughout the Term, the insurance coverages required by Section 16 of this Agreement.

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## 14. INDEMNIFICATION

### 14.1 Indemnification by Sponsored Entity

**Sponsored Entity shall fully indemnify, defend, and hold harmless Sponsor, its sponsoring banks, directors, officers, employees, and agents (collectively, "XPS Indemnitees") from and against any and all claims, losses, fines, penalties, regulatory assessments, and liabilities arising from or related to:**

- Sponsored Entity's violation of any provision of this Agreement;
- Sponsored Entity's failure to comply with applicable AML/BSA/CFT, OFAC, or consumer protection laws;
- any misrepresentation or breach of warranty by Sponsored Entity;
- any third-party claim arising from Sponsored Entity's activities under this Agreement;
- any action or omission of Sponsored Entity's employees, agents, sub-contractors, or technology providers.

### 14.2 Indemnification by Sponsor

**Sponsor shall indemnify, defend, and hold harmless Sponsored Entity from and against claims, losses, and liabilities arising from:**

- Sponsor's gross negligence or willful misconduct in the performance of its obligations under this Agreement;
- any wrongful refusal, freezing, or reversal of customer transactions that is proven to have been caused solely by Sponsor's error and not by any compliance obligation.

For the avoidance of doubt, Sponsor's indemnification obligation shall not apply to any action taken by Sponsor in good faith in reliance on a compliance obligation, regulatory requirement, or bank directive.

### 14.3 Indemnification Procedures

The indemnified party shall: (i) promptly notify the indemnifying party in writing of any claim; (ii) provide reasonable cooperation to the indemnifying party; and (iii) allow the indemnifying party to control the defense and settlement of the claim, provided that no settlement shall be entered into that imposes any obligation or restriction on the indemnified party without its prior written consent.

## 15. LIMITATION OF LIABILITY

**Sponsor shall not be liable for indirect, incidental, special, consequential, or punitive damages arising out of or related to this Agreement, regardless of the form of action or the theory of liability.**

**Sponsor's total liability to Sponsored Entity for any cause of action arising under or in connection with this Agreement shall be capped at the total fees paid by Sponsored Entity to Sponsor in the twelve (12) months immediately preceding the event giving rise to the claim, except in cases of Sponsor's gross negligence or willful misconduct.**

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The limitation of liability set forth in this Section shall not apply to: (i) claims arising from a Party's indemnification obligations; (ii) breach of confidentiality obligations; (iii) Sponsor's regulatory failures that arise solely from Sponsor's own actions and are not attributable to Sponsored Entity's conduct.

## 16. INSURANCE

**Sponsored Entity shall obtain and maintain, at its sole cost and expense, throughout the Term and for a period of three (3) years following termination, the following insurance coverages:**

- Errors and Omissions (E&O) / Professional Liability: minimum coverage of $1,000,000 per occurrence and $2,000,000 in the aggregate;
- Cyber Liability / Data Breach Insurance: minimum coverage of $2,000,000 per occurrence;
- Fidelity Bond / Crime Insurance: minimum coverage of $500,000, covering employee dishonesty and computer fraud;
- Commercial General Liability: minimum coverage of $1,000,000 per occurrence.

**All policies shall name Sponsor as an additional insured and shall include a thirty (30) day notice of cancellation or material change clause. Sponsored Entity shall provide Sponsor with certificates of insurance and endorsements evidencing such coverages within ten (10) business days of the Effective Date and upon each policy renewal. Failure to maintain required insurance is a material breach and grounds for immediate termination under Section 12.**

## 17. CONFIDENTIALITY, DATA SECURITY, AND DATA PROTECTION

### 17.1 Security Standards

**Sponsored Entity shall implement and maintain information security standards that comply with:**

- Payment Card Industry Data Security Standard (PCI-DSS) Level 1, or such equivalent standard as approved by Sponsor in writing;
- National Institute of Standards and Technology (NIST) Cybersecurity Framework or equivalent;
- All applicable New Jersey data security requirements, including the New Jersey Identity Theft Prevention Act, N.J.S.A. 56:11-44 et seq.

Sponsored Entity shall provide Sponsor with evidence of its current PCI-DSS certification or a third-party audit report demonstrating compliance with the NIST Cybersecurity Framework upon request and at minimum annually, within thirty (30) days of the anniversary of the Effective Date. Failure to provide such evidence shall be grounds for immediate suspension under Section 11.

### 17.2 Ownership of Customer Data

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**XPS247 Inc. is and shall remain the sole owner of all customer data, transaction data, and compliance data generated in connection with money transmission activities under this Agreement ("Customer Data"). Sponsored Entity's access to Customer Data is limited to a non-exclusive, non-transferable license to use such data solely for the purpose of performing its obligations under this Agreement.**

Sponsored Entity shall not: (i) sell, transfer, or disclose Customer Data to any third party without Sponsor's prior written consent; (ii) use Customer Data for any purpose other than fulfillment of this Agreement; (iii) retain Customer Data beyond the period required by applicable law following termination of this Agreement.

## 17.3 Data Retention and Destruction

**Sponsored Entity shall retain all Customer Data and transaction records in accordance with:**

- BSA recordkeeping requirements (minimum five (5) years from the date of last transaction);
- OFAC-related records (minimum five (5) years from the date of screening);
- Sponsor's data retention schedule, as provided in writing from time to time.

Upon expiration of the retention period or upon Sponsor's written request, Sponsored Entity shall destroy all Customer Data using industry-standard secure destruction methods and provide written certification of destruction to Sponsor within fifteen (15) business days.

## 17.4 Security Incident Response

**Sponsored Entity shall maintain a formal written Incident Response Plan. In the event of any security incident involving Customer Data, unauthorized access to transaction systems, or any cyber event that may affect Sponsor's regulatory obligations, Sponsored Entity shall:**

- notify Sponsor's designated security contact within four (4) hours of discovery of the incident;
- provide a written incident report to Sponsor within twenty-four (24) hours of discovery, including a description of the incident, data potentially compromised, and initial containment steps taken;
- cooperate fully with Sponsor in the investigation, containment, and remediation of the incident;
- not issue any public statement, regulatory notification, or customer notification related to the incident without Sponsor's prior written approval, except as required by law.

