

United States of America

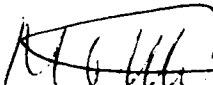
DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

April 22, 2002

CERTIFICATION

BY VIRTUE OF the authority vested in me by Title 8, Code of Federal Regulations, Part 103 a regulation issued by the Attorney General pursuant to Section 103 of the Immigration and Nationality Act,

I HEREBY CERTIFY that the annexed documents are originals, or copies thereof, from the records of the said Immigration and Naturalization Service, Department of Justice, relating to File No. A72 454 775, of which the Attorney General is the legal custodian by virtue of Section 103 of the Immigration and Nationality Act.


Richard Gottlieb
Officer in Charge
Charlotte, North Carolina



(Family name) HAMMOUD,	(First name) MOHAMAD	(Middle name)	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 9/25/73	NATIONALITY LEBANESE	FILE NUMBER A- 072454775
ALL OTHER NAMES USED (Including names by previous marriages) NONE			CITY AND COUNTRY OF BIRTH BEIRUT, LEBANON		SOCIAL SECURITY NO. (If any) 237753540	
FATHER MOTHER (Maiden name)	FAMILY NAME HAMMOUD, YOUSSEF DARWICHE, NAAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known) LEBANON LEBANON	CITY AND COUNTRY OF RESIDENCE LEBANON MICHIGAN		
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) TSTIOMAS	FIRST NAME ANGELA	BIRTHDATE 5/25/73	CITY & COUNTRY OF BIRTH N. CAROLINA USA	DATE OF MARRIAGE 9/12/97	PLACE OF MARRIAGE DETROIT, MI
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
7403 KENTUCKY	DEARBORN	MICHGIAN	USA	8	97	PRESENT TIME	
6130 CORKTREE CT.		N. CAROLINA	USA				

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
DOMINO'S PIZZA DELIVERY			94				PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT	DATE
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	<i>J. Mohammed Darwiche</i>	9/13/97
Are all copies legible? <input type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
HAMMOUD,	MOHAMAD		A072454775



(Family name) TSIOUMA,	(First name) ANGELA	(Middle name)	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 5/25/73	NATIONALITY USA	FILE NUMBER A- NONE
ALL OTHER NAMES USED (Including names by previous marriages) NONE			CITY AND COUNTRY OF BIRTH CHARLOTTE, NORTH CAROLINA, USA		SOCIAL SECURITY NO. (If any) 242318852	
FATHER MOTHER (Maiden name)	FAMILY NAME TSIOUMAS, POLITIS, GEORGIA	FIRST NAME JIMMY GEORGIA	DATE, CITY AND COUNTRY OF BIRTH (If known) GREECE GREECE		CITY AND COUNTRY OF RESIDENCE N. CAROLINA N. CAROLINA	
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) HAMMOUD	FIRST NAME MOHAMAD	BIRTHDATE 9/25/73	CITY & COUNTRY OF BIRTH LEBANON	DATE OF MARRIAGE 9/12/97	PLACE OF MARRIAGE DETROIT, MI
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
7403 KENTUCKY	DEARBORN	MICHIGAN	USA	8	97	PRESENT TIME	
519 WEBSTER PLACE	CHARLOTTE	N. CAROLINA	USA				

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
DOMINO'S PIZZA	MANAGER				PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY)	SIGNATURE OF APPLICANT <i>Angela Tsioumas</i>	DATE 9/13/96
Are all copies legible? <input type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
TSIOUMAS,	ANGELA		BORN IN THE US



-1-82)

(1) Ident.



Certified Certificate of Birth

This certifies that the following birth occurred in Charlotte, North Carolina and is registered in the Office of Vital Statistics, Mecklenburg County Health Department, Charlotte, North Carolina.

NAME ANGELA GEORGIA TSIUMAS

DATE OF BIRTH 5-25-73

NAME OF FATHER Jimmy George Tsioumas

MAIDEN NAME OF MOTHER Georgia Politis

This birth is recorded as Certificate No. 2691 Filed: 6-5-73

Witness my hand and official seal this 27th day of December 19 76

DIRECTOR OF HEALTH

Warner Kemp M.D.

Jacqueline Creech
Deputy Registrar

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 1997

(99) IRS use only - Do not write or staple in this space.

For the year Jan 1 - Dec 31, 1997, or other tax year beginning 1997, ending 19

OMB No. 1545-0074

Label (See instructions.)

Your First Name MI Last Name MOHAMAD Y HAMMOUD Your Social Security No. 237-75-3540

Use the IRS label. Otherwise, please print or type.

If a Joint Return, Spouse's First Name MI Last Name ANGELA G TSIOMAS Spouse's Social Security No. 242-51-8852

Home Address (number and street). If You Have a P.O. Box. See Instructions. Apartment No. 7403 KENTUCKY/UPPER

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code DEARBORN MI 48126

For help finding line instructions, see instructions in the booklet.

