

# **Petition for Alien Relative**

# **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS** Form I-130 OMB No. 1615-0012 Expires 02/28/2021

	SCIS Use Onl	<b>y</b> :		Fee Stan	1p		Action	n Stamp
A-	A-Number	$\neg \neg \mid$						
Initial Receipt							•	
Resubmitted								
Relocated		Se	ection of Law/Visa	Category				
Received	201(b) Spouse	- IR-1/CR-1	203(a)(1) Unm. S/D	- F1-1 🔲 20	03(a)(2)(B) Um	m. S/D - F2-4		
Sent	201(b) Child		203(a)(2)(A) Spouse	_		l l		
Completed	201(b) Parent		203(a)(2)(A) Child -	F2-2   20				
Approved	Petition was filed	on (Priority D	Pate mm/dd/yyyy):		☐ Field Inv		Personal Interview  Pet. A-File Reviewed	204(a)(2)(A) Resolved  1-485 Filed Simultaneously
Returned	PDR request gran	ited/denied - N	lew priority date (mm/dd	/yyyy): 	☐ 203(g) R	-	Ben. A-File Reviewed	204(g) Resolved
Remarks								
At which USCI	S office (e.g., l	NBC, VSC,	LOS, CRO) was F	orm I-130	adjudicated	?		
		To be	completed by an	attorney	or accred	lited represer	itative (if any).	and the state of t
Select th Form G- attached	-28 is	Volag Nu (if any)		T The second second	ey State B	ar Number	Attorney or Accre	edited Representative count Number (if any)
► START H	ERE - Type	or print i	n black ink.					
If you ne							ded in Part 9. Addit , with your petition	
Part 1. Rel relative is th		2 Commence of the Commence of	the Petitioner.	Your	Pair 1.		nation About Yo	
1. I am filin	g this petition	n for my (	Select only one b	ox):			► A-	
<b>⋉</b> Spous	se 🔲 Parer	ıt 🔲 Bro	other/Sister C	hild	2.	LISCIS Onli	ne Account Number	(if any)
select the	box that des		your child or pare r relationship (Se			)	THE PERSON NAMED IN THE PE	
one box):					3.	U.S. Social S	Security Number (if a	
	d was born to r at the time o		ho were married d's birth	to each	<i>16671111132222</i>	<del>leed to the the second to the telescope to the telescope</del>		1 2 2 2 3 3 3
Stepe	child/Steppar	ent			You	r Full Nan	ie	
	d was born to other at the t		ho were not marr child's birth	ied to		Family Nam (Last Name)	SPARI	
	d was adopted vention adopt		Orphan or Hague			Given Name (First Name)	DOIM	
3. If the ben		ur brother	/sister, are you re	lated by	4.c.	Middle Nam	e	
	gain lawful po ip through ad		resident status or	X No				

Part 2 (contin	2. Information About You (Petitioner)	Address History
Сеонні	maec)	Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current
Other	Names Used (if ony)	address first if it is different from your mailing address in Item
	all other names you have ever used, including aliases, name, and nicknames.	Numbers 10.a 10.i. Physical Address 1
	amily Name None	12.a. Street Number
(L	ast Name) None	and Name
	First Name	12.b. Apt. Ste. Flr.
5.c. M	liddle Name	12.c. City or Town
Other	Information / / / -	12.d. State 12.e. ZIP Code
6. <u>Ci</u>	ity/Town/Village of Birth	12.f. Province
S	anta Rosa	12.g. Postal Code
	ountry of Birth	12.h. Country
	SA	
<b>8.</b> Da	ate of Birth (mm/dd/yyyy) 08/05/1975	13.a. Date From (mm/dd/yyyy)
9. Se	ex Male Female	13.b. Date To (mm/dd/yyyy)
Mailin	ng Address	Physical Address 2
10.a. In	Care Of Name	14.a. Street Number and Name
		14.b. Apt. Ste. Flr.
	reet Number d Name 111 Flower St	14.c. City or Town San Francisco
10.c.	Apt. Ste. Flr.	
<b>10.d.</b> Cit	ty or Town Santa Rosa	14.d. State CA 14.e. ZIP Code 94555
10.e. Sta	ate CA 10.f. ZIP Code 94010	14.f. Province
10 - D.		14.g. Postal Code
<b>10.g.</b> Pro		14.h. Country
	ostal Code	USA
10.i. Co		15.a. Date From (mm/dd/yyyy) 05/11/2014
L	your current mailing address the same as your physical	15.b. Date To (mm/dd/yyyy) 02/26/2019
-	dress?	Your Marital Information
	nswered "No" to Item Number 11., provide	
informati	tion on your physical address in Item Numbers 12.a	16. How many times have you been married? ▶ 2
		17. Current Marital Status
		☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Annulled