Sponsor shall retain the right to direct the regulatory notification process for any incident that may implicate Sponsor's regulatory obligations as the Licensed Entity.

## 17.5 Consumer Data Protection Compliance

**Sponsored Entity shall comply with all applicable consumer data protection laws in the processing of Customer Data, including:**

- the New Jersey Identity Theft Prevention Act (N.J.S.A. 56:11-44 et seq.);
- the Gramm-Leach-Bliley Act (GLBA) privacy requirements applicable to financial institutions;
- all applicable FinCEN data protection and recordkeeping obligations.

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Sponsored Entity shall not use Customer Data for marketing purposes, profiling, or any purpose other than the performance of money transmission services under this Agreement.

## 18. GOVERNING LAW

**This Agreement is governed by the laws of the State of New Jersey, without giving effect to its conflict of laws provisions, with exclusive venue in the courts of the State of New Jersey or the United States District Court for the District of New Jersey, as applicable.**

## 19. CONSUMER PROTECTION AND COMPLAINT HANDLING

### 19.1 Consumer Disclosures

**Prior to each transaction, Sponsored Entity shall provide each customer with disclosures, in a form approved by Sponsor, that clearly state:**

- the identity of XPS247 Inc. as the licensed money transmitter;
- applicable transaction fees and exchange rates;
- the right to cancel the transaction within the period required by applicable law;
- a description of the complaint process required by Section 19.2 below.

### 19.2 Complaint Handling

**Sponsored Entity shall maintain a formal consumer complaint handling procedure that:**

- provides consumers with a clearly identified channel to submit complaints;
- acknowledges all complaints within three (3) business days;
- resolves or escalates all complaints within fifteen (15) business days of receipt;
- maintains a complaint log with date, customer identification, nature of complaint, resolution, and resolution date.

Sponsored Entity shall provide Sponsor with a monthly summary of all consumer complaints. Any complaint alleging fraud, AML/BSA violations, or regulatory non-compliance shall be reported to Sponsor immediately.

### 19.3 Prohibition on Deceptive Practices

**Sponsored Entity shall not engage in any deceptive, unfair, or abusive acts or practices in connection with the services offered under this Agreement. Sponsored Entity shall not represent itself as a licensed money transmitter or misrepresent XPS247's role to any customer or regulatory authority.**

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## 20. CHANGE OF CONTROL

**For purposes of this Section, "Change of Control" means any transaction or series of transactions resulting in: (i) the acquisition of more than fifty percent (50%) of the voting equity of Sponsored Entity by a person or entity not currently a shareholder; (ii) the sale of all or substantially all of the assets of Sponsored Entity; (iii) a merger or consolidation of Sponsored Entity with or into another entity; or (iv) any material change in the Control Persons (officers, directors, or beneficial owners of 25% or more) of Sponsored Entity.**

Sponsored Entity shall provide Sponsor with at least thirty (30) days' prior written notice of any proposed Change of Control. Sponsor shall have the right, exercisable within thirty (30) days of receipt of such notice, to:

- approve the proposed Change of Control and continue this Agreement, subject to completion of updated due diligence and AML screening of incoming Control Persons;
- condition its approval on the execution of an amended Agreement or additional representations and warranties; or
- terminate this Agreement effective as of the date of the Change of Control.

**Any Change of Control occurring without Sponsor's prior written approval shall constitute a material breach of this Agreement, entitling Sponsor to immediately terminate for cause.**

### 20.1 Change of BSA Compliance Officer

**Sponsored Entity shall notify Sponsor in writing at least fifteen (15) days prior to any planned change of its designated BSA Compliance Officer. Any new BSA Compliance Officer shall be subject to Sponsor's prior written approval, which shall not be unreasonably withheld, conditioned, or delayed. Sponsor shall have the right to interview the proposed BSA Compliance Officer and review their qualifications, training, and background. In the event of an unplanned departure of the BSA Compliance Officer, Sponsored Entity shall notify Sponsor within twenty-four (24) hours and shall appoint an interim BSA Compliance Officer subject to Sponsor's approval.**

## 21. INTELLECTUAL PROPERTY

### 21.1 Ownership of Customer and Transaction Data

**As set forth in Section 17.2, all Customer Data is owned exclusively by Sponsor. Upon termination or expiration of this Agreement, Sponsored Entity shall return or destroy all Customer Data as directed by Sponsor.**

### 21.2 XPS247 Brand and Trademarks

Sponsored Entity is granted a limited, non-exclusive, non-transferable, revocable license to use XPS247's name and approved trademarks solely to the extent necessary to perform its obligations under this Agreement and as expressly pre-approved in writing by Sponsor. Sponsored Entity shall not use Sponsor's

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name, logo, or trademarks in any manner that suggests it is endorsed by or affiliated with Sponsor beyond the authorized agent relationship.

### 21.3 Technology and Systems

Each Party shall retain exclusive ownership of its pre-existing intellectual property. Any technology, systems, or methodologies developed by Sponsored Entity solely for the purpose of this Agreement, using Sponsor's Confidential Information or Customer Data, shall be disclosed to Sponsor, and Sponsor shall have a perpetual, royalty-free license to use such technology in connection with its regulated activities.

## 22. BACKGROUND CHECKS AND PERSONNEL REQUIREMENTS

**Prior to commencing operations under this Agreement and annually thereafter, Sponsored Entity shall:**

- **conduct fingerprint-based criminal background checks on all Control Persons and provide results to Sponsor upon request;**
- conduct OFAC/SDN List screenings of all Control Persons;
- conduct criminal background checks and OFAC screenings on all employees who handle customer funds or who have access to sensitive customer data, prior to their commencement of duties.

**Sponsored Entity shall immediately notify Sponsor if any Control Person or employee is found to: (i) have a prior criminal conviction involving fraud, financial crimes, or violations of financial regulations; (ii) appear on the OFAC SDN List or any other sanctions list; or (iii) become subject to any regulatory enforcement action.**

Sponsor reserves the right to require Sponsored Entity to remove from duties under this Agreement any individual whose background check results raise material compliance concerns.

