

Immigrant Petition by Regional Center Investor

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-526E

		Fee Receipt	Classification	Action Block
Fo USC Us	CIS se	Remarks	Priority Date	
On	ly	Acmarks		
		Received Relocated Sen	ıt.	
			ceived	
		ecredited representative (if any)	et this box if Form G-28 is hed to represent the ioner.	Attorney or Accredited Representative USCIS Online Account Number (if any)
▶ 5	STA	RT HERE - Type or print in black ink.		
Par	t 1.	. Petition Type		
Selec	et or	ne box:		
1.		This petition is an initial petition	2. This petition is bei Previous Petition F	ng filed to amend a previously filed petition
			► CVIOUS I CUITOR I	Ceccipi i vuinoci
Rea	isoi	ns for Amendment (Select All that Ap	oply)	
3.		Termination of Regional Center		
		N. C.		
		Notice Date of Termination:		
		Has your NCE associated with an approved re	egional center?	☐ Yes ☐ No
				☐ Yes ☐ No ☐ Yes ☐ No
4.		Has your NCE associated with an approved re		
4.		Has your NCE associated with an approved re Have you made a qualifying investment in and		
4.		Has your NCE associated with an approved re Have you made a qualifying investment in and NCE or JCE Debarment	other NCE?	
4.		Has your NCE associated with an approved re Have you made a qualifying investment in and NCE or JCE Debarment Notice Date of Debarment:	other NCE? anding? tal to the extent necessary to sat	Yes No
		Has your NCE associated with an approved re Have you made a qualifying investment in and NCE or JCE Debarment Notice Date of Debarment: Have you associated with an NCE in good stated the state of the	other NCE? anding? tal to the extent necessary to sat	Yes No
Par		Has your NCE associated with an approved results that you made a qualifying investment in and NCE or JCE Debarment Notice Date of Debarment: Have you associated with an NCE in good stated that you invested additional investment capit creation requirements under INA 203(b)(5)(A	other NCE? anding? tal to the extent necessary to sat	Yes No
Par	ide t	Has your NCE associated with an approved results that you made a qualifying investment in and NCE or JCE Debarment Notice Date of Debarment: Have you associated with an NCE in good stated with an NCE in good	anding? tal to the extent necessary to sate.)(ii)?	Yes No
Par Provi	ide t	Has your NCE associated with an approved reflave you made a qualifying investment in and NCE or JCE Debarment Notice Date of Debarment: Have you associated with an NCE in good stated additional investment capic creation requirements under INA 203(b)(5)(A Information About You the following information about yourself. ien Registration Number (A-Number) (if any)	anding? tal to the extent necessary to sate.)(ii)?	Yes No

Par	rt 2. Information About You (co	ontinued)			
You	ur Full Name				
4.	Family Name (Last Name)	Given Name (First	Name)	Middle Na	me
Oth	ner Names Used				
	all other names you have ever used, incluon, use the space provided in Part 12. A		me, and nicknames	. If you need extra	a space to complete this
5.	Family Name (Last Name)	Given Name (First	Name)	Middle Na	me
6.	Family Name (Last Name)	Given Name (First	Name)	Middle Na	me
7.	Date of Birth (mm/dd/yyyy) 8.	Gender Male Femal	le		
Pla	ce of Birth				
9.	City or Town of Birth	10.	State or Province	e of Birth	
11.	Country of Birth				
12.	Country(ies) of Citizenship or National	lity (current and relinquis	shed)		
	FE: If you are a citizen of more than one at 12. Additional Information.	e country or your nationa	lity differs from yo	ur citizenship, pro	ovide the information in
13.	Country of Last Foreign Residence				
Ma	iling Address				
14.	In Care Of Name (if any)				
	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
	Province	Postal Code	Country		(USPS ZIP Code Lookup)
15.	Is your current mailing address the sam If you answered "No" to Item Number			Name of the state	Yes No

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ysical Address				
	the last five years. Provide your art 12. Additional Information.		. If you need extr	a space to complete this
Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code
Province	Postal Code	Country		
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Present			
Street Number and Name			Apt. Ste. Flr.	Number
Succe Number and Name				Trumber
City or Town			State	ZIP Code
City of Town				
Province	Postal Code	Country		
	Tostar Code			
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code
Province	Postal Code	Country		
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
ployment History				
vide your employment history. vided in Part 12. Additional In	List present employment first. If formation.	you need extra spac	e to complete this	section, use the space
Have you ever been employe	d?			☐Yes ☐ 1
	n Number 19. , provide the follow	ving information for	any previous em	

