

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 454 776, 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



IMMIGRATION AND NATURALIZATION SERVICE
6 WOODLAWN GREEN, SUITE 138
CHARLOTTE, NORTH CAROLINA 28217

MOHAMAD DARWICHE
5425 DONNEFIELD DRIVE
CHARLOTTE, NC 28227

FILE NUMBER: A 72 454 776
DATE: 01/13/99

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION: 6 WOODLAWN GREEN, SUITE 138,
CHARLOTTE, NC 28217

DATE AND TIME: 01/29/99
08 : 15 AM

OFFICER: IMMIGRATION EXAMINER *1BB*

REASON FOR APPOINTMENT: APPLICATION FOR ADJUSTMENT OF STATUS

THIS INTERVIEW WILL BE VIDEO TAPED

PLEASE BRING ALL ITEMS THAT ARE CHECKED (X) TO THE INTERVIEW

- THIS LETTER, YOUR PASSPORT, YOUR I-94 (ARRIVAL/DEPARTURE FORM), IF ANY
- YOUR SPOUSE/~~PETITIONER~~
- EVIDENCE OF A COMMON RESIDENCE AND SHARED LIFE (SEE ADDENDUM)
- I-134, AFFIDAVIT OF SUPPORT AND/OR SUPPORTING EVIDENCE FOR I-134
- A CURRENT LETTER OF EMPLOYMENT
- MEDICAL AND/OR VACCINATION RECORD
- photos* COMPLETED FORM 9003

PLEASE COME TO THIS OFFICE AT THE TIME AND DATE INDICATED. IF YOUR SPOUSE IS PETITIONING FOR YOU, YOUR SPOUSE MUST ACCOMPANY YOU. UPON ARRIVAL, PLEASE PLACE THIS LETTER IN THE APPOINTMENT SLOT LOCATED IN THE CLOSED DOOR NEAR THE RESTROOMS.

ATTORNEY NOTIFIED: GEORGE N. MILLER, ESQ.

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
6 Woodlawn Green, Suite 138
Charlotte, NC 28217
WORK SHEET

Attorney Record:

Petitioner:
Home phone:

Beneficiary:
Immigration status:

Occupation & Social Security No:

Occupation:

Work Address/Phone No:

Work Address/Phone No:

Parents Home Address/Phone No:

Cedars Rest - both work same employer.

Date Met Beneficiary: 6 months prior - Car Salesman

Date of Marriage: 3/16/96 - civil ceremony

Public Assistance: *NO*

Children: *NO*

I-765 Filled:
NIV Requested:
IV Requested: -
G-325A:
Fingerprint Card:

Review Notes:

*Possible
marriage fraud
suspected.*

*Pet. was not actively participating
in interview. Claims she
was sick. Attorney advised officer
will discontinue interview.*

CHANGE OF ADDRESS FORM

Date application submitted at INS/CLT 10/97

N-400 Rec'd. Grant Other I-485 Rec'd. Other

Applicant's Alien Registration Number A 72454776

Applicant Name (PRINT): ~~Mohamad A. Darwiche~~ Mohamad A. Darwiche

New Address: 5425 DONNEFIELD DR.
Charlotte NC 28227

New Telephone Number (704) 563-4387

START HERE - Please Type or Print

Part 1. Information about you.

Family Name Darwiche		Given Name Mohamad	Middle Initial A
Address - C/O 5425 Dornefeld Dr.			
Street Number and Name 6130 Cork Tree Court		Apt. # N/A	
City Charlotte			
State NC		Zip Code 28212-28227	
Date of Birth (month/day/year) 7/10/69		Country of Birth Lebanon	
Social Security # 096-84-3867		A # (if any) None 12 454 77	
Date of Last Arrival (month/day/year) 6/6/92		I-94 # 4 0 2 9 4 2 2 9 3 0 2	
Current INS Status Parole <i>exclusion</i>		Expires on (month/day/year) N/A	

Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

- a. an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e) (attach a copy of the fiance(e) petition approval notice and the marriage certificate).
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. I have continuously resided in the U.S. since before January 1, 1972.
- h. Other-explain _____

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

- i. I am a native or citizen of Cuba and meet the description in (e), above.
- j. I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
6990 001	09/26/97 14:54
Reloc Sent	I-485 150.00
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	OCT 10 1997
Section of Law	
<input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
Country Chargeable	
Eligibility Under Sec. 245	
<input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____	
Preference	
Action Block	
To Be Completed by Attorney or Representative, if any	
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License # 13614	

Part 3. Processing Information.

A. City/Town/Village of birth Srobbin		Current occupation Car salesman
Your mother's first name Khadida		Your father's first name Atef

Give your name exactly how it appears on your Arrival /Departure Record (Form I-94)

Mohamed Darwiche

Place of last entry into the U.S. (City/State) New York NY		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) parole
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Nonimmigrant Visa Number N/A		Consulate where Visa was issued New York
Date Visa was Issued (month/day/year) N/A	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Have you ever before applied for permanent resident status in the U.S.? No Yes (give data and place of filing and final disposition):

B. List your present husband/wife, all your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name Darwiche	Given Name Mary	Middle Initial C	Date of Birth (month/day/year) 12/25/74
Country of birth USA	Relationship wife	A # N/A	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

None.

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "YES" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

1. Have you ever, in or outside the U.S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
 - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.?

Yes No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes No
3. Have you ever:
 - a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

Yes No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

Yes No
5. Do you intend to engage in the U.S. in:
 - a. espionage?
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?

Yes No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

Yes No
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

Yes No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

Yes No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? *It is my testimony that he never appeared before a U.S.*

Yes No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?

Yes No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

Yes No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

Yes No
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

Yes No
14. Do you plan to practice polygamy in the U.S.?