## 23. BUSINESS CONTINUITY AND DISASTER RECOVERY

**Sponsored Entity shall maintain a written Business Continuity Plan (BCP) and Disaster Recovery Plan (DRP) that ensure the continuity of its compliance and transaction-support obligations under this Agreement in the event of a system failure, natural disaster, or other disruptive event. The BCP and DRP shall:**

- be reviewed and tested at least annually;
- provide for the continuation of transaction monitoring, KYC/CDD, and OFAC screening activities within twenty-four (24) hours of any disruptive event;
- include a communication protocol for notifying Sponsor within four (4) hours of any event that may materially disrupt Sponsored Entity's operations.

Sponsored Entity shall provide Sponsor with a summary of its BCP and DRP upon request and shall promptly notify Sponsor of any invocation of such plans.

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## 24. FORCE MAJEURE

**Neither Party shall be liable for any delay or failure to perform its obligations under this Agreement to the extent that such delay or failure is caused by an event beyond that Party's reasonable control and without its fault or negligence, including but not limited to: acts of God, natural disasters, war, terrorism, national emergency, government action, pandemic, or failure of third-party infrastructure not attributable to that Party's negligence (a "Force Majeure Event").**

The Party affected by a Force Majeure Event shall: (i) provide the other Party with prompt written notice of the Force Majeure Event and its expected duration; (ii) use commercially reasonable efforts to resume performance as soon as practicable; and (iii) provide regular updates to the other Party during the continuance of the Force Majeure Event.

For the avoidance of doubt, a Force Majeure Event shall not excuse either Party's obligations to comply with applicable law, including AML/BSA/CFT obligations, OFAC screening, and regulatory reporting requirements, which shall be performed to the extent feasible under the circumstances.

## 25. DISPUTE RESOLUTION

### 25.1 Negotiation

The Parties shall attempt in good faith to resolve any dispute, controversy, or claim arising out of or relating to this Agreement through negotiation between senior representatives of each Party within thirty (30) days of written notice by one Party to the other identifying the dispute.

### 25.2 Binding Arbitration

**If the dispute is not resolved through negotiation within thirty (30) days of written notice, the Parties agree to submit the dispute to binding arbitration administered by the American Arbitration Association (AAA) under its Commercial Arbitration Rules. The arbitration shall be conducted:**

- by a single arbitrator mutually agreed upon by the Parties, or if not agreed, appointed by the AAA;
- in the State of New Jersey;
- in the English language.

The arbitrator's decision shall be final and binding, and judgment may be entered upon it in any court of competent jurisdiction.

### 25.3 Interim Relief

**Notwithstanding the obligation to arbitrate, either Party may seek preliminary or permanent injunctive relief from a court of competent jurisdiction to prevent irreparable harm, including but not limited to violations of AML/BSA/CFT obligations, OFAC sanctions, data security breaches, or misappropriation of**

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**confidential information. The seeking of such relief shall not be deemed a waiver of the right to arbitrate the underlying dispute.**

### 25.4 Waiver of Jury Trial

**TO THE EXTENT PERMITTED BY APPLICABLE LAW, EACH PARTY HEREBY IRREVOCABLY WAIVES ANY RIGHT TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY.**

## 26. NOTICES

**All formal notices, demands, approvals, and other communications under this Agreement shall be in writing and shall be deemed duly given upon: (i) personal delivery; (ii) delivery by nationally recognized overnight courier (with confirmation of delivery); or (iii) electronic mail with written confirmation of receipt.**

Notices to Sponsor shall be addressed to:

**XPS 247 Inc.**

***2365 Dog Leg CT,***
***Brooksville, Florida, 34604.***
**Attn: Chief Compliance Officer / BSA Officer**
**Diana Darlene Corbin**
**Email: xps247@compliance.com**

Notices to Sponsored Entity shall be addressed to:

**Continental United Services Corp.**

***7914 Roosevelt Avenue , Jackson Heights NY 11372.***
***New York, NY, 11372.***
**Attn: Chief Compliance Officer / BSA Officer**
**Dorota Quiceno**
**Email: *compliance@continentalus.net***

## 27. MISCELLANEOUS

### 27.1 Assignment

Sponsored Entity may not assign this Agreement or any of its rights or obligations hereunder without Sponsor's prior written consent. Any purported assignment without such consent shall be void. Sponsor may assign this Agreement to any affiliate or successor entity without Sponsored Entity's consent,

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provided that Sponsor provides written notice to Sponsored Entity within thirty (30) days of such assignment.

### 27.2 Unilateral Policy Updates by Sponsor

Sponsor may update its internal compliance policies, procedures, transaction limits, and AML standards applicable to Sponsored Entity upon thirty (30) days' written notice. Sponsored Entity's continued operation under this Agreement following such notice constitutes acceptance of the updated policies.

### 27.3 Severability

If any provision of this Agreement is held invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect, and the Parties shall negotiate in good faith to replace the invalid provision with a valid provision that achieves the same economic and commercial result.

### 27.4 Entire Agreement

This Agreement, together with all Schedules and Riders attached hereto, constitutes the entire agreement between the Parties with respect to its subject matter and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions, whether oral or written.

### 27.5 Amendments

This Agreement may only be amended by a written instrument signed by duly authorized representatives of both Parties, except that Sponsor may amend Schedule A (Fee Schedule), Schedule B (Transaction Limits), and internal compliance policies in accordance with the notice provisions of this Agreement.

### 27.6 No Waiver

No failure or delay by either Party to exercise any right under this Agreement shall constitute a waiver of that right. Any waiver must be in writing and signed by the waiving Party.

### 27.7 Counterparts

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Electronic signatures shall be deemed valid.

## 28. STATE EXPANSION RIDERS

The geographic scope of this Agreement may be expanded to additional states by the execution of State-Specific Riders substantially in the form of Schedule C (State Rider Template), subject to:

- completion of all applicable regulatory filings and approvals in the target state;
- completion of Sponsor's compliance and bank review for the target state;
- execution of a written amendment to this Agreement; and
- Sponsored Entity's delivery of any additional representations, warranties, or compliance documentation required for the target state.