2//05/2020/05/2				277	C (CD:4		
6.09600000000		tion About You (	Petitioner)	27.	Country of Birth	1	
(cor	itinued)		7,450		USA		
18.		nt Marriage (if current		28.	City/Town/Villa	ge of Residence	
	(mm/dd/yyyy)		08/18/2020		Deceased		
T) I	7.7			29.	Country of Resid	dence	
riu	eeoj rour Ci	urrent Marriage (i	( MONUEA)		Deceased		
19.a.	City or Town	Reno		n	-4 31- I- C4		
10 h	State	NV			nt 2's Informatio		
19.0.	State	NV			Name of Parent 2		
19.c.	Province			30.a.	Family Name (Last Name)	SMART	
19.d.	Country			30.b.	Given Name (First Name)	Cathearin	
	USA			30.c.	Middle Name		
Nan	nes of All Yo	ur Spouses (if any	) COE I	31.	Date of Birth (m	m/dd/yyyy)	08/18/1951
		on your current spouse our prior spouses (if a		32.	Sex N	Male X Female	
Spou	se 1			33.	Country of Birth	ı	
20.a.	Family Name	KIM			USA		
20.b.	(Last Name)   Given Name	277.1.17		34.	City/Town/Villa	ge of Residence	
	(First Name)	Nittha			Santa Rosa		
20.c.	Middle Name			35.	Country of Resid	lence	
21.	Date Marriage	Ended (mm/dd/yyyy)	NA		USA		
Spou	se 2			Add	itional Inform	ation About You	(Petitioner)
22,a.	Family Name	SMART		36.	I am a (Select on	lly one box):	
22 h	(Last Name) L Given Name				▼ U.S. Citizen	Lawful Permane	ent Resident
ww.U.	(First Name)	Bella		If you	ı are a U.S. citize	en, complete Item N	umber 37.
22.c.	Middle Name				•	vas acquired through	(Select only one
23.	Date Marriage 1	Ended (mm/dd/yyyy)	09/19/2019		box):		
9 cm 55 9 6 5 7 cm		MANAGAMAN AND AND AND AND AND AND AND AND AND A	2022. Edition appropriate annual contract to the second contract to			United States	
Info	rmation Abo	ut Your Parents	Explained Page		Naturalization	on	
Parer	nt 1's Informati	ion			Parents		
Full N	Name of Parent	1			Have you obtain Certificate of Cit	ed a Certificate of Na izenship?	turalization or a
	Family Name (Last Name)	SMART				to Item Number 38.	
	Given Name	Mike		follov			,
	(First Name)	PILKE		39.a.	Certificate Numb	per	-
24.c.	Middle Name						
25.	Date of Birth (n	nm/dd/yyyy)	06/01/1950	39.b.	Place of Issuance		
26.	Sex 🔀	Male  Female	111000000000000000000000000000000000000				
~ <del>U</del> .		Temaie		39.c.	Date of Issuance	(mm/dd/yyyy)	

- No.	ntinued)		
			6. Name of Employer/Company
-	u are a lawful permanent resident, comple bers 40.a 41.		
	. Class of Admission	47	17.a. Street Number and Name
		47	7.b. Apt. Ste. Fir.
40.b	. Date of Admission (mm/dd/yyyy)	47	17.c. City or Town
Place	e of Admission	47	7.d. State 47.e. ZIP Code
40.c.	City or Town		
		47	7.f. Province
40.d	State	47	7.g. Postal Code
41.	Did you gain lawful permanent resident marriage to a U.S. citizen or lawful perm	status inrougn	7.h. Country
		Yes No 48	8. Your Occupation
Prov insid empl	ide your employment history for the last fire or outside the United States. Provide you oyment first. If you are currently unemploymployed in Item Number 42.	ve years, whether ur current 49	9.a. Date From (mm/dd/yyyy)  9.b. Date To (mm/dd/yyyy)
	loyer 1	P	Part 3. Biographic Information
42.	Name of Employer/Company		NOTE: Provide the biographic information about you, the
	New Tech Inc		etitioner.  Ethnicity (Select only one how)
43.a.	Street Number and Name 222 Victory St	1.	Ethnicity (Select only one box)  Hispanic or Latino
43.b.	☐ Apt. 🗙 Ste. ☐ Flr. 1200		
43.c.	City or Town San Francisco	2.	Race (Select all applicable boxes)  White
43.d.	State CA 43.e. ZIP Code 94111		Asian
43.f.	Province		<ul><li>Black or African American</li><li>American Indian or Alaska Native</li></ul>
43.g.	Postal Code		Native Hawaiian or Other Pacific Islander
43.h.	Country	3.	. Height Feet 6 Inches 0
	USA	4.	. Weight Pounds 1 8 0
44.	Your Occupation	5.	Eye Color (Select only one box)
	HR Manager		☐ Black ☒ Blue ☐ Brown
45.a.	Date From (mm/dd/yyyy)	/01/2015	Gray Green Hazel
	Date To (mm/dd/yyyy)	PRESENT	Maroon Pink Unknown/Other