Yes No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
	Mohamad A. Darwiche	9/10/97	704-531-7232

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number
	George N. Miller	9/10/97	(704) 372-6373

Firm Name and Address: Dozier, Miller, Pollard & Murphy 701 E. Trade St., Ste. 2, Charlotte, NC 28202

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID# A# G-28 or Volag # Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> <input type="checkbox"/> 203 (a)(5) AM CON: _____	Action Stamp Remarks:	Fee Stamp Petition was filed on <u>09/24/91</u> (priority date) <u>09/24/91</u> <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved
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A. Relationship

1. The alien relative is my
 Husband/Wife Parent Brother/Sister Child Yes No

2. Are you related by adoption? Yes No

3. Did you gain permanent residence through adoption? Yes No

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
DARWICHE Mary Denise

2. Address (Number and Street) (Apartment Number)
6130 Cork Tree Court N/A
 (Town or City) (State/Country) (ZIP/Postal Code)
Charlotte NC 28212

3. Place of Birth (Town or City) (State/Country)
Chesterfield SC/USA

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
12/25/74 Female Married Single Widowed Divorced

7. Other Names Used (including maiden name)
Covington

8. Date and Place of Present Marriage (if married)
March 14, 1996, Charlotte, NC

9. Social Security Number 10. Alien Registration Number (if any)
247-55-7696 N/A

11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended
None. N/A

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
Darwiche Mohamad A.

2. Address (Number and Street) (Apartment Number)
6130 Cork Tree Court N/A
 (Town or City) (State/Country) (ZIP/Postal Code)
Charlotte NC 28212

3. Place of Birth (Town or City) (State/Country)
Srobbin Lebanon

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
7/10/69 Male Married Single
 Female Widowed Divorced

7. Other Names Used (including maiden name)
none.

8. Date and Place of Present Marriage (if married)
March 14, 1996 Charlotte, NC

9. Social Security Number 10. Alien Registration Number (if any)
096-84-3867 None 72 454 776

11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended
none. N/A

13. If you are a U.S. citizen, complete the following:

My citizenship was acquired through (check one)
 Birth in the U.S.
 Naturalization (Give number of certificate, date and place it was issued)

Parents
 Have you obtained a certificate of citizenship in your own name?
 Yes No
 If "Yes", give number of certificate, date and place it was issued

14a. If you are a lawful permanent resident alien, complete the following:

Date and place of admission for, or adjustment to, lawful permanent residence, and class of admission:
N/A

14b. Did you gain permanent resident status through marriage to a United States citizen or lawful permanent resident? Yes No

13. Has your relative ever been in the U.S.?

Yes No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.) paroled into the U.S.

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
4 0 2 9 4 2 2 9 3 0 2 6/6/92
 Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
N/A

15. Name and address of present employer (if any) Cars for US, Inc. - 5711 North Tryon Street, Charlotte, NC USA 28213

Date this employment began (Month/Day/Year)
September 5, 1995

16. Has your relative ever been under immigration proceedings?

Yes No Where **NYC** When **6/6/92**
 Exclusion Deportation Reissuance Judicial Proceedings

INITIAL RECEIPT	RESUBMITTED	RELOCATED		COMPLETED		
		Rec'd	Sent	Approved	Denied	Returned
OCT 10 1997						

C. (continued) Information about your alien relative

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).
 (Name) (Relationship) (Date of Birth) (Country of Birth)
 None.

17. Address in the United States where your relative intends to live
 (Number and Street) (Town or City) (State)
 6130 Cork Tree Court Charlotte NC

18. Your relative's address abroad
 (Number and Street) (Town or City) (Province) (Country) (Phone Number)
 Srobbin Lebanon none.

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:
 (Name) (Number and Street) (Town or City) (Province) (Country)

20. If filing for your husband/wife, give last address at which you both lived together:
 (Name) (Number and Street) (Town or City) (Province) (Country) From (Month) (Year) To (Month) (Year)
 6130 Cork Tree Ct Charlotte NC USA 9/96 Present

21. Check the appropriate box below and give the information required for the box you checked:
 Your relative will apply for a visa abroad at the American Consulate in _____ (City) (Country)
 Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at Charlotte NC. If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in _____ (City) (Country)
 (Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.
 N/A

2. Have you ever filed a petition for this or any other alien before? Yes No
 If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

Penalties: You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature Mary Denise [Signature] Date Sept. 10, 1997 Phone Number _____

Signature of Person Preparing Form if Other than Above

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.

Print Name George N. Miller (Address) Dozier, Miller, Pollard (Signature) [Signature] (Date) Sept. 10, 1997
701 E. Trade St., Ste. 2,
Charlotte, NC 28202

G-28 ID Number YES

Volag Number _____

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

1. Name of relative (Family name in CAPS)			(First)	(Middle)
Darwiche			Mohamad	Atef
2. Other names used by relative (Including maiden name)				
none.				
3. Country of relative's birth		4. Date of relative's birth (Month/Day/Year)		
Lebanon		7/10/69		
5. Your name (Last name in CAPS)		(First)	(Middle)	6. Your phone number
DARWICHE		Mary	Denise	(704) 531-7232

Action Stamp	SECTION	DATE PETITION FILED
	<input type="checkbox"/> 201 (b)(Spouse)	
	<input type="checkbox"/> 201 (b)(child)	
	<input type="checkbox"/> 201 (b)(parent)	
	<input type="checkbox"/> 203 (a)(1)	<input type="checkbox"/> STATESIDE
	<input type="checkbox"/> 203 (a)(2)	<input type="checkbox"/> CRITERIA GRANTED
<input type="checkbox"/> 203 (a)(4)		
<input type="checkbox"/> 203 (a)(5)		
		SENT TO CONSUL AT;

CHECKLIST

- Have you answered each question?**
- Have you signed the petition?**
- Have you enclosed:**
- The filing fee for each petition?
 - Proof of your citizenship or lawful permanent residence?
 - All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- Your picture?
- His or her picture?
- Your G-325A?
- His or her G-325A?

Additional Questions to be Completed by All Applicants for Permanent Residence in the United States

This form must accompany your application for permanent residence in the United States

Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission and answers to IRS Form 9003.

Name (Last - Surname - Family) (First - Given) (Middle Initial)

Darwiche

Mohamad

A

Taxpayer Identification Number

0	9	6	8	4	3	8	6	7
---	---	---	---	---	---	---	---	---

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "

--	--	--	--	--	--	--	--	--	--

 N I O R N I E ".