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### 28.1 Pre-Approved State List

**Sponsor may provide Sponsored Entity with a written list of "Pre-Approved States" where Sponsor holds an active license and for which a standardized State Rider and compliance package have been developed. For any state on such list, Sponsored Entity may request activation by providing thirty (30) days' written notice to Sponsor, along with a completed State Rider for that state. Sponsor shall have the right to reject any activation request within such thirty (30) day period if Sponsor determines, in its sole discretion, that Sponsored Entity's compliance program, financial condition, or business model presents unacceptable risk for that specific state. If not rejected within thirty (30) days, the State Rider shall be deemed effective.**

**No activities shall be conducted in any state outside of New Jersey until a State-Specific Rider for that state has been executed by both Parties and all conditions set forth therein have been satisfied.**

## SIGNATURES

**IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date first written above.**

**XPS 247 INC.**

DocuSigned by:

By PAULO KOO

ADEA2F3666484AC...

Name: **Paulo Alves Koo**

Title: **Chief Executive Officer (CEO)**

Date: **May 15th, 2026**

**Continental United Services Corp.**

DocuSigned by:

By Wilson Quiceno

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Name: **Wilson Quiceno**

Title: **Chief Executive Officer (CEO)**

Date: **May 15th, 2026**

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# SCHEDULE A

## FEE SCHEDULE (VOLUME-BASED)

**(Attached to MTaaS Sponsorship Agreement — All fees must be fully defined at time of execution. No TBD items permitted. All deposits related to remittance transactions must be made into a U.S.-based bank account designated by XPS 247.)**

### 1. Transaction Fees (Fiat-Only, C2C)

#### A. Per-Volume Fees (Tiered by Monthly Volume)

| Monthly Transaction Volume | Fee per Transaction | Notes |
|---|---|---|
| $0 – $5 million | $[1.20] | |
| $5 million – $20 million | $[0.95] | |
| $20 million – $40 million | $[0.80] | |
| $40 million+ | $[0.60] | |

*Ramp-Up Stimulus: 25% discount (Month 1), 15% discount (Month 2), 10% discount (Month 3).*

#### B. Settlement and Exception Fees

| Item | Fee |
|---|---|
| ACH Return / Reject | $6.00 |
| Wire Recall / Manual Intervention | $25.00 |
| Regulatory Hold / Freeze Processing | $15.00 per event |
| Chargeback / Dispute Handling | $45.00 per case |

#### C. Compliance and Oversight Fees

| Item | Fee | Notes |
|---|---|---|
| Monthly Compliance Oversight Fee | $[500.00/1,000.00] | Fixed monthly fee |
| Enhanced Monitoring / EDD Review | $[10.00] per case | Per EDD case triggered |
| Independent AML Audit (Pass-Through) | At Cost | Pre-approved |
| Regulator Exam Support (Sponsor Error) | At Cost | Allocated as agreed |
| Regulator Exam Support (Agent Error) | $[300.00]/hour | |

#### D. Fee Adjustment Policy

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Sponsor may adjust fees upon thirty (30) days' written notice, or immediately if required by regulators or sponsoring bank. Fee disputes shall be resolved per Section 8.1 of the Agreement.

# SCHEDULE B

## TRANSACTION LIMITS AND CONTROLS

This Schedule B sets forth the transaction limits and risk-based threshold framework applicable to Continental United Services Corp. ("Sponsored Entity") under the MTaaS Sponsorship Agreement (the "Agreement"). These limits are a condition of the sponsorship and constitute mandatory requirements under Continental United Services Corp.'s AML/BSA/CFT Compliance Program. All limits herein are cumulative across all channels and transaction types unless otherwise specified.

### 1. Standard Customer Transaction Limits — Continental United Services Corp.

The following limits apply by default to all customers of Continental United Services Corp. that are onboarded and classified as Standard (Low) Risk:

| Limit Type | Amount (USD) | Notes |
|---|---|---|
| Maximum Per-Transaction Limit | $3,000.00 | Single transaction ceiling |
| Maximum Daily Aggregate Limit | $3,000.00 | Cumulative per calendar day |
| Maximum Monthly Aggregate Limit | $10,000.00 | Triggers EDD review |
| Maximum Six-Month Aggregate Limit | $50,000.00 | Triggers enhanced monitoring |
| Maximum Monthly Program Volume | As agreed with XPS 247 | Triggers risk review |

Any transaction or pattern of transactions that approaches or exceeds the Six-Month Aggregate Limit shall immediately trigger a mandatory Enhanced Due Diligence (EDD) review, including but not limited to: re-verification of government-issued identification, written source-of-funds declaration, and review and approval by Continental United Services Corp.'s designated BSA/AML Compliance Officer.

### 2. Risk-Based Threshold Framework

Continental United Services Corp. shall operate a risk-based customer classification system consistent with FinCEN's CDD Final Rule (31 CFR § 1010.230):

| Risk Level | Per Transaction | Daily Aggregate | Monthly Aggregate | Six-Month Aggregate |
|---|---|---|---|---|
| Low | $3,000 | $3,000 | $10,000 | $50,000 |
| Medium | $2,000 | $2,000 | $7,500 | $25,000 |
| High | $1,000 | $1,000 | $3,000 | $10,000 |

All customers rated as High Risk must receive prior written approval from Continental United Services Corp.'s BSA/AML Compliance Officer before any transaction is processed.

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### 3. AML Program Conditions — Continental United Services Corp.

The transaction limits set forth in this Schedule B are conditions of sponsorship under the Agreement. Continental United Services Corp.'s AML/BSA/CFT Compliance Program shall include, at minimum:

- Automated transaction monitoring capable of flagging and blocking transactions that exceed applicable limits before settlement;
- Real-time alerts to Continental United Services Corp.'s BSA/AML Compliance Officer when any customer reaches 80% of the applicable Monthly Aggregate or Six-Month Aggregate limit;
- Mandatory suspension of customer transactions upon reaching the Six-Month Aggregate Limit pending completion of EDD review and written approval to resume;
- Monthly reporting to XPS 247 Inc. Compliance Department of any customer who reached or exceeded 90% of any limit in the prior calendar month;
- Documentation and retention (minimum five (5) years) of all limit exceptions, EDD reviews, and approvals granted for transactions at or near applicable limits;
- Annual review of limit adequacy in light of evolving customer base, transaction volumes, and regulatory guidance, with proposed adjustments submitted to XPS 247 Inc. for prior written approval.