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2. Information About	You (continued)			
Employer Name				
Street Number and Name			And Car Ele	NTl
Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code
City of Town				
Province	Postal Code	Country		
Job Title				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
Employer Name				
Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code
City or Town			State	ZIP Code
Province	Postal Code	Country		
Job Title				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
Employer Name				
Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code
City of Town				ZIF Code
Province	Postal Code	Country		
Job Title	[

Par	t 2. Information About You (continued)		
You	ar Entry Into the United States		
23.	Date of Arrival (mm/dd/yyyy)		
Plac	e of Arrival or Port-of-Entry		
24.	City or Town		25. State
26.	I-94 Arrival-Departure Record Number ▶	27.	Date Period of Authorized Stay Expires/Expired (mm/dd/yyyy)
28.	Passport Number or Travel Document Number	29.	Country That Issued Passport or Travel Document
30.	Date Passport or Travel Document Expires (mm/dd/yyyy)	31.	Current Nonimmigrant Status (if applicable)
32.	Date Current Nonimmigrant Status Expires (mm/dd/yyyy)		
Par	t 3. Information About Your Spouse and Child	ren	
as yo	your spouse and all of your children. Also, note if the individual dependent. If you need additional space to list other children inly Member 1		
1.	Family Name (Last Name) Given Name (F	irst Na	me) Middle Name
1.	Turing (Autoritative)	1150 114	Triddle Ivanie
2.	Date of Birth (mm/dd/yyyy) 3. Country of Birth	h	
4.	If spouse, Country(ies) of Citizenship (current and relinquish	hed)	
5.	Relationship to You Spouse Child		
6.	Applying for Adjustment of Status? Yes No	7.	Applying for Visa Abroad?

Pai	rt 3. Information About Your Sp	ou	se and Children (continued)			
Fai	mily Member 2					
8.	Family Name (Last Name)		Given Name (First Name)	Middle Name		
9.	Date of Birth (mm/dd/yyyy)	0.	Country of Birth			
11.	Relationship to You Spouse]Ch	ild			
12.	Applying for Adjustment of Status?		Yes No 13. Applying for Visa	Abroad?	Yes	No
Fai	mily Member 3					
14.	Family Name (Last Name)		Given Name (First Name)	Middle Name		
15.	Date of Birth (mm/dd/yyyy) 1	6.	Country of Birth			
17.	Relationship to You Spouse	Ch	ild			
18.	Applying for Adjustment of Status?		Yes No 19. Applying for Visa	Abroad?	Yes	No
Fai	mily Member 4					
20.	Family Name (Last Name)		Given Name (First Name)	Middle Name		
21.	Date of Birth (mm/dd/yyyy) 2	22.	Country of Birth			
23.	Relationship to You Spouse] Ch	ild			
24.	Applying for Adjustment of Status?		Yes No 25. Applying for Visa	Abroad?	Yes	No
Fai	mily Member 5					
26.	Family Name (Last Name)		Given Name (First Name)	Middle Name		
27.	Date of Birth (mm/dd/yyyy) 2	28.	Country of Birth			
29.	Relationship to You Spouse] Ch	ild			
30.	Applying for Adjustment of Status?		Yes No 31. Applying for Visa	Abroad?	Yes	No

Pai	t 3. Information About Your Spouse and Children (continued)
Fai	nily Member 6
32.	Family Name (Last Name) Given Name (First Name) Middle Name
<i>.</i>	Tailing Peans (East Peans) Orver Peans (First Peans) Indicate Peans
33.	Date of Birth (mm/dd/yyyy) 34. Country of Birth
<i>.</i>	S4. Country of Birth
35.	Relationship to You Spouse Child
36.	Applying for Adjustment of Status?
 Pai	t 4. Information About Your Regional Center and Project Application
1.	What is the receipt number for the regional center's Form I-956F, Application for Approval of an Investment in a Commercial Enterprise, associated with the offering and project into which you have invested or are actively in the process of investing?
2.	What is the receipt number for the approved Regional Center application upon which your petition is based?
3.	Provide the USCIS New Commercial Enterprise (NCE) Identification Number.
4.	Indicate whether the offering and project in the Form I-956F associated with your petition is based on an investment in the following (select all that apply):
	Rural Area
	High Unemployment Area
	☐ Infrastructure Project
	High Employment Area
	None of the Above
Pai	t 5. Information About Your Investment
1.	Enter the amount and date of your investment(s) in the NCE. If you are actively in the process of investing capital in the NCE, enter the amount and date you anticipate making the investment. If you need additional space, use the space provided in Part