Par	rt 3. Biographic Information (continued)	Beneficiary's Physical Address
6.	Hair Color (Select only one box)	If the beneficiary lives outside the United States in a home
	Bald (No hair) Black Blond	without a street number or name, leave Item Numbers 11.a. and 11.b. blank.
	☐ Brown     ☐ Gray     ☐ Red       ☐ Sandy     ☐ White     ☐ Unknown/Other	11.a. Street Number 11.1 Flower St
	_ vinite _ online	and Name  11.b. Apt. Ste. Flr.
Par	t 4. Information About Beneficiary	11.b. Apt. Ste. Flr.
1.	Alien Registration Number (A-Number) (if any)	11.c. City or Town Santa Rosa
	► A-	11.d. State CA 11.e. ZIP Code 94010
2.	USCIS Online Account Number (if any)	11.f. Province
		11.g. Postal Code
3.	U.S. Social Security Number (if any)	11.h. Country
	The state of the s	USA
Ber	neficiary's Fult Name	
4.a.	Family Name SMART	Other Address and Contact Information
4.b.	(Last Name)	Provide the address in the United States where the beneficiary intends to live, if different from Item Numbers 11.a 11.h. If
7.07.	(First Name) Nittha	the address is the same, type or print "SAME" in Item Number
4.c.	Middle Name	12.a.
Oth	er Names Used (if any)	12.a Street Number and Name
2/22/50900	ide all other names the beneficiary has ever used, including	12.b. Apt. Ste. Flr.
	es, maiden name, and nicknames.	12.c. City or Town
5.a.	Family Name (Last Name)	12.d. State 12.e. ZIP Code
5.b.	Given Name (First Name) Nittha	Provide the beneficiary's address outside the United States, if
5.c.	Middle Name	different from Item Numbers 11.a 11.h. If the address is the same, type or print "SAME" in Item Number 13.a.
Oa.	er Information About Beneficiary	13.a. Street Number and Name 87 Witthayu Rd Lumphini
76872164G	City/Town/Village of Birth	13.b. Apt. Ste. Flr.
6.	Bangkok	
7.	Country of Birth	13.c. City or Town Bangkok
	Thailand	13.d. Province
8.	Date of Birth (mm/dd/yyyy) 02/01/1990	13.e. Postal Code 10330
		13.f. Country
9.	Sex Male Female	Thailand
10.	Has anyone else ever filed a petition for the beneficiary?  Yes   No   Unknown	14. Daytime Telephone Number (if any)
	Li 163 A INO LI OIIMIOWII	4159999999
	<b>NOTE:</b> Select "Unknown" <i>only</i> if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.	

	t 4. Information About Beneficiary  ntinued)	24.	Date Marriage	Ended (mm/dd/yyyy)	)
15.	Mobile Telephone Number (if any)	Inf	ormation Ab	out Beneficiary's	Family
	4159999999	Prov	/ide informatio	on about the beneficia	ry's spouse and
16.	Email Address (if any)	child	lren.		
	nittha@gmail.com	Pers			
Ber	réficiary's Marital Information		Family Name (Last Name)	SMART	,
17.	How many times has the beneficiary been married?	25.b.	Given Name (First Name)	John	
17.	→ 1	25.c.	Middle Name		
18.	Current Marital Status	26.	Relationship	Spouse	
	☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Annulled	27.	Date of Birth (	(mm/dd/yyyy)	08/05/1975
19.	Date of Current Marriage (if currently married)	28.	Country of Bir	rth ·	·
	(mm/dd/yyyy) 08/18/2020		USA		-
100 A CO (100 A)	ce of Beneficiary's Current Marriage	Perso	on 2		
2000 CO	narried)		Family Name (Last Name)	SMART	
	City or Town Reno	29.b.	Given Name (First Name)	David	
	State NV	29.c.	Middle Name		
20.c.	Province	30.	Relationship	Stepson	
20.d.	Country USA	31.	Date of Birth (	(mm/dd/yyyy)	12/01/2005
Weeken Williams		32.	Country of Bir	rth	··· <del></del>
Nan	nes of Beneficiary's Spouses (if any)		USA		
	de information on the beneficiary's current spouse (if		_		
	ntly married) first and then list all the beneficiary's prior ses (if any).	Perso		F	
Spou	•	33.a.	Family Name (Last Name)		
•	Family Name (Last Name) SMART	33.b.	Given Name (First Name)		
21.b.	Given Name (First Name) John	33.c.	Middle Name		
21.c.	Middle Name	34.	Relationship		
22.	Date Marriage Ended (mm/dd/yyyy)	35.	Date of Birth (		
		36.	Country of Bir	th	
Spou					**************************************
	Family Name (Last Name)				
	Given Name (First Name)				
23 c	Middle Name				