Presidential Election Campaign (See instructions.)

Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?

Yes No Note: Checking 'Yes' will not change your tax or reduce your refund.

Filing Status

- 1 Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above & full name here
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died > 19). (See instructions.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) No. of months lived in your home in 1997
d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required.
8b Tax-exempt interest. Do not include on line 8a.
9 Dividends. Attach Schedule B if required.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions).
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ.
13 Capital gain or (loss). Attach Schedule D
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions. 15a Taxable amount (see instrs)
16a Total pensions and annuities. 16a Taxable amount (see instrs)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F.
19 Unemployment compensation
20a Social security benefits. 20a Taxable amount (see instrs)
21 Other income. List type and amount - see instructions
22 Add the amounts in the far right column for lines 7 - 21. This is your total income.

Adjusted Gross Income

23 IRA deduction (see instructions)
24 Medical savings account deduction. Attach Form 8853
25 Moving expenses. Attach Form 3903 or 3903-F.
26 One-half of self-employment tax. Attach Schedule SE.
27 Self-employed health insurance deduction (see instructions).
28 Keogh and self-employed SEP and SIMPLE plans
29 Penalty on early withdrawal of savings
30a Alimony paid. b Recipient's SSN
31 Add lines 23 - 30a
32 Subtract line 31 from line 22. This is your adjusted gross income

If line 32 is under \$29,290 (under \$9,770 if a child did not live with you), see EIC in the instructions.

Tax Computation

33 Amount from line 32 (adjusted gross income) 33 25,564.

34a Check if: You were 65/older, Blind; Spouse was 65/older, Blind
Add the number of boxes checked above and enter the total here 34a

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here 34b

35 Enter the larger of your: **Itemized deductions** from Schedule A, line 28, Or **Standard deduction** shown below for your filing status. But see the instructions if you checked any box on line 34a or 34b or someone can claim you as a dependent.
 • Single — \$4,150 • Married filing jointly or Qualifying widow(er) — \$6,900
 • Head of household — \$6,050 • Married filing separately — \$3,450 35 6,900.

36 Subtract line 35 from line 33 36 18,664.

37 If line 33 is \$90,900 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet in the instructions for the amount to enter 37 5,300.

38 **Taxable income.** Subtract line 37 from line 36. If line 37 is more than line 36, enter -0- 38 13,364.

39 **Tax.** See instrs. Check if any tax from a Form(s) 8814 b Form 4972 39 2,006.

Credits

40 Credit for child and dependent care expenses. Attach Form 2441 40

41 Credit for the elderly or the disabled. Attach Sch R 41

42 Adoption credit. Attach Form 8839 42

43 Foreign tax credit. Attach Form 1116 43

44 Other. Check if from a Form 3800 b Form 8396
c Form 8801 d Form (specify) 44

45 Add lines 40 through 44 45

46 Subtract line 45 from line 39. If line 45 is more than line 39, enter -0- 46 2,006.

Other Taxes

47 Self-employment tax. Attach Schedule SE 47

48 Alternative minimum tax. Attach Form 6251 48

49 SS and Medicare tax on tip income not reported to employer. Attach Form 4137 49

50 Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required 50

51 Advance earned income credit payments from Form(s) W-2 51

52 Household employment taxes. Attach Schedule H 52

53 Add lns 46 - 52. This is your total tax 53 2,006.

Payments

54 Federal income tax withheld from Forms W-2 and 1099 54 4,321.

55 1997 estimated tax payments and amount applied from 1996 return 55

56a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount and type 56a

57 Amount paid with Form 4868 (request for extension) 57

58 Excess social security and RRTA tax withheld (see instrs) 58

59 Other payments. Check if from a Form 2439 b Form 4136 59

60 Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments 60 4,321.

Refund

61 If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you Overpaid 61 2,315.

62a Amount of line 61 you want Refunded to You 62a 2,315.
 ▶ b Routing number _____ c Type: Checking Savings
 ▶ d Account number _____

63 Amount of line 61 you want Applied to Your 1998 Estimated Tax 63

Amount You Owe

64 If line 53 is more than line 60, subtract line 60 from line 53. This is the Amount You Owe. For details on how to pay, see instructions 64

65 Estimated tax penalty. Also include on line 64 65

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 NONE

Spouse's Signature. If a Joint Return, BOTH Must Sign. _____ Date _____ Spouse's Occupation MANAGER

Paid Preparer's Use Only

Preparer's Signature _____ Date 04/12/98 Check if self-employed Preparer's Social Security No. 376-58-6992

Firm's Name (or yours if self-employed) and Address OMNEX ACCOUNTING & TAX SERVICES
 10415 W WARREN DEARBORN MI ZIP Code 38-2803250 48126

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A.