	Mark appropriate column	
	Yes	No
1. Are you self employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.		X
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	X	
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.	X	
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?	X	

If you answered yes to question 4, for which tax year was the last return filed? 19 96

Paperwork Reduction Act Notice -We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224. Attention: IRS Reports Clearance Officer T:FP, and **Office of Management and Budget**, Paperwork Reduction Project (1545-1065) Washington, DC 20503. **DO NOT** send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.

Remarks

Additional Questions to be Completed by All Applicants for Permanent Residence in the United States

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Name (Last - Surname - Family) (First - Given) (Middle Initial)

Darwiche

Mohamad

A

Taxpayer Identification Number 0 | 9 | 6 | 8 | 4 | 3 | 8 | 6 | 7

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., " | | | | | N O I N E | ".

	Mark appropriate column	
	Yes	No
1. Are you self employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.		<input checked="" type="checkbox"/>
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	<input checked="" type="checkbox"/>	
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.	<input checked="" type="checkbox"/>	
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?	<input checked="" type="checkbox"/>	

If you answered yes to question 4, for which tax year was the last return filed? 19 96

Paperwork Reduction Act Notice -We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give use the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224. Attention: IRS Reports Clearance Officer T:FP, and **Office of Management and Budget**, Paperwork Reduction Project (1545-1065) Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.**

Remarks

Certificate of Marriage

I, Judith A. Gibson, Register of Deeds of Mecklenburg County, State of North Carolina, hereby certify that I have this day issued License for the

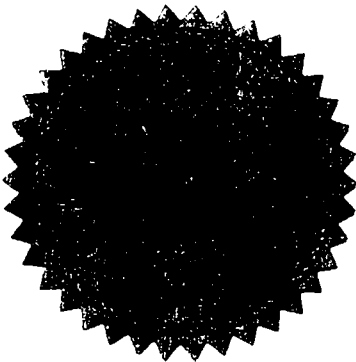
Marriage of MOHAMAD ATEF DARWICHE

address CHARLOTTE, NORTH CAROLINA

to MARY DENISE COVINGTON

address CHARLOTTE, NORTH CAROLINA

This 14TH day of MARCH, A.D. 19 96.



Judith A. Gibson
Register of Deeds

This Certifies that:

MOHAMAD ATEF DARWICHE and MARY DENISE COVINGTON

of MECKLENBURG CO. of MECKLENBURG CO.

were by me united in

Holy Matrimony

at CHARLOTTE, NORTH CAROLINA

According to the Ordinances of God and the Laws of the State of North Carolina on

the 14th day of MARCH, 19 96

Witnesses { ALI HAMDAN of CHARLOTTE, NC

{ BASSAM HAMOOD of CHARLOTTE, NC

Am Jones
Officiating Officer

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Division of Vital Records, Columbia, S. C.
ANY ALTERATION OR ERASURE VOIDS THIS CARD

DATE ISSUED	BIRTH NO.
AUG 22 1980	139-74-046868
NAME ***MARY DENISE KINGSTON***	
BIRTH DATE	SEX
DEC 25 1974	FEMALE
BIRTH PLACE-COUNTY	DATE
CHESTERFIELD	APR 9 1975

This is a true certification of name and birth date recorded in this office.

David R. Brooks
CHESTERFIELD COUNTY

CAROLINA POLYGLOT, INC.

POST OFFICE BOX 36

CHARLOTTE NC 28236-6334

Phone: (704) 366-5781

Fax (704) 364-2998

LOGO AND OFFICIAL LETTERHEAD OF THE REPUBLIC OF LEBANON -
MINISTRY OF THE INTERIOR - DIRECTORY OF PERSONAL STATISTICS -
Individual transcription from the Civil Registration taken from the Register of Residents
relative to the Annual Census of the Year 1932. DOCUMENT No. 86/3892450

===== BIRTH CERTIFICATE =====

County and City of BENT-JBAIL; =====

Place and No. of Registry: SROBBIN; =====

Name: MOHAMAD ; Last Name: DARWICHE; =====

Father's Name: ATEF; Mother's Name: KHADIJA KOWRANI =====

Place and Date of Birth: SROBBIN; - 07-10-69; =====

Applicant: was the concerned party; Identification Number: Not submitted; =====

Date of application: 08-16-1991; =====

Marital Status: SINGLE; ===== Sex: MALE; ===== Religion:SHIITE; =====

Remarks: Lebanese for a period of more than ten (10) years. =====

Place of Issuance: CLERICAL OFFICE OF BENT-JBAIL; Illegibly Signed by the
Officer. Document issued at the requested of the interested. OFFICIALLY CERTIFIED
BY THE OFFICE OF THE MAYOR OF HERMEL, on 08-27-1991. =====

THIS IS THE TRUE AND FAITHFUL TRANSLATION FROM THE ARABIC
ORIGINAL, TO THE BEST OF MY ABILITY: William DePaula

WILLIAM DePAULA, Translator. Charlotte, NC 11-14-1996.

الجمهورية اللبنانية
وزارة الداخلية
ال مديرية العامة للأحوال الشخصية

رقم ٣٨٩٢٤٥٠

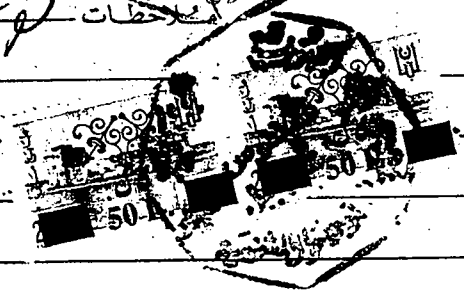
بيان قيد إفرادي

عن سجلات المقيمين لأحصاء ١٩٣٢



القضاء
محل ورقم القيد
مقدم الطلب
المعرف عنه
تاريخ تقديمه
مأمور نفوس
التوقيع
ملاحظات

نمرولحيم



توضع إشارة * في المربع المناسب * إذا كان صاحب العلاقة لبنانياً منذ عشر سنوات يقتضى أن يذكر ذلك خطياً في هذا الحقل، كما يذكر تاريخ تدوين القيد وكيفية