**Failure by Continental United Services Corp. to implement, maintain, or enforce the transaction limits and controls set forth in this Schedule B shall constitute a material breach of the Agreement and may result in immediate suspension of all sponsored operations by XPS 247 Inc. pursuant to Section 11 of the Agreement.**

### 4. Limit Modification Procedure

Transaction limits set forth in this Schedule B may only be modified in accordance with the following procedure:

- Continental United Services Corp. submits a written request to XPS 247 Inc.'s Chief Compliance Officer, including the proposed new limit, the business justification, and a description of any additional controls to be implemented;
- XPS 247 Inc. conducts a risk review within thirty (30) calendar days of receipt of the request;
- Limit modifications are effective only upon execution of a written amendment to this Schedule B signed by authorized representatives of both Parties;
- XPS 247 Inc. reserves the right to decrease any applicable limit at any time upon five (5) business days' written notice to Continental United Services Corp., without requiring Sponsored Entity's consent, if XPS 247 Inc. determines in its sole discretion that an increased risk profile, regulatory requirement, or bank directive so requires.

## SCHEDULE C

### STATE RIDER TEMPLATE (MULTI-STATE EXPANSION)

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## 1. State Covered

This Rider applies solely to the State of: **New Jersey**

## 2. License Authority

Services in this State are provided only under Sponsor's active license coverage for the applicable jurisdiction. Sponsor's license in this State of New Jersey — **# LO71432 — Active**

## 3. State-Specific Requirements

Sponsored Entity shall comply with:

- State transaction limits as set forth in Schedule B (as amended for this State);
- Permissible instruments under this State's money transmission law;
- Reporting timelines required by this State's regulator;
- Consumer disclosure rules specific to this State.

## 4. Suspension Rights

Sponsor may:

- Suspend operations in this State only, without affecting other active State Riders;
- Impose State-specific transaction limits;
- Terminate this Rider without affecting the Agreement or other State Riders.

## 5. No Automatic Expansion

No State is activated under this Agreement unless:

- This Rider is fully executed by both Parties;
- Compliance review for this State is completed and documented;
- Bank approval (if required by Sponsor's sponsoring bank) is obtained;
- All applicable state regulatory filings and approvals are confirmed by Sponsor in writing.

# BANK EXAM DIAGRAM AND NARRATIVE

## A. Bank-Facing Transaction Flow

**Consumer Sender**

↓

*(KYC/CDD completed by Sponsored Entity; verified against XPS247 standards)*

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↓

**UTek Platform / UHD Global**

*(Technology Infrastructure Only — No Funds Held or Transmitted)*

↓

**XPS 247 Inc. (Licensed Money Transmitter)**

*(Transaction Approval, Monitoring, OFAC Screening, SAR Authority, Regulatory Control)*

↓

**U.S. Banking Rails (ACH / RTP / Wire)**

↓

**Recipient Bank Account**

## B. Bank Exam Narrative (Use Verbatim)

*"The program facilitates fiat-only consumer-to-consumer money transmission. UHD Global LLC provides technology and marketplace infrastructure only and does not engage in regulated activity.*

*All money transmission is conducted exclusively by XPS 247 Inc., a licensed money transmitter under N.J.S.A. 17:15C-1 et seq. and registered with FinCEN as a Money Services Business. XPS247 retains full regulatory control, including transaction approval, monitoring, holds, SAR filing authority, CTR filing, and regulator interaction.*

*Sponsored Entity acts as XPS247's Authorized Delegate and is registered as such with NJDOBI. Sponsored Entity conducts KYC/CDD and OFAC screening of customers at onboarding and per-transaction, in accordance with XPS247's compliance program.*

*No cryptocurrency, stablecoins, or virtual assets are supported. Any future crypto activity would require a separate agreement, new compliance framework, and bank approval."*

**This language is exam-safe.**

## C. Program Structure Summary

| Layer | Parties | Function |
|---|---|---|
| MTaaS Agreement | XPS 247 ↔ Sponsored Co. | Licensing, compliance & regulatory framework |
| Marketplace Agreement | UHD/UTek ↔ Sponsored Co. | Technology only — no regulatory activity |
| Bank Narrative | XPS-centric | Exam clarity — licensed entity is XPS247 |
| State Riders | XPS-controlled | Scalable multi-state expansion |

**FINAL STRUCTURE — APPROVED AND REGULATORY ALIGNED**

Docusign Envelope ID: 28551D65-CC45-873E-8233-B96A104CD60E

# Exhibit 12 - Raquel Teixeira's Adult Children Birth Certificate

Judiciary - State of Tocantins
Electronic Inspection Seal
**126706AAA230022-TI7**
Check this seal at
https://corregedoria.tjto.jus.br/index.php/selodigital