12. Additional Information.

Date of Investment (mm/dd/yyyy)	Amount of Investment
	\$
	\$
	\$
	\$
Total	\$

Pa	rt 5. Information About Your In	vestment (continued)					
Co	mposition of Your Investment, Adn	ninistrative Costs and Fees, and Yo	ur Net Worth				
Co	emposition of Investment						
2.	Total Amount Deposited or Committed	to Deposit into U.S. Business Accounts for	NCE \$				
3.	Total Value of Assets Purchased for Use	in NCE	\$				
4.	Total Value of All Property Transferred	From Abroad for Use in NCE	\$				
5.	Total of All Debt Financing		\$				
6.	Total Stock or Other Equity Purchases		\$				
7.	Other Capital		\$				
Ad	ministrative Costs and Fees						
8.	Enter the date and amount of all adminis	Enter the date and amount of all administrative costs and fees associated with your investment.					
	Date (mm/dd/yyyy)	Amount					
		\$					
		\$					
		\$					
		\$					
	Total	\$					
Yo	ur Net Worth						
9.	Your Current Net Worth		\$				
Yo	ur Sources of Investment Capital						
10.		you have invested or are actively in the pro					
	Income						
	Loan Proceeds (including mortgage	of real estate)					
	Sale of Real Estate						
	Gift (including capital obtained thro	ugh inheritance)					
	Tangible Assets (Equipment, Invent	ory, etc.)					
	☐ Insurance Proceeds						
	Sale of Securities						
	Other (Specify in the space below)						

1 a	1 3. Information About Tour investment (continued)
11.	In the space below, describe the documentation included with this petition to demonstrate that the capital you have invested or are actively in the process of investing, as well as any funds used to pay administrative costs and fees associated with your investment, was obtained through lawful means. Read the Lawful Capital section of the Form I-526E Instructions for a list of documents that must be included with the petition.
12.	If the funds used to make your investment were gifted or loaned to you, identify the donor or lender and describe the documentation from the donor or lender (if other than a bank) included with this petition to demonstrate that such funds were obtained through lawful means.
13.	If any persons transferred capital into the United States on your behalf, provide their identity.
Pa	rt 6. Visa Processing and Immigration Proceedings
1.	Select the appropriate box to indicate how you will seek lawful permanent resident status.
A.	Immigrant Visa Processing
	Country of Citizenship or Nationality
	Country of Current Residence
В.	Application for Adjustment of Status
	Country of Last Permanent Residence Abroad
Ad	dress in Country of Last Permanent Residence Abroad
2.	Address in Country of Last Permanent Residence Abroad
	Street Number and Name Apt. Ste. Flr. Number
	City or Town Province
	Postal Code Country
3.	Telephone Number

Pai	rt 6. Visa Processing and Immigration Proceedings (continued)
4.	If your native alphabet is other than Roman letters, type or print the foreign address in your native alphabet, below.
	Street Number and Name Apt. Ste. Flr. Number
	City or Town Province
	Postal Code Country
5.	Are you filing any other petitions or applications with this Form I-526?
	If you answered "Yes" to Item Number 5., select all applicable boxes:
	Form I-485
	Form I-131
	Form I-765
	Other (Provide an explanation in Part 12. Additional Information .)
Imi	nigration Proceedings
Plea	se indicate whether you are in exclusion, deportation, or removal proceedings before the Department of Homeland Security
(DH	S) or the Department of Justice's (DOJ), Executive Office for Immigration Review (EOIR) Immigration Court or Board of igration Appeals. You also must provide an explanation for why are you in proceedings in Part 12. Additional Information .
6.	Are you currently or ever been in immigration proceedings before the Department of Homeland Security (DHS) or Department of Justice (DOJ)?
7.	Type of Proceedings (Select only one)
	Exclusion Deportation Removal
8.	Location of Proceedings
	City or Town State
9.	Are you currently or ever been subject to a final order of exclusion, deportation, or removal, or subject to reinstatement of such an order?
Em	ployment in the United States
10.	Have you ever worked in the United States without permission?
11.	If you answered "Yes" to Item Number 10. , provide an explanation below. If you need additional space, use Part 12. Additional Information .