Departure Number

402942293 02

Immigration and Naturalization Service

I-94
Departure Record

1-22 served.
subject placed in
custody of SELF
to be presented for
exclusion during an
13FI
Federal
TO BENJAMIN
6/6/92 LW

14. Family Name <u>DARWICHE</u>	
15. First (Given) Name <u>Mohamad</u>	16. Birth Date (Day/Mo/Yr) <u>10 7 1969</u>
17. Country of Citizenship <u>Lebanon</u>	

See Other Side

STAPLE HERE

FORM G-325A
BIOGRAPHIC INFORMATION

(Family name) Darwiche	(First name) Mohamad	(Middle name) A.	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 7/10/69	NATIONALITY Lebanon	FILE NUMBER A-None
ALL OTHER NAMES USED (Including names by previous marriages) none			CITY AND COUNTRY OF BIRTH Srobbin Lebanon			SOCIAL SECURITY NO. (If any) 096-84-3867
FATHER Darwiche		FIRST NAME Atef	DATE, CITY AND COUNTRY OF BIRTH (if known) 5/7/40 Srobbin, Lebanon		CITY AND COUNTRY OF RESIDENCE Tyre, Lebanon	
MOTHER (Maiden name) Khadida		FIRST NAME Kourani	DATE, CITY AND COUNTRY OF BIRTH (if known) 4/24/48 Yatr, Lebanon		CITY AND COUNTRY OF RESIDENCE Tyre, Lebanon	
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) Covington	FIRST NAME Mary	BIRTHDATE 12/15/74	CITY & COUNTRY OF BIRTH Chesterfile USA	DATE OF MARRIAGE 3/14/96	PLACE OF MARRIAGE Charlotte, NC
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	
N/A						
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.						
				FROM	TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH YEAR
6130 Cork Tree Court	Charlotte	NC	USA	9	96	PRESENT TIME
3549 #E Spanish Quarter Circle	Charlotte	NC	USA	1	93	8 96
446 Senatun Street	New York	NY	USA	6	92	12 92
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
Rasallayne	Tyre		Lebanon		87	6 92
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
Cars for US, Inc. - 5711 North Tryon Street, Charlotte, NC USA 28213	Salesman		9	95	10/95	PRESENT TIME
Alex Fashion, 8501 Roosevelt Avenue, Jackson Heights, NY	Salesman		6	92	12	92
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 checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT		SIGNATURE OF APPLICANT		
<input type="checkbox"/> OTHER (SPECIFY):				DATE Sept. 9, 1997		
Are all copies legible?		<input checked="" 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)
Darwiche	Mohamad	A.	None



FORM G-325A
BIOGRAPHIC INFORMATION

(Family name) Darwiche	(First name) Mary	(Middle name) Denise	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 12/15/74	NATIONALITY USCitizen	FILE NUMBER A- None		
ALL OTHER NAMES USED (Including names by previous marriages) Covington			CITY AND COUNTRY OF BIRTH Chesterfiled, SC USA			SOCIAL SECURITY NO. (If any) 247-55-7696		
FATHER Covington Carl		DATE, CITY AND COUNTRY OF BIRTH (If known) 7/31/51, Pageland, SC		CITY AND COUNTRY OF RESIDENCE Pageland, SC				
MOTHER (Maiden name) Covington Sylvia		DATE, CITY AND COUNTRY OF BIRTH (If known) 6/14/52, Pageland, SC		CITY AND COUNTRY OF RESIDENCE Pageland, SC				
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) Darwiche	FIRST NAME Mohamad	BIRTHDATE 7/10/69	CITY & COUNTRY OF BIRTH Srobbin Lebanon	DATE OF MARRIAGE 3/14/96	PLACE OF MARRIAGE Charlotte, NC		
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				
N/A								
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.								
				FROM		TO		
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	
6130 Cork Tree Court	Charlotte	NC	USA	9	96	PRESENT TIME		
3549 #E Spanish Quarter Circle	Charlotte	NC	USA	2	96	9	96	
Blackhawk	Charlotte	NC	USA	7	95	2	96	
Box 25-K	Pageland	SC	USA	12	74	7	95	
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	
None.								
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		
Pizza Hut, Tryon Street, Charlotte, NC	cook		2	96	PRESENT TIME			
Super 8 Motel, Sugar Creek, Charlotte, NC	maid		7	95	2	96		
Roadway Inn, Sugar Creek, Charlotte, NC	maid		7	95	2	96		
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		SIGNATURE OF APPLICANT				DATE
<input checked="" type="checkbox"/> OTHER (SPECIFY): LPR Application for Spouse		Mary Denise Covington				Sept. 10, 1997		
Are all copies legible?		<input checked="" 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)
Darwiche	Mary	Denise	None.



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.)

I, Mary Denise Covington Darwiche, residing at 6130 Cork Tree Court
(Name) (Street and Number)
Charlotte North Carolina 28212 USA
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 12/25/74 at Chesterfield, SC USA
(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 _____
- 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 23 years of age and have resided in the United States since (date) 12/25/74

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

Name	Mohamad Atef Darwiche	Sex	Age
		M	28
Citizen of--(Country)	Marital Status	Relationship to Deponent	
Lebanon	Married	Husband	
Presently resides at--(Street and Number)	(City)	(State)	(Country)
6130 Cork Tree Court	Charlotte	NC	USA

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

Spouse	Sex	Age	Child	Sex	Age
N/A					
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 Restaurant with Pizza Hut - UNCC
(Type of Business) (Name of concern)
at 6507 N. Tryon St. Charlotte NC 28213
(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.)

\$ 10,920.00

I have on deposit in savings banks in the United States \$ _____

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

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.

\$ _____
\$ _____
\$ _____
\$ _____

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 \$ _____

Which is located at _____
(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
None.				

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

Name _____ Date submitted _____

None.

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 _____ Relationship _____ Date submitted _____

None.

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.)

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 therein are true and correct.