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

# FULL BIRTH CERTIFICATE

Name

## ** EDUARDA TEIXEIRA GIRALDE **

Registration

**126706 01 55 1998 1 00017 151 0013170 56**

**I HEREBY CERTIFY that**, upon reviewing the BIRTH RECORD books maintained at this Registry Office, at the request of the interested party, I found the following record: under number thirteen thousand one hundred seventy, page one hundred fifty-one of book A-seventeen, on June first, nineteen ninety-eight (06/01/1998), in this City and Judicial District of Palmas, State of Tocantins, MARCO AURÉLIO GIRALDE appeared and declared that, on June first, nineteen ninety-eight (06/01/1998), at two forty a.m. (02:40 a.m.), at Dona Juliana Hospital, in Palmas-Tocantins, a female child was born, who was given the name: **EDUARDA TEIXEIRA GIRALDI**, daughter of **MARCO AURÉLIO GIRALDE** and **RAQUEL TEIXEIRA GIRALDE**, he was born in Marília-São Paulo, Systems Analyst, born on 08/15/1969, holder of Identity Card No. -15.257.372-SSP-SP, she was born in Rio de Janeiro-Rio de Janeiro, Psychologist, born on 05/23/1961, holder of Identity Card No.-505.867-SSP-DF, residing and domiciled in Palmas-Tocantins. Paternal grandparents are **GEONYS GIRALDE** and **MARIA RUIZ GIRALDE**; and maternal grandparents are **GENTIL TEIXEIRA** and **JULCELINA FRIAÇA TEIXEIRA**. The mother was thirty-seven (37) years old at the time of childbirth. The registrant is the twin sister of RAYSA TEIXEIRA GIRALDE. Nothing further was declared. Witnesses were waived upon presentation of the Live Birth Certificate issued by the Ministry of Health under No. 28988773, pursuant to the Normative Code of the Judicial Administrative Department of the Court of Justice of the State of Tocantins, to which I certify. Having been read and found to be correct, the declarant signed. The parents reside at: ARSE 92 QI 15 AL 08 LT 07, Palmas-Tocantins. Fees: R$8.36. I, (Official Seal) Rosângela Ribeiro Alves, Registrar, typed and signed it. (signed) Marco Aurélio Giralde and Rosângela Ribeiro Alves (Registrar). This was the full content of the aforementioned record, which has been faithfully and accurately transcribed from the original, to which I refer and certify. .*.*.*.*.*.*.*.*.*.*.*.*.* **Note:** The following ANNOTATION appears on the aforementioned record: CPF 022247021140 enrollment information of EDUARDA TEIXEIRA GIRALDE, obtained through the Civil Registry Information Center, pursuant to provision No. 63 of the National Council of Justice (CNJ). Fees: Exempt. Digital Inspection Seal: 126706AAA186070-RRW, 126706AAA186071-EIN, annotated on 12/22/2020. FEES: R$52.96. ISS (*Service Tax*): R$2.65. TOTAL: R$55.61

| |
|---|
| Name of the Office<br>Palmas Civil Registry Office |
| Registrar<br>Missiane Pereira Alves – Acting Registrar |
| City and Judicial District / State<br>Palmas – State of Tocantins |
| Address<br>Block 404 Sul, Lot 10, Avenida LO 11<br>ZIP Code: 77.021-640 - Phone: (63) 3214-1075<br>registropalmas@hotmail.com |

The content of this certificate is true. I certify.

Palmas - Tocantins, September 15, 2021

**----//signature//----**

Alyne Ribeiro Alves
Deputy Registrar

CIVIL REGISTRY OFFICE
Missiane Pereira Alves - Acting Registrar
Alyne Ribeiro Alves - Deputy Registrar
JUDICIAL DISTRICT OF PALMAS - TOCANTINS

AA 017045790 BRP

ARPENBRASIL NATIONAL ASSOCIATION OF NATURAL PERSONS REGISTRARS

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Hague Apostille

Digital Seal

No. 126706AAA230024-JQQ

**REGISTRATION DETAILS**

| | |
|---|---|
| Registration 0018830155 1987 1 0003 050 0000533 31 | cc (55) Type of Service Provided, being:<br>55: Civil Registration Service for Natural Persons |
| Standard aaaaaabbcc dddd e ffff ggg hhhhhhh ii | |
| **DETAILS** | dddd (1987) Year of Registration |
| aaaaaa (00188-3) National Service Code (Unique identification of the registry office) | e (1) Type of book, being:<br>1: Book A (Birth) 4: Book C (Death)<br>2: Book B (Marriage) 5: Book C (Stillborn Registry)<br>3: Auxiliary Book B (Record of Religious marriage for civil purposes) 6: Book D (Publication of Banns)<br>7: Book E (Other Acts Related to Civil Registration) |
| bb (01) Collection Code, being:<br>01 - Own Collection<br>Other Incorporated Collections | |

**Exclusive use for issuing civil registration certificates for natural persons**

CNJ NATIONAL COUNCIL OF JUSTICE

# BRAZIL

APOSTILLE

(Convention de La Haye de 5 octobre 1961)

| | |
|---|---|
| 1. País: (Country / Pays): | FEDERATIVE REPUBLIC OF BRAZIL |
| Este documento público (This public document / Le présent acte public) | |
| 2. Foi assinado por: (Has been signed by / A été signé par) | Alyne Ribeiro Alves |
| 3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de) | Deputy Registrar |
| 4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de) | Palmas Civil Registry Office |
| Certificado (Certified / Attesté) | |
| 5. Em: (At / À): PALMAS | 6. No dia: (The / Le): 09/15/2021 |
| 7. Por: (By / Par): | ALYNE RIBEIRO ALVES |
| 8. Nº: (Nº / Sous nº): | 1106855-21 |
| 9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre) | 10. Firma: (Signature) Assinatura Eletrônica / Electronic Signature / Signature Électronique |

BRASIL APOSTILA APOSTILLE CNJ

Tipo de Documento: (Type of document / Type d'acte) Full Birth Certificate

Nome do titular: (Name of holder of document / Nom du titulaire) EDUARDA TEIXEIRA GIRALDE

Esta Apostila certifica apenas a assinatura, a capacidade do signatário e, quando apropriado, o selo ou carimbo constantes no documento público a que ela está anexada. Ela não certifica o conteúdo do documento para o qual foi emitida.

This Apostille certifies only the signature, the capacity of the person signing it and where appropriate, the seal or stamp which the public document bears. It does not certify the content of the document for which it was issued.

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apostil.cnj.jus.br/pt

A presente Apostila foi firmada com assinatura eletrônica, conforme a Lei nº 11.419/2006.

This Apostille was electronically signed in accordance with Law nº 11.419/2006.

Cette Apostille a été signée par une signature électronique, d'après la Loi nº 11.419/2006.