Your Social Security Number

MOHAMAD Y HAMMOUD & ANGELA G TSIOMAS

237-75-3540

Schedule B - Interest and Dividend Income

08

Part I Interest Income

(See instructions.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

Table with 2 columns: Description and Amount. Rows include interest from BB&T (34), total interest (837), total interest including other sources (871), and final net interest (871).

Part II Dividend Income

(See instructions.)

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Note: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

Table with 2 columns: Description and Amount. Rows include dividend distributions (5), total dividends (6), capital gain distributions (7), nontaxable distributions (8), total dividends including other sources (9), and final net dividends (10).

Part III Foreign Accounts and Trusts

(See instructions.)

Table with 2 columns: Question and Yes/No. Questions include having a foreign account (No) and receiving a distribution from a foreign trust (Yes).

1997
North Carolina
Individual Income Tax Return
(resident or nonresident)

For the year January 1 - December 31, 1997, or other tax year beginning 97, ending 98

Use the Pre-Addressed Label Otherwise Please Print or Type.	Your First Name and Initial MOHAMAD Y	Last Name HAMMOUD	Your Social Security Number 237-75-3540
	If a Joint Return, Spouse's First Name and Initial ANGELA G	Last Name TSIOUMAS	Spouse's Social Security Number 242-51-8852
	Present Home Address (number and street, including apartment number, or rural route). 7403 KENTUCKY/UPPER		Office Use Only
	City, Town or Post Office DEARBORN	State ZIP Code County MI 48126	

Important: Check this box if the name(s), address, and/or filing status on this return have changed from last year's return.

NC POLITICAL PARTIES FINANCING FUND	Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No	NOTE: Checking "YES" will not increase your tax or reduce your refund.
	If a joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No	

Were you a resident of NC for the entire year 1997? Yes No Was your spouse a resident for the entire year? Yes No If not, complete lns 42 through 46.

Check the same filing status you checked on your federal return. If your spouse was a nonresident and had no North Carolina taxable income in 1997, see the line instructions for lines 1 through 5. (If you do not indicate your filing status by checking one of the boxes, processing of your return may be delayed.)

Filing Status:

- 1 Single
- 2 Married Filing Jointly (Enter both names and social security numbers in the name and address block above.)
- 3 Married Filing Separately (Enter spouse's full name and SSN) Name: _____ SS#: _____
- 4 Head of Household
- 5 Qualifying Widow(er) with Dependent Child (Yr spouse died: _____)

Enter the number of exemptions claimed on your federal tax return 2

6	Taxable Income from your Federal Income Tax Return — Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 6; or TeleFile Tax Record, line J (If zero, see line instructions) ●	6	13,364.00	
7	You must complete the Additions to Federal Taxable Income section on lines 25 through 34 on page 2 of this form and enter the amount from line 34 (See instructions) ●	7	2,200.00	
8	Add lines 6 and 7 and enter the total here ●	8	15,564.00	
9	Deductions from Federal Taxable Income — Complete lines 35 through 41 on page 2 of this form and enter the amount from line 41 (See instructions) ●	9	00	
10	Subtract line 9 from line 8 and enter the result here ●	10	15,564.00	
11	North Carolina Taxable Income — (Full-year-residents — enter the amount from line 10 on line 11b. Part-year residents and nonresidents — complete lines 42 through 46 on page 2 of this form. Enter the decimal amount from line 46 on line 11a) ●	11 a		
	Multiply the amount on line 10 by the decimal amount on line 11a and enter the result here) ●	11 b	15,564.00	
12	North Carolina Income Tax — If the amount on line 11b is less than \$50,000, use the Tax Table in the instructions to determine your tax. If the amount on line 11b is \$50,000 or more, use the Tax Rate Schedule in the instructions to figure your tax ●	12	935.00	
13	North Carolina Income Tax Withheld: a Your tax withheld ●	13 a	0.00	
	(Attach state copy of each wage and tax statement) b Spouse's tax withheld ●	13 b	1,436.00	
14	Other Tax Payments: (Enter applicable amounts and enter total on line 14e)			
	a 1997 est tax ●			
	b Paid with extension ●			
	c Partnership ●			
	d S corporation ●	14 e	00	
15	Tax Credits — Enter the amount from Part V, line 35 of Form D-400TC and attach the form to this return ●	15	00	
16	Add lines 13a, 13b, 14e and 15 and enter the total here ●	16	1,436.00	
17a	If line 12 is more than line 16, subtract and enter the result ●	17 a	00	
	b Underpayment of estimated income tax penalty (see instructions) ● (Exceptions to the penalty)	17 b	00	
	c Other penalties and interest (see instructions) ●	17 c	00	
18	Add lines 17a, 17b, and 17c and enter the total — Pay this Amount ●	18	00	
19	If line 12 is less than line 16, subtract and enter the Overpayment ●	19	501.00	
20	Amount of line 19 to be applied to 1998 Estimated Income Tax ●	20	00	
21	Contribution to the NC Nongame & Endangered Wildlife Fund (see instr) ●	21	00	
22	Contribution to the North Carolina Candidates Financing Fund (see instr) ●	22	00	
23	Add lines 20, 21 and 22 and enter the total here ●	23	00	
24	Subtract line 23 from line 19 and enter the Amount to be Refunded ●	24	501.00	