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Par	t 4. Information About Beneficiary	48.	Travel Document Number
(coi	ntinued)		N/A
Perso	on 4	49.	Country of Issuance for Passport or Travel Document
37.a.	Family Name		Thailand
37.b.	(Last Name) Given Name	50.	Expiration Date for Passport or Travel Document
0,000	(First Name)		(mm/dd/yyyy) 08/16/2028
37.c.	Middle Name	Bea	neficiary's Employment Information
38.	Relationship	Prov	ide the beneficiary's current employment information (if
39.	Date of Birth (mm/dd/yyyy)	appli State	icable), even if they are employed outside of the United ss. If the beneficiary is currently unemployed, type or print
40.	Country of Birth		employed" in Item Number 51.a.
		51.a.	Name of Current Employer (if applicable)
			Unemployed
Perso		51.b.	. Street Number and Name
41.a.	Family Name (Last Name)	51.c.	Apt. Ste. Fir.
41.b.	Given Name (First Name)		. City or Town
41.c.	Middle Name		State 51.f. ZIP Code
42.	Relationship		
43.	Date of Birth (mm/dd/yyyy)	51.g.	Province
44.	Country of Birth	51.h.	Postal Code
		51.i.	Country
Ben	eficiary's Entry Information 🔒 🧪 🥕	52.	Date Employment Began (mm/dd/yyyy)
45.	Was the beneficiary EVER in the United States?		
	X Yes No	Aila	litional Information About Beneficiary
	beneficiary is currently in the United States, complete		
	Numbers 46.a 46.d.	53.	Was the beneficiary EVER in immigration proceedings?
40.a.	He or she arrived as a (Class of Admission):  B2 - TEMPORARY VISITOR FOR PLEASURE	- 4	☐ Yes ☒ No
16 L	Form I-94 Arrival-Departure Record Number	54.	If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
40.D.	► 4 1 0 2 6 6 5 9 9 9 9		Removal Exclusion/Deportation
	41020033999		Rescission Other Judicial Proceedings
46.c.	Date of Arrival (mm/dd/yyyy) 03/15/2020		herenad toward
	Date authorized stay expired, or will expire, as shown on	55.a.	City or Town
	Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status		
	09/13/2020	55.b.	State
47.	Passport Number	56.	Date (mm/dd/yyyy)
<b>4</b> /.	565989999		
	00000000		

## Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language. 57.a. Family Name (Last Name) 57.b. Given Name นิตธา (First Name) 57.c. Middle Name 58.a. Street Number 87 ถ. วิทยุลุมพีนี and Name 58.b. Apt. Flr. beneficiary's case. 58.c. City or Town กรุงเทพมหานคร 58.d. Province 58.e. Postal Code 10330 58.f. Country Thailand and the result. If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a. 59.a. Street Number 111 Flower St and Name 59.b. Apt. Ste. ☐ Flr. 59.c. City or Town Santa Rosa 59.e. ZIP Code | 94010 59.d. State 59.f. Province 59.g. Postal Code 59.h. Country USA Relative 1 04/15/2020 60.a. Date From (mm/dd/yyyy) 60.b. Date To (mm/dd/yyyy) ovesens The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in: 61.a. City or Town | San Francisco 61.b. State

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

62.a.	City or Town	
62.b.	Province	
62.c.	Country	

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

### Part 5. Other Information

1.	Have you EVER previously filed a	petition for	this
	beneficiary or any other alien?	Yes	$\times$ N

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

Name mme)	

2.b.	Given Name	
	(First Name)	 

2.c. Middle Nam	ne
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3.a. City or T	own			
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3.b.	State	
3.b.	State	
		1

4. Date	e Filed (mm/dd/yyyy)				
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5.	Result (for	example,	approved,	denied,	withdrawn)	
				<u></u>		

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

6.a.	Family Name (Last Name)	
6.b.	Given Name (First Name)	
6.c.	Middle Name	
7_	Relationship	