Dúvidas a respeito desta Apostila entrar em contato com a Ouvidoria do CNJ:

Any questions about this Apostille may be directed to the Ombudsman of the CNJ:

Veuillez contacter l'Ombudsman de la CNJ pour toute question relative à cette Apostille:

6123265353

sistemasnacionais@cnj.jus.br

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Código (Code / Code): 1106855-21

CRC: AA6890AE

Apostil

A3655888

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: July 27, 2026.

Tribunal de Justiça do Estado do Tocantins
Selo Digital de Fiscalização

126706AAA230022-TIZ

Consulte este selo em
https://corregedoria.tjto.jus.br/index.php/selodigital

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

# CERTIDÃO DE NASCIMENTO
## INTEIRO TEOR

Nome

**** EDUARDA TEIXEIRA GIRALDE ****

Matrícula

**126706 01 55 1998 1 00017 151 0013170 56**

**CERTIFICO** que revendo os livros de REGISTRO DE NASCIMENTOS deste Ofício, a pedido da pessoa interessada, neles encontrei um termo, de teor seguinte: sob número treze mil e cento e setenta, folha cento e cinquenta e um do livro A-dezessete, ao primeiro dia do mês de junho do ano de um mil e novecentos e noventa e oito (01/06/1998), nesta Cidade e Comarca de Palmas, Estado do Tocantins, compareceu MARCO AURÉLIO GIRALDE e declarou que, ao primeiro dia do mês de junho do ano de um mil e novecentos e noventa e oito (01/06/1998), às duas horas e quarenta minutos (02:40h), no Hospital Dona Juliana, em Palmas-TO, nasceu uma criança do sexo feminino, que recebeu o nome de: **EDUARDA TEIXEIRA GIRALDE**, filha de **MARCO AURÉLIO GIRALDE** e **RAQUEL TEIXEIRA GIRALDE**, ele natural de Marilia-SP, Analista de Sistema, nascido em 15/08/1969, portador da RG.Nº-15.257.372-SSP-SP, ela natural de Rio de Janeiro-RJ, Psicóloga, nascida em 23/05/1961, portadora da RG.Nº-505.867-SSP-DF, residentes e domiciliados em Palmas-TO., São avós paternos **GEONYS GIRALDE** e **MARIA RUIZ GIRALDE**; e avós maternos **GENTIL TEIXEIRA** e **JULCELINA FRIAÇA TEIXEIRA**. Tendo a mãe, por ocasião do parto, trinta e sete (37) anos de idade. A regristranda é gêmea com RAYSA TEIXEIRA GIRALDE. Nada mais declarou. Dispensada as testemunhas pela apresentação da Declaração de Nascidos Vivos do Ministério da Saúde Nº 28988773, nos termos do Código de Normas da Corregedoria Geral da Justiça do Estado do Tocantins; do que dou fé. Lido e achado conforme, assina o declarante. Os pais residem em:ARSE 92 QI 15 AL 08 LT 07 Palmas-TO. Custas R$8,36 . Eu (Sinal Público) Rosângela Ribeiro Alves, Oficial que o digitei e subscrevi. (aa) Marco Aurélio Giraldе e Rosângela Ribeiro Alves (Oficial ). Era o que continha em dito assento o qual foi bem e fielmente extraido do próprio original, ao qual me reporto e dou fé. * * *

Apostilamento de Haia

Selo Digital nº: 1267O6AAA230024-JQQ

DETALHAMENTO DA MATRÍCULA

| | | | |
|---|---|---|---|
| Matrícula | 0018830155 1987 1 0003 050 0000533 31 | cc (55) | Tipo de Serviço Prestado, sendo: 55: Serviço de Registro Civil das Pessoas Naturais |
| Padrão | aaaaaabbcc dddd e ffff ggg hhhhhhh ii | dddd (1987) | Ano do Registro |
| DETALHAMENTO | | e (1) | Tipo do livro, sendo: 1: Livro A (Nascimento) 2: Livro B (Casamento) 3: Livro B Auxiliar (Registro de casamento religioso para fins civis) 4: Livro C (Óbito) 5: Livro C Auxiliar (Registro de Natimortos) 6: Livro D (Registro de Proclamas) 7: Livro E (Demais atos relativos ao estado civil) |
| aaaaaa (00188-3) | Código Nacional da Serventia (identificação única do cartório) | | |
| bb (01) | Código do Acervo, sendo: 01 - Acervo Próprio Outros - Acervos Incorporados | | |

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

# BRASIL

APOSTILLE

(Convention de La Haye de 5 octobre 1961)

CNJ CONSELHO NACIONAL DE JUSTIÇA

| | |
|---|---|
| 1. País: (Country / Pays): | REPÚBLICA FEDERATIVA DO BRASIL |
| Este documento público (This public document / Le présent acte public) | |
| 2. Foi assinado por: (Has been signed by / A été signé par) | Alyne Ribeiro Alves |
| 3. Na qualidade de: (Acting in the capacity of / Agissant en qualité de) | Oficial Substituta |
| 4. Tem o selo / carimbo de: (Bears the seal / stamp of / Est revêtu du sceau / timbre de) | Cartório de Registro Civil de Palmas-TO |
| Certificado (Certified / Attesté) | |
| 5. Em: (At / À): PALMAS | 6. No dia: (The / Le) 15/09/2021 |
| 7. Por: (By / Par): | ALYNE RIBEIRO ALVES |
| 8. Nº: (Nº / Sous nº): | 1106855-21 |
| 9. Selo / Carimbo: (Seal / Stamp / Sceau / Timbre) | 10. Firma: (Signature) Assinatura Eletrônica / Electronic Signature / Signature Électronique |

Tipo de Documento: (Type of document / Type d'acte) Certidão de Nascimento - Inteiro Teor

Nome do titular: (Name of holder of document / Nom du titulaire) EDUARDA TEIXEIRA GIRALDE

Esta Apostila certifica apenas a assinatura, a capacidade do signatário e, quando apropriado, o selo ou carimbo constantes no documento público. Ela não certifica o conteúdo do documento para o qual foi emitida.

This Apostille certifies only the signature, the capacity of the person signing it and, where appropriate, the seal or stamp which the public document bears. It does not certify the content of the document for which it was issued.