Signature of deponent Mary Denise Cooney

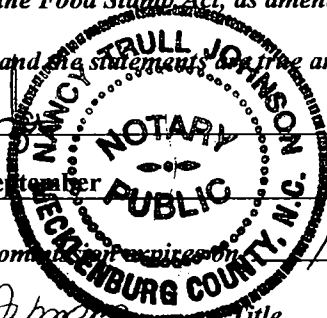
Subscribed and sworn to (affirmed) before me this 10th day of September, 1997

at Dozier, Miller, Pollard & Murphy. My commission expires on 1-10-99

Signature of Officer Administering Oath Nancy Trull Johnson Title Notary Public

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.

George W. Miller 701 E. Trade St., Ste. 2, Charlotte, NC 28202 September 10, 1997
(Signature) (Address) (Date)



Pizza Hut Delivery
6507 North Tryon Street
Charlotte, NC 28213
(704) 597-9300

March 24, 1997

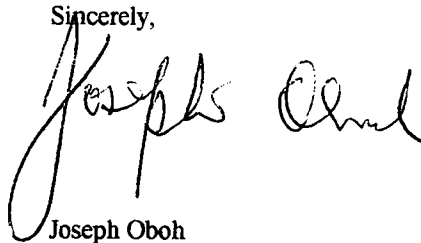
To Whom it May Concern:

Mary D. Covington has been an employee here at Pizza Hut since March of 1995.

Her current pay rate is \$5.25 per hour and she works an average of 30 hours per week.

If you have any further questions, please free to call.

Sincerely,



Joseph Oboh
R.G.M. Pizza Hut

UNCC PIZZA HUT
6507 N. TRYON ST.
597-9300

DDA INQUIRY

DD 1860-896126

NAME 1: MOHAMAD A*DARWICHE

TIN: 096 84 3867 WITH IND: CERTIFIED

NAME 2: MARY D*COVINGTON

ADDRESS: PO BOX 560918

AVAIL FUNDS:	578.34
CURR BALANCE:	578.34
LC AVAIL:	.00
UCF/PLEDGES:	.00
MEMO DEBITS:	.00
MEMO CREDITS:	.00
OD LINE AMT:	300.00

OPENED:	05-08-96
CLOSED:	00-00-00
LAST MAINT:	03-19-97
LAST DR/CR:	03-18-97
LAST STMT:	03-26-97
STMT CYCLE:	27
STMT ACCT:	1860-896126
ACCT INQ FEE WAIVED:	N

LOCATION:	18623
RESPON CTR:	1004205
PRICING REGION:	01
PRODUCT:	RCK
SV CHG WAIVE:	NO WAIVE
INTEREST RATE:	0.000%
NSF CODE:	30
CHG OFF OVERRIDE:	NO
CHGBK FEE WAIVED:	NO

SAFEKEEP: YES NEXT CYCLE: YES

STATUS: ACTIVE
DEPOSITOR: 01 INDIVIDUAL
ALERTS:

SUBPRODUCT: RC - REGULAR CHECKING

BREF 106 MORE

Althea A. Rollard
Service Representative

Jmda H. Morgan, Notary
4-3-97

My Commission Expires June 01, 2000

PO Box 31608
Charlotte, NC 28231

10

MOHAMAD A DARWICHE
MARY D COVINGTON
PO BOX 560918
CHARLOTTE NC 28256

⑆ 5722 0000 ⑆

Checking Statement

No Enclosures

November 27, 1996 - December 26, 1996

Page 1 of 1

Checking Summary

Account Number 1860-896126

<u>BEGINNING BALANCE</u>	+	<u>DEPOSITS</u>	-	<u>WITHDRAWALS</u>	-	<u>SERVICE CHARGES</u>	=	<u>ENDING BALANCE</u>
115.66-		2,000.00		39.00		0.00		1,845.34

Checks

There were no checks paid this statement period.

Described Items

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
12-03	Club Dues FLAIR FOR FITNES DEC 96	39.00
	TOTAL CHECKS AND OTHER DESCRIBED ITEMS (Including Service Charges)	39.00

Deposits

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
12-03	Deposit	2,000.00
	TOTAL DEPOSITS	2,000.00

Daily Balance Summary

<u>DATE</u>	<u>BALANCE</u>	<u>DATE</u>	<u>BALANCE</u>
11-27	BEGINNING BALANCE 115.66-	12-26	ENDING BALANCE 1,845.34
12-03	1,845.34		

NEED HELP? CALL US ANYTIME, 24 HOURS A DAY, 7 DAYS A WEEK:

1-800-822-7887

With Phone Access, you can check your balance, transfer funds, find out if a check has cleared or reorder checks.

1-800-WACHOVIA
(1-800-922-4684)

Call Wachovia On-Call for person-to-person assistance, to open an account or apply for a loan.

PO Box 31608
Charlotte, NC 28231

10

MOHAMAD A DARWICHE
MARY D COVINGTON
PO BOX 560918
CHARLOTTE NC 28256

2

⑆ 5 7 2 2 0000 ⑆

Checking Statement

No Enclosures

March 27, 1997 - April 24, 1997

Page 1 of 2

Checking Summary

Account Number 1860-896126

<u>BEGINNING BALANCE</u>	+	<u>DEPOSITS</u>	-	<u>WITHDRAWALS</u>	-	<u>SERVICE CHARGES</u>	=	<u>ENDING BALANCE</u>
578.34		4,598.92		4,418.00		0.00		759.26

Checks

NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE
546	885.00	04-09	547	3,084.00	04-17	548	410.00	04-18

Described Items

DATE	DESCRIPTION	AMOUNT
04-03	Club Dues FLAIR FOR FITNES APR 97	39.00
	TOTAL CHECKS AND OTHER DESCRIBED ITEMS (Including Service Charges)	4,418.00

Deposits

DATE	DESCRIPTION	AMOUNT
04-04	Deposit	198.92
04-04	Deposit	500.00
04-07	Deposit	400.00
04-11	Deposit	3,500.00
	TOTAL DEPOSITS	4,598.92