ATTACH PAYMENT HERE ATTACH WAGE AND TAX STATEMENT HERE

Additions to Federal Taxable Income (see the instructions)

- 25 Enter the itemized deductions or the standard deduction from your federal return
 - Form 1040, line 35
 - Form 1040A, line 19
 - Form 1040EZ single filers — enter \$4,150 or the amount from line 5 of Form 1040EZ, whichever is less
 - Form 1040EZ Married Filing Jointly filers — enter \$6,900 or the amount from line 5 of Form 1040EZ, whichever is less
 - TeleFile Tax Record filers — enter standard deduction from line I of TeleFile Tax Record

25	6,900.00
26	5,000.00
27	1,900.00
28	00

- 26 Enter your standard deduction from the applicable chart or worksheet in the instructions and enter the result
- 27 Subtract line 26 from line 25 and enter the result here (but not less than zero)

Important: If you claimed the standard deduction on your federal return, skip line 28 and enter on line 29 the amount entered on line 27.

- 28 If you itemized your deductions on your federal return, Form 1040, enter the state and local income taxes from line 5 and any foreign income taxes included on line 8 of federal Schedule A. Important: If you were required to complete the Itemized Deductions Worksheet in the instructions for federal Form 1040, see instructions.

29 Compare line 27 with line 28. Enter whichever is less	29	1,900.00
30 Personal exemption adjustment (complete the Personal Exemption Adjustment Worksheet in the instructions and enter the result)	30	300.00
31 Interest income from obligations of states other than North Carolina	31	00
32 Lump-sum distributions from a pension or profit-sharing plan	32	00
33 Other additions to federal taxable income (attach explanation or schedule)	33	00
34 Total additions — add lines 29 through 33. Enter the total here and on line 7, page 1 of this form	34	2,200.00

Deductions From Federal Taxable Income (See the instructions)

- 35 State or local income tax refund if included on line 10 of federal Form 1040
- 36 Interest income from U.S. obligations or its possessions and from obligations of the state of North Carolina
- 37 Taxable portion of Social Security and Railroad Retirement Benefits included on your federal return
- 38 Other retirement benefits (Enter the amount on line 4 from the Retirement Benefits Deduction Worksheet in the instructions)
- 39 Federal mortgage interest tax credit and other federal tax credits for which deductions were reduced
- 40 Other deductions from federal taxable income (attach explanation and/or schedule)
- 41 Total deductions — add lines 35 through 40. Enter the total here and on line 9, page 1 of this form

35	00
36	00
37	00
38	00
39	00
40	00
41	00

Computation of North Carolina Taxable Income for Part-Year Residents and Nonresidents (See instructions)

- 42 Total income while a Resident of North Carolina
- 43 Total income from North Carolina sources while you were a Nonresident of North Carolina
- 44 Add lines 42 and 43 and enter the total
- 45 Total income from all sources — from Form 1040, line 22; 1040A, line 14; 1040EZ, line 4; or TeleFile Tax Record, line H (if you enter additions or deductions on lines 7 or 9 of page 1 of this form, see the instructions)
- 46 Divide line 44 by line 45. Enter the result as a decimal amount here and on line 11a, page 1 of this form (Round to two decimal places — Example: .638 rounds to .64)

42	00
43	00
44	00
45	00
46	

Sign here

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief, this return, including any accompanying schedules and statements, is true and complete.

Your Signature _____ Date _____

Spouse's Signature (if filing joint return, both must sign) _____ Date _____

Daytime Telephone Number (optional) _____

If prepared by a person other than taxpayer, this affirmation is based on all information of which preparer has any knowledge.

04/12/98
Paid Preparer's Signature _____ Date _____

38-2803250
Paid Preparer's SSN or Identification No.

OMNEX ACCOUNTING & TAX SERVICES
10415 W. WARREN
DEARBORN MI 48126

Paid Preparer's Name and Address

Preparer's Telephone Number _____



Branch Banking And Trust Company

BRANCH BANKING & TRUST CO.
CHARLOTTE AREA OFFICES
TELEPHONE NO. 1-800-394-1470
E.I.N. 56-1521960

00268231L

0556

ANGELA GEORGIA TSIUMAS
GEORGIA TSIUMAS
519 WEBSTER PL
CHARLOTTE NC 28209-2336



THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FOR CALENDAR YEAR
1997

TAXPAYER ID NUMBER
242-51-8852

1997 - 1099-INT, INTEREST INCOME

CHECKING BOX 1	ACCOUNT NUMBER 5216673044	
	INTEREST INCOME	33.76
	TOTAL INTEREST	33.76

1099 / 1098 U.S. INFORMATION RETURN (OMB NO. SEE REVERSE)

FORM 1099-THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. 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.