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L'authenticité de cette Apostille, de la signature électronique, ainsi que de l'acte public sous-jacent peut être vérifiée sur:

apostil.cnj.jus.br/pt

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This Apostille was electronically signed in accordance with Law nº 11.419/2006.

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Veuillez utiliser ce Code QR pour vérifier l'authenticité de cette Apostille et de sa signature électronique. Une copie de l'acte public sous-jacent est également disponible sur la même page.

Código (Code / Code)
1106855-21
CRC
AA6890AE

Apostil

A3655888

Judiciary - State of Tocantins
Electronic Inspection Seal
**126706AAA307154-QFQ**
Check this seal at
https://corregedoria.tjto.jus.br/index.php/selodigital

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

# FULL BIRTH CERTIFICATE

Name

## ** RAYSA TEIXEIRA GIRALDE **

Registration

**126706 01 55 1998 1 00017 152 0013171 54**

**Description**

**I HEREBY CERTIFY** that, upon reviewing the BIRTH RECORD books maintained at this Registry Office, at the request of the interested party, I found the following record: under number thirteen thousand one hundred seventy-one, page one hundred fifty-two of book A-seventeen, on the first day of the month of June of the year one thousand nine hundred ninety-eight (06/01/1998), in this City and Judicial District of Palmas, State of Tocantins, MARCO AURÉLIO GIRALDE appeared and declared that, on the first day of the month of June of the year one thousand nine hundred ninety-eight (06/01/1998), at two forty five a.m. (02:45 a.m.), at Dona Juliana Hospital, in Palmas-Tocantins, a female child was born, who was given the name: **RAYSA TEIXEIRA GIRALDI - Twin**, daughter of **MARCO AURÉLIO GIRALDE** and **RAQUEL TEIXEIRA GIRALDE**, he was born in Marília-São Paulo, Systems Analyst, born on 08/15/1969, holder of Identity Card No. -15.257.372-SSP-SP, she was born in Rio de Janeiro-Rio de Janeiro, Psychologist, born on 05/23/1961, holder of Identity Card No.-505.867-SSP-DF, residing and domiciled in Palmas-Tocantins. Paternal grandparents are GEONYS GIRALDE and MARIA RUIZ GIRALDE, and maternal grandparents are GENTIL TEIXEIRA and JULCELINA FRIAÇA TEIXEIRA. The mother was thirty-seven (37) years old at the time of childbirth. 1st CERTIFICATE. The registrant is the twin sister of EDUARDA TEIXEIRA GIRALDE. Nothing further was declared. Witnesses were waived upon presentation of the Live Birth Certificate issued by the Ministry of Health under No. 28988771, pursuant to the Normative Code of the Judicial Administrative Department of the State of Tocantins, to which I certify and having been read and found to be correct, the declarant signed. The parents reside at: ARSE 92 QI 15 AL 08 LT 07, Palmas-Tocantins. Exempt Fees. I, (Official Seal) Rosângela Ribeiro Alves, Registrar, typed and signed it. (signed) Marco Aurélio Giralde and Rosângela Ribeiro Alves, Registrar. This was the full content of the aforementioned record, which has been faithfully and accurately transcribed from the original, to which I refer and certify. * * *

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: July 27, 2026.

Tribunal de Justiça do Estado do Tocantins
Selo Digital de Fiscalização

126706AAA307154-QFQ

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https://corregedoria.tjto.jus.br/index.php/selodigital

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

# CERTIDÃO DE NASCIMENTO
## INTEIRO TEOR

Nome

**** RAYSA TEIXEIRA GIRALDE ****

Matrícula

**126706 01 55 1998 1 00017 152 0013171 54**

Descrição

**CERTIFICO** que revendo os livros de REGISTRO DE NASCIMENTOS deste Ofício, a pedido da pessoa interessada, neles encontrei um termo, de teor seguinte: sob número treze mil e cento e setenta e um, folha cento e cinquenta e dois do livro A-dezessete, ao primeiro dia do mês de junho do ano de um mil e novecentos e noventa e oito (01/06/1998), nesta Cidade e Comarca de Palmas, Estado de Tocantins, compareceu MARCO AURÉLIO GIRALDE e declarou que, ao primeiro dia do mês de junho do ano de um mil e novecentos e noventa e oito (01/06/1998), às duas horas e quarenta e cinco minutos (02:45h), no Hospital Dona Juliana, em Palmas-TO, nasceu uma criança do sexo feminino, que recebeu o nome de: **RAYSA TEIXEIRA GIRALDE - Gêmea**, filha de **MARCO AURÉLIO GIRALDE** e de **RAQUEL TEIXEIRA GIRALDE**, ele natural de Marília-SP, Analista de Sistema, nascido em 15/08/1969, portador da RG Nº-15.257.372-SSP-SP, ela natural de Rio de Janeiro-RJ, Psicóloga, nascida em 23/05/1961, portadora da RG Nº-505.867-SSP-DF, residentes e domiciliados em Palmas-TO., São avós paternos GEONYS GIRALDE e MARIA RUIZ GIRALDE, e avós maternos GENTIL TEIXEIRA e JULCELINA FRIAÇA TEIXEIRA. Tendo a mãe, por ocasião do parto, trinta e sete (37) anos de idade. 1ª CERTIDÃO. A registranda é gêmea com EDUARDA TEIXEIRA GIRALDE.. Nada mais declarou. Dispensada as testemunhas instrumentárias pela apresentação da Declaração de Nascidos Vivos do Ministério da Saúde Nº 28988771, nos termos do Código de Normas da Corregedoria Geral da Justiça do Estado de Tocantins; do que dou fé lido e achado conforme, assina o declarante. Os pais residem em: ARSE 92 QI 15 AL 08 LT 07 Palmas-TO. Custas Isentas. Eu (Sinal Público) Rosangela Ribeiro Alves, Oficial que o digitei e o subscrevi. (aa) Marco Aurélio Giralde e Rosângela Ribeiro Alves Oficial. Era o que continha em dito assento o qual foi bem e fielmente extraído do próprio original, ao qual me reporto e dou fé. ***\