CA

#### Part 5. Other Information (continued) Petitioner's Contact Information Petitioner's Daytime Telephone Number 3. Relative 2 4153333333 8.a. Family Name (Last Name) 4. Petitioner's Mobile Telephone Number (if any) 8.b. Given Name 4153333333 (First Name) Middle Name 5. Petitioner's Email Address (if any) johnsmart@gmail.com 9. Relationship Petitioner's Declaration and Certification WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a Copies of any documents I have submitted are exact family relationship to obtain a visa, USCIS may seek to have photocopies of unaltered, original documents, and I understand you criminally prosecuted. that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of PENALTIES: By law, you may be imprisoned for up to 5 any information from any of my records that USCIS may need years or fined \$250,000, or both, for entering into a marriage to determine my eligibility for the immigration benefit I seek. contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for I further authorize release of information contained in this up to 5 years, or both, for knowingly and willfully falsifying petition, in supporting documents, and in my USCIS records to or concealing a material fact or using any false document in other entities and persons where necessary for the administration submitting this petition. and enforcement of U.S. immigration laws. I understand that USCIS may require me to appear for an Part 6. Petitioner's Statement, Contact appointment to take my biometrics (fingerprints, photograph, Information, Declaration, and Signature and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that: NOTE: Read the Penalties section of the Form I-130 Instructions before completing this part. 1) I provided or authorized all of the information contained in, and submitted with, my petition; Petitioner's Statement 2) I reviewed and understood all of the information in, and submitted with, my petition; and NOTE: Select the box for either Item Number 1.a. or 1.b. If 3) All of this information was complete, true, and correct applicable, select the box for Item Number 2. at the time of filing. 1.a. X I can read and understand English, and I have read and understand every question and instruction on this I certify, under penalty of perjury, that all of the information in petition and my answer to every question. my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the The interpreter named in Part 7. read to me every 1.b. information contained in, and submitted with, my petition, and question and instruction on this petition and my that all of this information is complete, true, and correct. answer to every question in Petitioner's Signature a language in which I am fluent. I understood all of Petitioner's Signature (sign in ink) this information as interpreted. 2. At my request, the preparer named in Part 8., Date of Signature (mm/dd/yyyy) prepared this petition for me based only upon

information I provided or authorized.

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed

in the Instructions, USCIS may deny your petition.

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

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

Inte	erpreter's Full Name
1.a.	Interpreter's Family Name (Last Name)
1.b.	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)
	erpreter's Mailing Address
3.a.	Street Number and Name
3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country
Inte	rpreter's Contact Information
4.	Interpreter's Daytime Telephone Number
5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)

Int	erpreter's Certification							
I certify, under penalty of perjury, that:								
I am	I am fluent in English and ,							
1.b., every answ she u petit	th is the same language provided in <b>Part 6.</b> , <b>Item Number</b> and I have read to this petitioner in the identified language of question and instruction on this petition and his or her wer to every question. The petitioner informed me that he or understands every instruction, question, and answer on the ion, including the <b>Petitioner's Declaration and iffication</b> , and has verified the accuracy of every answer.							
Int	erpreter's Signature							
7.a.	Interpreter's Signature (sign in ink)							
7.b.	Date of Signature (mm/dd/yyyy)							
Sig	t 8. Contact Information, Declaration, and pature of the Person Preparing this Petition, if the Than the Petitioner							
Prov	ide the following information about the preparer.							
W.W.W. (\$550)	parer's Full Name							
1.a.	Preparer's Family Name (Last Name)							
1.b.	Preparer's Given Name (First Name)							
2.	Preparer's Business or Organization Name (if any)							
n	parer's Mailing Address							
3.a.	Street Number and Name							
3.b.	Apt. Ste. Flr.							
3.c.	City or Town							
3.d.	State 3.e. ZIP Code							
3.f.	Province							
3.g.	Postal Code							
3.h.	Country							

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

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)
Prej	parer's Statement 💮 💎 🖈
7.a.	I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
7.b.	☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.
	NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.
Prej	parer's Certification
prepa petition me the in, and Petition petition	y signature, I certify, under penalty of perjury, that I red this petition at the request of the petitioner. The oner then reviewed this completed petition and informed at he or she understands all of the information contained d submitted with, his or her petition, including the oner's Declaration and Certification, and that all of this nation is complete, true, and correct. I completed this on based only on information that the petitioner provided or authorized me to obtain or use.
Prep	parér's Signature
8.a.	Preparer's Signature (sign in ink)
8.b.	Date of Signature (mm/dd/yyyy)

Par	19. Additio	mal L	nformation			5.a.	Page Number	5.b.	Part Number	5.c,	Item Number
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