FORM 1098-THE INFORMATION IN BOXES 1, 2 AND 3 IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THE IRS DETERMINES THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN. THE AMOUNT SHOWN MAY NOT BE FULLY DEDUCTIBLE BY YOU ON YOUR FEDERAL INCOME TAX RETURN. LIMITATIONS BASED ON THE COST AND VALUE OF THE SECURED PROPERTY MAY APPLY. IN ADDITION, YOU MAY ONLY DEDUCT AN AMOUNT OF MORTGAGE INTEREST TO THE EXTENT IT WAS INCURRED BY YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY



Branch Banking And Trust Company

BRANCH BANKING & TRUST CO.
CHARLOTTE AREA OFFICES
TELEPHONE NO. 1-800-394-1470
E.I.N. 56-1521960

00268230L

0556

ANGELA GEORGIA TSIUMAS
519 WEBSTER PL
CHARLOTTE NC 28209-2336

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.

FOR CALENDAR YEAR
1997

TAXPAYER ID NUMBER
242-51-8852

1997 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
CHECKING BOX 1	5211490065	
	INTEREST INCOME	4.28
CHECKING BOX 1	5216665858	
	INTEREST INCOME	25.31
CHECKING BOX 1	5216673036	
	INTEREST INCOME	25.53
SAVINGS BOX 1	5516250528	
	INTEREST INCOME	244.29
CERT. OF DEP. BOX 1	5816426334	
	INTEREST INCOME	315.44
CERT. OF DEP. BOX 1	5816452475	
	INTEREST INCOME	221.78
	TOTAL INTEREST	836.63

1099 / 1098 U.S. INFORMATION RETURN (OMB NO. SEE REVERSE)

FORM 1099-THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. 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.

FORM 1098-THE INFORMATION IN BOXES 1, 2 AND 3 IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THE IRS DETERMINES THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN. THE AMOUNT SHOWN MAY NOT BE FULLY DEDUCTIBLE BY YOU ON YOUR FEDERAL INCOME TAX RETURN. LIMITATIONS BASED ON THE COST AND VALUE OF THE SECURED PROPERTY MAY APPLY. IN ADDITION, YOU MAY ONLY DEDUCT AN AMOUNT OF MORTGAGE INTEREST TO THE EXTENT IT WAS INCURRED BY YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY

EMPLOYMENT AUTHORIZATION
U.S. DEPARTMENT OF JUSTICE

A072454775

Name: HAMMOUD, MOHAMAD Y.

Signature: *Mohamad Hammoud*

Valid from: 12/02/92

DOB: 09/23/72

N Provision of Law 224A.12(C) (QB)


Y Terms & Conditions:

C NONE

C

ISSUED: 11/27/92

FORM I-688 JAN 88



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٤٤٧٩٤٢٢٨٤ ٠٠٢

المرجع للسر الى جمع اللذان باستقاء
Ce passeport est valable pour tous les pays à l'exception

٥٤٧٩٤٢٢٨٤
Date of Expiration: JUL 9 - 1996

هذا السفر ليدى سعة صفة - في سترات اعتباراً من تاريخه
La validité de ce passeport est d'un an - de cette date à dater de ce jour.

Washington, D.C.: ١٠

Délivré à Beyrouth, le **JUL 10 1995**



فEE COLLECTE \$ 100000

Departure Number: 402942284 02

Immigration and Naturalization Service
1-94 Departure Record

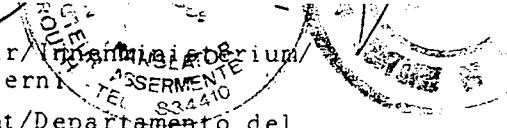
TO BE NOTIFIED
6/6/92 1995

14. Family Name: ~~_____~~ HAMMOUD

15. First (Given) Name: MAHAMAD 25 9 1973

17. Country of Citizenship: Lebanon

Ministry of Interior/Ministère de l'intérieur/Ministerio del Interior/Ministero degli Interni
Civil Status dept./Etat Civil dpt./Standesamt/Departamento del Estado Civil/Direzione Generale dello Stato Personale



CERTIFICATE OF PERSONAL STATUS FOR A PERSON OF LEBANESE NATIONALITY
CERTIFICAT INDIVIDUEL D'ETAT CIVIL POUR PERSONNE DE NATIONALITE LIBANAISE
PERSONENSTANDSAUSWEIS FUR LIBANESISCHE STAATSANGEHÖRIGE
CERTIFICACIÓN INDIVIDUAL DE ESTADO CIVIL PARA PERSONA DE NACIONALIDAD LIBANESA
CERTIFICATO INDIVIDUALE DI STATO CIVILE PER PERSONA DI CITTADINANZA LIBANESE
(NO./NR. 4339023/86)