Daily Balance Summary

DATE	BALANCE	DATE	BALANCE
03-27	BEGINNING BALANCE 578.34	04-11	4,253.26
04-03	539.34	04-17	1,169.26
04-04	1,238.26	04-18	759.26
04-07	1,638.26	04-24	ENDING BALANCE 759.26
04-09	753.26		

COPY

For the year Jan. 1-Dec. 31, 1996, or other tax year beginning . . . , 1996, ending . . . , 19

OMB. No. 1545-0074

Label Use the IRS label. Otherwise, please print or type.	Your first name and initial MOHAMAD	Last name DARWICHE	Your social security no. 096-84-3867
	If a joint return, spouse's first name and initial MARY D.	Last name COVINGTON	Spouse's social security no. 247-55-7696
	Home address 6130 CORKTREE COURT	Apt. no.	For help in finding line instructions, see pages 2 and 3 in the booklet.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. CHARLOTTE NC 28212		

Presidential Election Campaign Do you want \$3 to go to this fund? Yes No

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	<input type="checkbox"/>	Single
2	<input checked="" type="checkbox"/>	Married filing joint return (even if only one had income)
3	<input type="checkbox"/>	Married filing separate return. Enter spouse's SSN above, full name here. ▶
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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

No. of boxes checked on 6a and 6b **2**

c Dependents:

(1) Firstname Lastname	(2) Dependent's social security number. If born in December 1996, see inst.	(3) Dependent's relationship to you	(4) No. of mo. lived in your home in 1996

No. of your children on 6c who:
 • lived with you _____
 • didn't live with you due to divorce or separation (see page 14) _____

Dependents on 6c not entered above _____

Add numbers entered on lines above **2**

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	1,487
8a	Taxable interest. Attach Schedule B if over \$400	8a	
8b	Tax-exempt interest. DON'T include on line 8a	8b	
9	Dividend income. Attach Schedule B if over \$400	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	16,492
13	Capital gain or (loss). If required, attach Schedule D	13	
14	Other gains or (losses). Attach Form 4797	14	
15	Total IRA distributions 15a	b Taxable amount (see inst.)	15b
16a	Total pensions & annuities 16a	b Taxable amount (see inst.)	16b
17a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a	b Taxable amount (see inst.)	20b
21	Other income.	21	
22	Add amounts in the far right column for lines 7 through 21. This is your total income ▶	22	17,979

Adjusted Gross Income

23a	Your IRA deduction (see instructions)	23a	
23b	Spouse's IRA deduction (see instructions)	23b	
24	Moving expenses. Attach Form 3903 or 3903-F	24	
25	One-half of self-employment tax. Attach Schedule SE	25	1,165
26	Self-employed health insurance deduction (see inst.)	26	
27	Keogh & self employed SEP plans. If SEP, check <input type="checkbox"/>	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29	30	1,165
31	Subtract line 30 from line 22. This is your adjusted gross income ▶	31	16,814

MOHAMAD DARWICHE & MARY D. COVINGTON

096-84-3867

Tax Computation

Table with tax calculation rows: 32 Amount from line 31 (adjusted gross income) 16,814; 33a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind; 34 Enter the larger of itemized deductions or standard deduction 6,700; 35 Subtract line 34 from line 32 10,114; 36 If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. 5,100; 37 Taxable Income. Subtract line 36 from line 35. 5,014; 38 Tax. See instructions. Check if total includes any tax from Form(s) 8814 or Form 4972. 754

If you want the IRS to figure your tax, see the line 37 instructions.

Credits

Table with credit rows: 39 Credit for child & dependent care expenses. Attach Form 2441; 40 Credit for the elderly or the disabled. Attach Schedule R; 41 Foreign tax credit. Attach Form 1116; 42 Other. Check if from Form 3800, Form 8396, Form 8801, or Form (specify); 43 Add lines 39 through 42; 44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-

Other Taxes

Table with other tax rows: 45 Self-employment tax. Attach Schedule SE; 46 Alternative minimum tax. Attach Form 6251; 47 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137; 48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329; 49 Advance earned income credit payments from Form W-2; 50 Household employment taxes. Attach Schedule H; 51 Add lines 44 through 50. This is your total tax. 3,084

Payments

Table with payment rows: 52 Federal income tax withheld from Forms W-2 and 1099; 53 1996 est. tax payments and amount applied from 1995 return; 54 Earned Income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount and type; 55 Amount paid with Form 4868 (extension request); 56 Excess social security, and RRTA tax withheld (see inst.); 57 Other payments. Check if from Form 2439 or Form 4136; 58 Add lines 52 through 57. These are your total payments. NO

Attach Forms W-2, W-2G, and 1099-R on the front.

Refund

Table with refund rows: 59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID; 60a Amount of line 59 you want REFUNDED TO YOU; b Routing number; c Type: Checking, Savings; d Account number; 61 Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX

Send it right to your bank! See inst. and fill in 60b, c, and d.

Amount You Owe

Table with amount you owe rows: 62 If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions. 3,084; 63 Estimated tax penalty. Also include on line 62. 63

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.

Keep a copy of this return for your records.

Signature table with columns: Your signature, Date, Your occupation (SELF-EMPLOYED); Spouse's signature, Date, Spouse's occupation (RESTAURANT)

Paid Preparer's Use Only

Table with preparer information: Preparer's signature (R. Wayne Wilhelm, CPA), Date (3-1-97), Check if self-employed (checked), Preparer's social security no. (240-80-7491), Firm's name (R. WAYNE WILHELM, CPA), address (5527 MONROE RD., CHARLOTTE, NC), EIN, ZIP code (28212)

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1996

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., must file Form 1065.

Attach to Form 1040 or Form 1041. See Instructions for Schedule C (Form 1040).

Attachment
Sequence No. **09**

Name of proprietor
MOHAMAD DARWICHE

Social security number (SSN)
096-84-3867

A Principal business or profession, including product or service (see page C-1)
CAR SALES

B Enter principal business code (see page C-6) **3517**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses . . . Yes No

H If you started or acquired this business during 1996, check here . . .