Part 7. Bona Fides of Persons Involved With Regional Center Program

Each person involved with a regional center, NCE, or affiliated JCE must answer the questions below. A person is involved with a regional center, NCE, or affiliated JCE if the person is, directly or indirectly, in a position of substantive authority to make operational or managerial decisions over pooling, securitization, investment, release, acceptance or control or use of any funding. A person may be in a position of substantive authority if they serve as a principal, a representative, an administrator, an owner, an officer, a board member, a manager, an executive, a general partner, a fiduciary, an agent or in a similar position at the regional center, NCE, or affiliated JCE.

Each	petiti	oner must answer the questions in their capacity as an owner of the NCE associated with the Regional Ce	enter.		
1.	Have	e you committed a criminal or civil offense involving fraud or deceit within the previous 10 years?	Yes	☐ No	
2.		e you ever committed a criminal or civil offense involving fraud or deceit that resulted in a liability in ss of \$1,000,000?	Yes	□ No	
3.	Have of in	Yes	☐ No		
4.	Are you subject to a final order of a State securities commission (or an agency or officer of a State performing similar functions); a State authority that supervises or examines banks, savings associations, or credit unions; a State insurance commission (or an agency or officer of a State performing similar functions) a Federal banking agency; the Commodities Futures Trading Commission; the Securities and Exchange Commission; a financial self-regulatory organization recognized by the Securities and Exchange Commission, or the National Credit Union Administration?			□ No	
	If yo	ou answered "Yes" to the above, answer the following questions:			
	A.	What is the duration of penalty imposed by the final order?			
	В.	Is the final order based on a violation of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct?	Yes	□ No	
	C.	Is the final order based on a violation of any law or regulation that bars you from associating with any entity regulated by such commission, authority, agency, or officer?	Yes	☐ No	
	D.	Is the final order based on a violation of any law or regulation that bars you from appearing before such commission, authority, agency, or officer?	Yes	☐ No	
	Е.	Is the final order based on a violation of any law or regulation that bars you from engaging in the business of securities, insurance, or banking?	Yes	☐ No	
	F.	Is the final order based on a violation of any law or regulation that bars you from engaging in savings association or credit union activities?	Yes	☐ No	
5.	Are you engaged in, or have you ever been engaged in, or do you seek to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)?				
6.	Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity relating to espionage, sabotage, or theft of intellectual property?				
7.		you engaged in, or have you ever been engaged in, or do you seek to engage in any activity related to ey laundering (as described in section 1956 or 1957 of title 18, United States Code)?	Yes	☐ No	
8.		you engaged in, or have you ever been engaged in, or do you seek to engage in any terrorist activity (as ned in INA section 212(a)(3)(B))?	Yes	☐ No	
9.		you engaged in, or have you ever been engaged in, or do you seek to engage in any activity constituting cilitating human trafficking or a human rights offense?	Yes	☐ No	
10.	Are INA	Yes	☐ No		

Par	t 7. Bona Fides of Persons Involved With Regional Center Program (continued)						
11.	1. Are you engaged in, or have you ever been engaged in, or do you seek to engage in a violation of any statute, Yes regulations, or Executive order regarding foreign financial transactions or foreign asset control?						
12.	Are you, or during the preceding 10 years have you been, included on the Department of Justice's List of Currently Disciplined Practitioners?	Yes	☐ No				
13.	During the preceding 10 years, have you received a reprimand or otherwise been publicly disciplined for conduct related to fraud or deceit by a State bar association of which you are or were a member?						
Par	t 8. Foreign Involvement in Regional Center Program						
For I	tem Numbers 1. to 3., you should answer "Yes" to any question that applies.						
1.	Are you an official or representative of a foreign government entity?	Yes	☐ No				
2.	Have you provided capital to a regional center, new commercial enterprise or job-creating entity derived from an agency, official or other similar entity or representative of a foreign government entity?						
3.	Is your ownership or administration of a regional center, new commercial enterprise, or job-creating entity Yes No subject to the direct or indirect involvement of an agency, official or other similar entity or representative of a foreign government entity?						
Par	t 9. Petitioner's Statement, Contact Information, Declaration, and Signature						
NOT	TE: Read the Penalties section of the Form I-526E Instructions before completing this part.						
Dot	itioner's Statement						
		2					
1.	OTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.						
1.	Petitioner's Statement Regarding the Interpreter A. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.						
	B. The interpreter named in Part 10. read to me every question and instruction on this petition and me question in a language in which I am fluent. I understoom information as interpreted.	•	•				
2.	Petitioner's Statement Regarding the Preparer						
	At my request, the preparer named in Part 11. , prepared this petition for me based only upon information I provided or authorized.		,				
Pet	itioner's Contact Information						
3.	Petitioner's Daytime Telephone Number 4. Petitioner's Mobile Telephone Number	er (if any)					
5.	Petitioner's Email Address (if any)						

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Petitioner's Declaration

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require me to submit original documents 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 I seek.