District/Région/Distrikt/Region/Distretto: Bint Jbeil
Place & Register No./Lieu d'inscription et No. du registre/
Standesregister Nr./Lugar y Registro Civil No./Villaggio e
No. del Registro: Srobbine / 16

Surname/Nom de famille/
Familiennamen/Apellido/Cognome

HAMMOUD		
Mohamad	M	F
	M.	-/-
Youssef		
Name Ahmad DARWICHE		
Bourj Brajne 25.9.1973		
Single		

First names and sex/Prénoms et
sexe/Vornamen und Geschlecht/
Nombres y sexo/Nomi e sesso

Name of the father/Prénoms du
père/Vornamen des Vaters/Nombres
del padre/Nomi del padre

Surname and names of the mother/
Nom et prénoms de la mère/Familiennamen
und Vornamen der Mutter/Apellido y
nombres de la madre/Nomi della madre

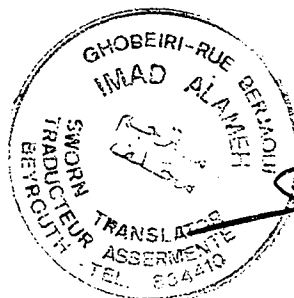
Place and date of birth/lieu et date
naissance/Ort und Datum der Geburt/Lugar
y fecha de nacimiento/Luogo e data di nascita

Legal Status/Etat Civil/Zivilstand/
Estado Civil/Stato Civile

Remarks/Observations/Vermerk/Observacion/Osservazioni:
Lebanese since more than ten years .

The Registrar of Bint Jbeil
L'officier de l'état civil
Der zivilstandsbeamte
El funcionario del registro civil
L'ufficiale de registro civil
(sealed & signed)

Legalized overleaf by the Ministry of Interior/Civil Status Dpt.
of Beirut on 31.5.1991 (sealed & signed).



Handwritten signature

الجمهورية اللبنانية
وزارة الداخلية
ال مديرية العامة للأحوال الشخصية

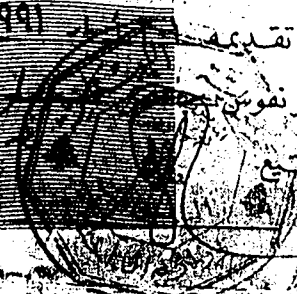
رقم ٤٣٣٩٠٢٢ / ٨٦

بيان قيد الرادي

عن سجلات المقيمين لأصحاء ١٩٣٢



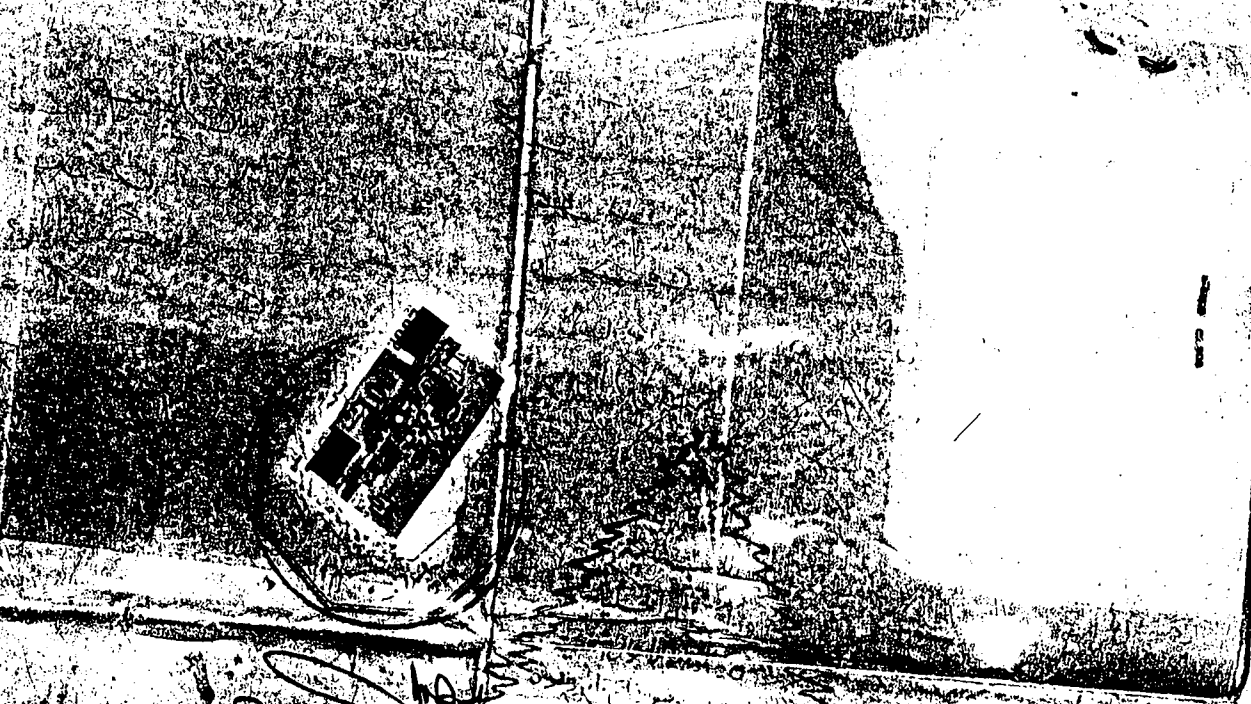
القضاء سنة ١٩٣٢
محل وزعم القيد ١٦
مقدم الطلب والدي
المعرف عنه محمد الكو
تاريخ تقديمه ١٩٣٢
مأمور نفوس
التوقيع