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	<input type="checkbox"/>	1	21,961
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	21,961
4	Cost of goods sold (from line 42 on page 2)		4	
5	Gross profit. Subtract line 4 from line 3		5	21,961
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)		6	
7	Gross income. Add lines 5 and 6		7	21,961

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-4):		
10	Car and truck expenses (see page C-3)	10		20a	a Vehicles, machinery, and equipment	20a	5,469
11	Commissions and fees.	11		20b	b Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses.	23	
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			24a	a Travel	24a	
	a Mortgage (paid to banks, etc.)	16a			b Meals and entertainment		
	b Other	16b			c Enter 50% of line 24b subject to limitations (see page C-4)		
17	Legal and professional services	17		24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26	Wages (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7	29		27	Other expenses (from line 48 on page 2)	27	
30	Expenses for business use of your home. Attach Form 8829	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. • If a loss, you MUST go on to line 32.	31					16,492
32	If you have a loss, check the box that describes your investment in this activity (see page C-5). • If you checked 32a, enter the loss on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you MUST attach Form 6198 .			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

1996

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)
MOHAMAD DARWICHE

Social security number of person
with self-employment income ▶ **096-84-3867**

Who Must File Schedule SE

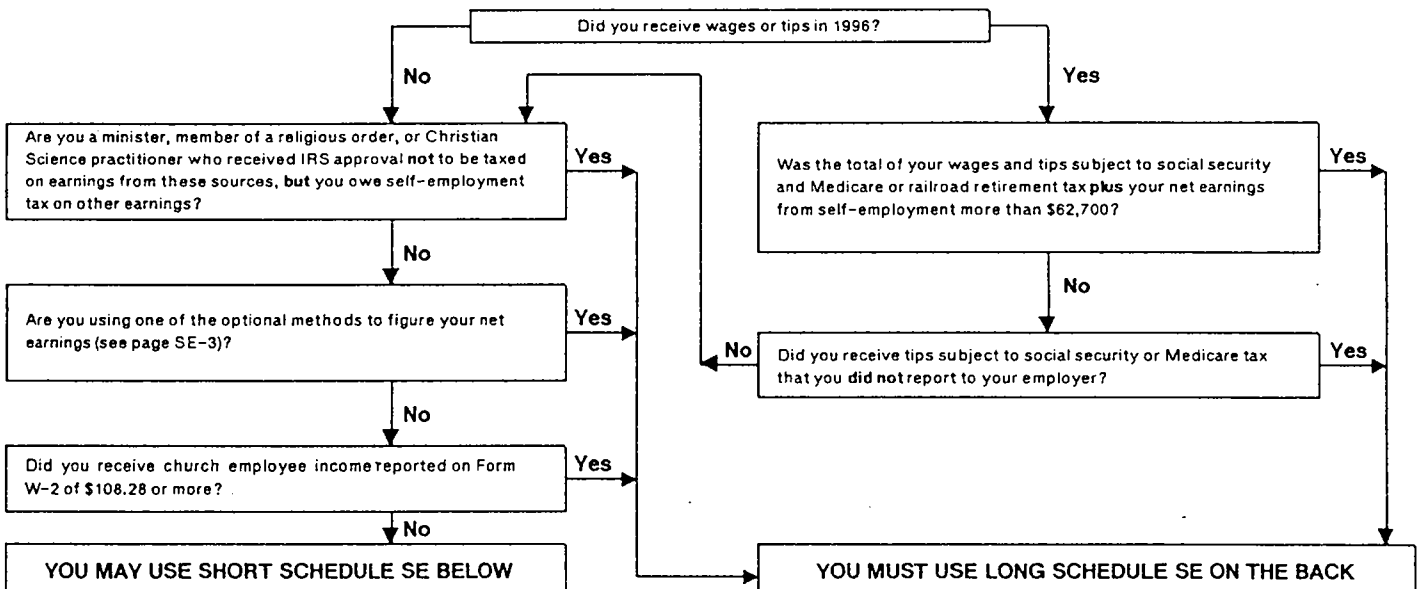
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **OR**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

Note: Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 45.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report.	2	16,492
3	Combine lines 1 and 2	3	16,492
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ▶	4	15,230
5	Self-employment tax. If the amount on line 4 is: • \$62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 45. • More than \$62,700, multiply line 4 by 2.9% (.029). Then, add \$7,774.80 to the result. Enter the total here and on Form 1040, line 45.	5	2,330
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25	6	1,165

1996
NORTH CAROLINA
INDIVIDUAL INCOME TAX RETURN
(resident or nonresident)

For the year January 1-December 31, 1996, or other tax year beginning 96, ending 97

	First name and initial (Husband, Separate, Single) MOHAMAD	Last name (Jr., Sr., III, etc.) DARWICHE	Social Security Number (Husb., Sep., Sin.) 096-84-3867
PLEASE PRINT OR TYPE.	If a joint return, wife's first name and initial MARY D.	Last name COVINGTON	Social Security Number (Wife) 247-55-7696
	Present home address (number and street, including apartment number, or rural route) 6130 CORKTREE COURT		Office Use Only
	City, town or post office, state and zip code CHARLOTTE NC 28212		

Check this box if the address on this return is the same as the address on last year's return.

N.C. POLITICAL PARTIES FINANCING FUND	Do you want \$1 to go to this fund?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Were you a resident of NC for entire year 1996? Husb., Sep., or Single. Yes No Wife Yes No If not, complete lines 42 through 46.