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

I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5 Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. 117-103); and 8 CFR parts 103, 204, 205, and 214.

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 petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I further understand that my petition includes any records previously filed by the regional center with its Form I-956F, Application for Approval of an Investment in a Commercial Enterprise, identified in **Part 4.**, **Item Number 1.** I certify that such records are incorporated by reference into my petition, as are any changes submitted by the regional center to amend that prior approval, and will be considered when determining my eligibility.

I certify and attest, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's Signature

You must sign and date your petition. Every petition **MUST** contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

6.	Petitioner's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)
>		
	TE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit reactions, USCIS may delay a decision on or deny your petition.	quired documents listed in the

Part 10. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section.

Interpreter's Full Name						
1.	Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)				
2.	Interpreter's Business or Organization Name (if any)					

Pa	rt 10. Interpreter's Contact Information,	Certification,	and Signature (con	tinued)
Int	terpreter's Mailing Address			
3.	Street Number and Name		Apt. St	e. Flr. Number
	City or Town		State	ZIP Code
	Province Postal C	ode	Country	
Int	terpreter's Contact Information			
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mobile T	elephone Number (if any)
6.	Interpreter's Email Address (if any)			
Int	terpreter's Certification			
	•			
	rtify, under penalty of perjury, that:			
	n fluent in English and			eified in Part 9., Item B. in
	n Number 1. , I have read to this petitioner in the ident wer to every question. The petitioner informed me that			
peti	tion, including the Petitioner's Declaration , and has v	verified the accura	acy of every answer.	•
Int	terpreter's Signature			
The	interpreter must sign and date the petition.			
7.	Interpreter's Signature (sign in ink)			Date of Signature (mm/dd/yyyy)
	rt 11. Contact Information, Declaration, a	nd Signature	of the Person Prepa	aring this Petition,
if (Other Than the Petitioner			
	vide the following information about the preparer. If t uld complete both Part 10. and Part 11.	he same individua	al acted as your interpret	er and your preparer, that person
Pre	eparer's Full Name			
1.	Preparer's Family Name (Last Name)	Pre	parer's Given Name (Fir	st Name)
	ne person who completed this petition is associated with anization name and address information.	h a business or or	ganization, that person s	hould complete the business or
2.	Preparer's Business or Organization Name (if any)			
-•				

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Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Pre	parer's Mailing Address					
3.	Street Number and Name		Apt. Ste. Flr. Number			
	City or Town		State ZIP Code			
	Province Postal Code		Country			
Pre	parer's Contact Information					
4.	Preparer's Daytime Telephone Number	5.	Preparer's Mobile Telephone Number (if any)			
6.	Preparer's Email Address (if any)	7				
Pre	eparer's Statement					
7.	A. I am not an attorney or accredited representative but he the petitioner's consent.	nave p	prepared this petition on behalf of the petitioner and with			
	B. I am an attorney or accredited representative and my i	repres	entation of the petitioner in this case extends			
	does not extend beyond the preparation of this petition.					
	TE: If you are an attorney or accredited representative, you may a carance as Attorney or Accredited Representative, with this petition		eed to submit a completed Form G-28, Notice of Entry of			
Pre	parer's Certification					
revie	ny signature, I certify, under penalty of perjury, that I prepared this wed this completed petition, including the Petitioner's Declaration the supporting documents is complete, true, and correct.					
Pr	eparer's Signature					
	one who helped you complete this petition MUST sign and date that ure is not acceptable.	he pet	ition. A stamped or typewritten name in place of a			
8.	Preparer's Signature		Date of Signature (mm/dd/yyyy)			

Part 12. Additional Information

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

1.	Fami	ily Name (Last N	Vame)		Giv	ven Name (First Name)	Middle Name
2.	A-N	umber (if any)	A- [
3.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
4.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
5.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
6.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
7.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						