ملاحظات
الله نيابتي

* توضع إشارة x في المربع المناسب • إذا كان صاحب العلاقة لبنانيا منذ عشر سنوات يقتضى أن يذكر ذلك خطيا في هذا الحقل ، كما يذكر تاريخ تدوين القيد وكيفية إدراجه

٢٧-١٧٧٣



Handwritten Arabic text in the lower section of the notebook. The text is written in a cursive style and includes the name "محمد اللواتي" (Muhammad Al-Lawati) and other less legible words. There are also some scribbles and lines around the text.

Lebanon

U.S. Department of Justice
Immigration and Naturalization Service

OMB #1115-0134
Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)
HAMMOUD
(First) (Middle Initial)
MOHAMAD
2. Address (Street number and name) (Apt. number)
7403 KENTUCKY
(City) (State) (ZIP Code)
DEARBORN MI 48126

3. File number (A number)
4. Sex
 Male Female
5. Date of birth (Month/Day/Year)
9-25-73
6. Country of birth
LEBANON
7. Date of examination (Month/Day/Year)
3-23-98

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

- No apparent defect, disease, or disability.
 - The conditions listed below were found (check all boxes that apply).
- Class A Conditions**
- Chancroid
 - Chronic alcoholism
 - Gonorrhea
 - Granuloma inguinale
 - Hansen's disease, infectious
 - HIV infection
 - Insanity
 - Lymphogranuloma venereum
 - Mental defect
 - Mental retardation
 - Narcotic drug addiction
 - Previous occurrence of one or more attacks of insanity
 - Psychopathic personality
 - Sexual deviation
 - Syphilis, infectious
 - Tuberculosis, active
- Class B Conditions**
- Hansen's disease, not infectious
 - Tuberculosis, not active
 - Other physical defect, disease or disability (specify below).

Examination for Tuberculosis - Tuberculin Skin Test
 Reaction _____ mm No reaction Not done
Doctor's name (please print) Date read

Examination for Tuberculosis - Chest X-Ray Report
 Abnormal Normal Not done
Doctor's name (please print) Date read
DR. ALI FADEL M.D. 3-23-98

Serologic Test for Syphilis
 Reactive Titer (confirmatory test performed) Nonreactive
Test Type
RPR | VDRL

Serologic Test for HIV Antibody
 Positive (confirmed by Western blot) Negative
Test Type
HIV

Doctor's name (please print) Date read
DR. ALI FADEL M.D. 3-24-98

Doctor's name (please print) Date read
DR. ALI FADEL M.D. 3-24-98

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

- Applicant is current for recommended age-specific immunizations.
- Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly) Doctor's signature Date

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature *Mohamad Hamoud* Date **3/23/98**

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name and address (please type or print clearly) Doctor's signature Date
DR. ALI FADEL M.D. 13244 W. WARREN DEARBORN; MI 48126 Ali Fadel 04-03-98

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603.



SUPPLEMENTAL FORM TO 7-93
Adjustment of Status Applicant's Documentation - Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

HAMMOUD MOHAMAD Date of Birth 09-25-73
 (Family) (Personal) (Middle) (Month, Day, Year)

Male Female Passport # _____ Country LEBANON

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
See attached Copy							✓	Blanket		
							Not Medically Appropriate			
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Day/Yr		Not appropriate age	Contra-indication	Insufficient time interval	Not fall (season)
DT/DTP										///////
Td										///////
Polio (OPV/IPV)										///////
Measles (or MR or MMR)										///////
Mumps (or MMR)										///////
Rubella (or MR or MMR)										///////
Hib										///////
Hepatitis B					3-23-98					///////
Varicella										///////
Pneumococcal										///////
Influenza										