CHECK THE SAME FILING STATUS YOU CHECKED ON YOUR FEDERAL RETURN IF YOUR SPOUSE WAS A NONRESIDENT & HAD NO NORTH CAROLINA TAXABLE INCOME IN 1996, SEE THE LINE - BY - 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	<input type="checkbox"/>	SINGLE	
2	<input checked="" type="checkbox"/>	MARRIED FILING JOINTLY (Enter both names and social security numbers in the name and address block above.)	
3	<input type="checkbox"/>	MARRIED FILING SEPARATELY (Enter spouse's full name and social security no.) Name: _____	
4	<input type="checkbox"/>	HEAD OF HOUSEHOLD SS#: _____	
5	<input type="checkbox"/>	QUALIFYING WIDOW(ER) WITH DEPENDENT CHILD (Year spouse died: _____)	

Enter the NUMBER OF EXEMPTIONS claimed on your federal tax return (from line 6e, Form 1040 or Form 1040A) **2** OFFICE USE

6 TAXABLE INCOME FROM YOUR FEDERAL INCOME TAX RETURN -- Form 1040, line 37; Form 1040A, line 22; or Form 1040EZ, line 6 (If zero, see line instructions)	6	5,014	
7 ADDITIONS TO FEDERAL TAXABLE INCOME -- Complete lines 25 through 34 on page 2 of this form and enter the amount from line 34 (See instructions on page 7)	7	1,800	
8 ADD lines 6 and 7 and enter the total here	8	6,814	
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 on page 9)	9		
10 SUBTRACT line 9 from line 8 and enter the result here	10	6,814	
11 NORTH CAROLINA TAXABLE INCOME -- (Full-year residents -- enter the amount from line 10 on line 11b. Part-year residents and nonresidents -- complete lines 42-46 on page 2 of this form. 11a _____ Multiply the amount on line 10 by the decimal amount on line 11a and enter the result here)	11b	6,814	
12 NORTH CAROLINA INCOME TAX -- If the amount on line 11b is less than \$50,000, use the Tax Table beginning on page 13 of the instructions to determine your tax. If the amount on line 11b is \$50,000 or more, use the Tax Rate Schedule on page 19 to figure your tax	12	410	
13 NORTH CAROLINA INCOME TAX WITHHELD: a Husband, separate, single 13a (Attach State copy of each wage and tax statement) b Wife 13b			
14 OTHER TAX PAYMENTS: (Enter applicable amounts and enter total on line 14e) a 1996 Estimated tax b Paid with extension c Partnership d S Corporation 14e			
15 TAX CREDITS -- Enter the amount from Part V, line 40 of Form D-400TC and attach the form to this return	15		
16 ADD lines 13a, 13b, 14e and 15 and enter the total here	16		
17 If line 12 is more than line 16, subtract & enter the result -- PAY THIS AMOUNT, including any penalty and interest	17	410	
18 If line 12 is less than line 16, subtract and enter the OVERPAYMENT	18		
19 Amount of line 18 to be applied to 1997 ESTIMATED INCOME TAX	19		
20 Contribution to the NC NONGAME AND ENDANGERED WILDLIFE FUND (See pg 6)	20		
21 Contribution to the NORTH CAROLINA CANDIDATES FINANCING FUND (See pg 6)	21		
22 ADD lines 19, 20 and 21 and enter the total here	22		
23 SUBTRACT line 22 from line 18 and enter the AMOUNT TO BE REFUNDED	23		
24 Underpayment of estimated income tax penalty (see instructions on page 6)	24		

(Exceptions to the penalty)

ATTACH PAYMENT HERE

ATTACH WAGE AND TAX STATEMENT HERE

ADDITIONS TO FEDERAL TAXABLE INCOME (See the line instructions beginning on page 1)

- 25 Enter the itemized deductions or the standard deduction from your federal return
 - Form 1040, line 34
 - Form 1040A, line 19
 - Form 1040EZ SINGLE filers - enter \$4,000 OR the amount from line 5 of Form 1040EZ, whichever is less
 - Form 1040EZ MARRIED FILING JOINTLY filers - enter \$6,700 OR the amount from line 5 of Form 1040EZ, whichever is less

•25	6,700	
•26	5,000	
27	1,700	
•28	0	

- 26 Enter your standard deduction from the applicable chart or worksheet on page 7
 - 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 on page A-5 of the instructions for Federal Form 1040, see page 8**

- 29 Compare line 27 with line 28. Enter whichever is less

29	1,700	
•30	100	
•31		
•32		
•33		
34	1,800	

- 30 Personal exemption adjustment (complete the Personal Exemption Adjustment Worksheet on page 8 and enter the result)
- 31 Interest income from obligations of states other than North Carolina
- 32 Lump-sum distributions from a pension or profit-sharing plan
- 33 Other additions to federal taxable income (attach explanation or schedule)
- 34 Total additions -- add lines 29 through 33. Enter the total here and on line 7, page 1 of this form

DEDUCTIONS FROM FEDERAL TAXABLE INCOME (See the line instructions beginning on page 9)

- 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 on page 9 of 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		
•36		
•37		
•38		
•39		
•40		
41		

COMPUTATION OF NORTH CAROLINA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

(See the line by line instructions beginning on page 10 of the Instructions for Filing)

- 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 (If you entered additions or deductions on lines 7 or 9 of page 1 of this form, see the instructions on page 10)
- 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		
•43		
44		
•45		
46		

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.

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

Sign here Your signature _____ Date _____

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

WAYNE WILHELM, CPA
Wayne Wilhelm, CPA 3/11/97
 Paid Preparer's Signature _____ Date _____

240-80-7491
 Paid Preparer's social security or I.D. number

#5768

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:

3. File number (A number)

1. Name (Last in CAPS)

Darwiche Mohamad A
(First) (Middle Initial)

4. Sex

Male Female

2. Address (Street number and name)

6130 Bark Tree Cor. (Apt. number)

5. Date of birth (Month/Day/Year)

07-10-69

Charlotte NC 28212
(City) (State) (ZIP Code)

6. Country of birth

Lebanon

7. Date of examination (Month/Day/Year)

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

Examination for Tuberculosis - Chest X-Ray Report

- Abnormal
- Normal
- Not done

Doctor's name (please print)

Date read

John Lacouture 11/8/96

Doctor's name (please print)

Date read

Serologic Test for Syphilis

- Reactive Titer (confirmatory test performed)
- Nonreactive

Serologic Test for HIV Antibody

- Positive (confirmed by Western blot)
- Negative

Test Type

Test Type

Doctor's name (please print)

Date read

John Lacouture 11/8/96

Doctor's name (please print)

Date read

Recombined ETA SCREEN
John Lacouture 11/8/96

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

Date

Michael Darwiche 11-06-1996

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

John Lacouture M 11/8/96

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.

603-1