3. Results

- Applicant may be eligible for blanket waiver(s) as indicated above.
- Applicant will request an individual waiver based on religious or moral convictions.
- Vaccine history complete for each vaccine, all requirements met.
- Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name ALI A. Fadel M.D. Date 04-03-98
 (print or type)

Civil Surgeon's Signature Dr. Fadel

#7281

SUPPLEMENTAL FORM TO I-693
Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

Hammoud Mohamad _____
(Family) (Personal) (Middle) Date of Birth 09/25/73
(Month, Day, Year)
 Male; Female Passport # _____ Country Lebanon

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Da/Yr		Blanket			
						Not Medically Appropriate				
						Not appropriate age	Contra-indication	Insufficient time interval	Not fall (flu) season	
DT/DTP									////////	
Td					<u>6/28/97</u>				////////	
Polio (OPV/IPV)									////////	
Measles (or MR or MMR)									////////	
Mumps (or MMR)						<u>070197</u>			////////	
Rubella (or MR or MMR)									////////	
Tib									////////	
Hepatitis B									////////	
Varicella						<u>070197</u>			////////	
Pneumococcal									////////	
Influenza						<u>070197</u>			////////	

3. Results

- Applicant may be eligible for blanket waiver(s) as indicated above.
- Applicant will request an individual waiver based on religious or moral convictions.
- Vaccine history complete for each vaccine, all requirements met.
- Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name John E. Lacouture, MD Date 070997
(print or type)
Civil Surgeon's Signature [Signature]

8 MILE GAS & MART ,INC.

13600 W 8 MILE RD.
OAKPARK , MI. 48237
U.S.A

Phone 248-545-7858
Fax 248-5457858
Email waar1@aol.com

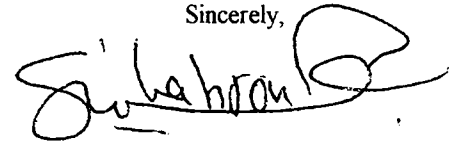
September 14, 1997

To whom it may concern ,

this is to verify that Mr. Mohammad Hammoud have a job offer from our company as an assistant manager as soon as he complies with the I.N.S. requirements in order to be allowed to work in the U.S.

If you need any farther assistant please don't hesitate to contact me at one of the numbers above

Sincerely,



Samuel R.Chahrouh

CHAHROUR INVESTMENT II, INC.

29401 W.7 MILE Rd.
LIVONIA, MI. 48152

Phone 248-478-5008
Fax 248-545-7858

May 28, 1998

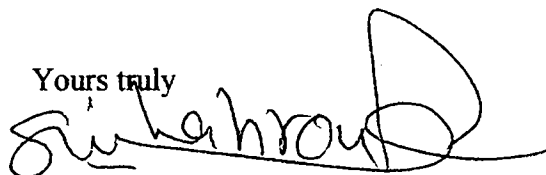
To whom it may concern :

This is to certify that Mr. Mohamad Hammoud is an employed at our company for the last 3 months .

He is a full time (40 hr./ week) cashier with a wage of \$6.50 / hr.

If any further information is needed ,please do not hesitate to contact us at one of the numbers listed above .

Yours truly



Samuel R. Chahrour
General Manager

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

1. SAMUEL CHAHROUR residing at 7403 Kentucky
(Name) (Street and Number)
Dearborn MI 48126
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 6-4-65 at Beirut LEBANON
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number 020611941
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 32 years of age and have resided in the United States since (date) 1986

3. That this affidavit is executed in behalf of the following person:

Name <u>MOHAMMAD Y HAMMOUD</u>			Sex <u>M</u>	Age <u>23</u>
Citizen of—(Country) <u>LEBANON</u>		Marital Status <u>Married</u>	Relationship to Deponent <u>Cousin</u>	
Presently resides at—(Street and Number) <u>7403 Kentucky (Upper)</u>		(City) <u>Dearborn</u>	(State) <u>MI</u>	(Country) <u>U.S.A.</u>

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of GAS station with CHAHROUR INVEST INC.
(Type of Business) (Name of concern)
 at 29401 W 7 mile rd Dearborn MI 48152
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 74,000

I have on deposit in savings banks in the United States

\$ 56,000

I have other personal property, the reasonable value of which is

\$ 50,000

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ 0
\$ 1000
\$ ~~5000.00~~
\$ 2000.00

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ 66,000

Which is located at 7403 Kentucky Ave MD 48126
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
Mohamed Hammoud	X		23	Cousin

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name W/A Date submitted

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name Rocya Termouls Relationship Ex-wife Date submitted 1994

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

Room - Board - food & anything else

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent [Signature]

Subscribed and sworn to (affirmed) before me this 20th day of August, 1997

at 6886 Arctdale Det MD 48228. My commission expires on Feb 6, 1999

Signature of Officer Administering Oath [Signature] Notary Public, William County, MD Assistant Manager

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)