



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) <u>Aronov</u>		First Name (Given Name) <u>Ruben</u>		Middle Initial <u>M.</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>98-3463rd Drive</u>		Apt. Number <u>3G</u>	City or Town <u>Rego Park</u>		State <u>NY</u>	Zip Code <u>11374</u>
Date of Birth (mm/dd/yyyy) <u>2/13/88</u>	U.S. Social Security Number <u>101-80-9574</u>		E-mail Address <u>Raronov88@gmail.com</u>		Telephone Number <u>347-755-9214</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>12/26/15</u>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

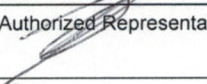
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>US Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>Department of State</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>546005411</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>5/19/26</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/27/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 	Date (mm/dd/yyyy) <u>12/27/15</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name (Family Name) <u>Zeidman</u>	First Name (Given Name) <u>Rohan</u>	Employer's Business or Organization Name <u>Seamans moving Delivered of CT</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st</u>	City or Town <u>Bridgeport</u>	State <u>CT</u>	Zip Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessing of Liberty to ourselves and
our Posterity, we ordain and establish this
Constitution for the United States of America.*



PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

type / type / No. / Order Code / Catalogue Address / No. du Passaporto / No. del Passaporto
 P USA 546005411
 Surname / Nom / Apellidos

ARONOV

Given Names / Prénoms / Nomb

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
13 Feb 1988

Place of birth / Lieu
TADJIKISTAN

Date of issue / Date
20 May 2016

Date of expiration / 19 May 2026

Endorsements / **ME**
SEE PAGE



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Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) Aronov		First Name (Given Name) Lital		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 65-30 108 St		Apt. Number 5G	City or Town Forest Hills		State ny	ZIP Code 11375
Date of Birth (mm/dd/yyyy) 11/15/1992	U.S. Social Security Number 040-113-8854	Employee's E-mail Address lital@yahoo.com			Employee's Telephone Number 917-670-9490	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☒ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee Lital Zeidman	Today's Date (mm/dd/yyyy) 12/16/16
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <u>Green Card</u>		Document Title		Document Title
Issuing Authority <u>USCIS</u>		Issuing Authority		Issuing Authority
Document Number <u>088-036-161</u>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <u>05/09/2018</u>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/17/16 (See instructions for exemptions)

Signature of Employer or Authorized Representative 	Today's Date(mm/dd/yyyy) <u>12/17/16</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Seamans</u>	First Name of Employer or Authorized Representative <u>Ronen</u>	Employer's Business or Organization Name <u>Seamans moving delivery of CT</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st</u>	City or Town <u>Bridgeport</u>	State <u>CT</u>	ZIP Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)		

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

UNITED STATES OF AMERICA PERMANENT RESIDENT

ZEIDMAN LITAL 15 NOV 1992

Surname: ZEIDMAN
Given Name: LITAL

USCIS#: 086-036-161 Category: T58

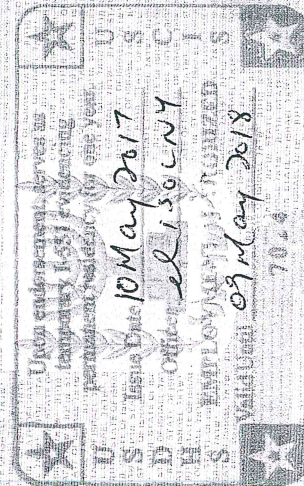
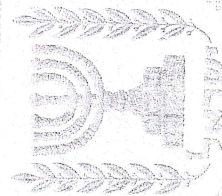
Country of Birth: Israel

Date of Birth: 15 NOV 1992 Sex: F

Card Expires: 05/12/16
Resident Since: 05/12/14



VISAS אשרות



A088036161 T58



**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>AXTELL</u>	First <u>JAMES</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>76 GOVERNOR ST</u>		Apt. # <u>C3</u>	Date of Birth (month/day/year) <u>07/31/1973</u>
City <u>RIDGEFIELD</u>	State <u>CT</u>	Zip Code <u>06877</u>	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☒ A lawful permanent resident (Alien #)
☐ An alien authorized to work (Alien # or Admission #)
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest/under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer: Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Permanent Res. Card</u>				
Issuing authority: <u>USCIS</u>				
Document #: <u>055-148-800</u>				
Expiration Date (if any): <u>11/02/2009</u>				
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9/28/2012 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name <u>Ronen Zeidman</u>	Title <u>President</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Seaman's Moving & Del of CT, 3854 Main St, Bridgeport CT</u>		Date (month/day/year) <u>9/28/2012</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

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ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Dubbeldam</u>		First Name (Given Name) <u>Charlie</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>32-06 47th St. #46</u>		Apt. Number <u>46</u>	City or Town <u>Astoria</u>		State <u>NY</u>	Zip Code <u>11103</u>
Date of Birth (mm/dd/yyyy) <u>10/03/1985</u>	U.S. Social Security Number <u>559-63-1056</u>	E-mail Address <u>charlie.dubbeldam@gmail.com</u>			Telephone Number <u>929-289-1799</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☒ A lawful permanent resident (Alien Registration Number/USCIS Number): 64381906
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: 64381906

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: NXR71H102

Country of Issuance: The Netherlands

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>CD</u>	Date (mm/dd/yyyy): <u>2/3/16</u>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: <u>CD</u>		Date (mm/dd/yyyy): <u>02/03/2016</u>	
Last Name (Family Name) <u>Dubbeldam</u>		First Name (Given Name) <u>Charlie</u>	
Address (Street Number and Name) <u>32 06 47th St #46</u>		City or Town <u>Astoria</u>	State <u>NY</u>
		Zip Code <u>11103</u>	



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization		OR		List B Identity	AND List C Employment Authorization
Document Title <u>green card</u>		Document Title		Document Title	
Issuing Authority <u>USCIS</u>		Issuing Authority		Issuing Authority	
Document Number <u>064-381-906</u>		Document Number		Document Number	
Expiration Date (if any)(mm/dd/yyyy) <u>10/13/2025</u>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)	
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority					
Document Number					
Expiration Date (if any)(mm/dd/yyyy)					
Document Title					
Issuing Authority					
Document Number					
Expiration Date (if any)(mm/dd/yyyy)					

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 02/03/16 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Today's Date(mm/dd/yyyy) <u>02/03/16</u>		Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Zeldman</u>		First Name of Employer or Authorized Representative <u>Ronen</u>		Employer's Business or Organization Name <u>Seamans moving</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st</u>		City or Town <u>Bridgeport</u>		State	ZIP Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)		
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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UNITED STATES OF AMERICA

PERMANENT RESIDENT

DUBBELDAM CHARLIE 03 OCT 1985



Surname

DUBBELDAM

Given Name

CHARLIE

USCIS#

064-381-906

Category

E34

Country of Birth

Netherlands

Date of Birth

03 OCT 1985

Sex

M

Card Expires:

10/13/25

Resident Since:

10/13/15

Signature Waived





Employment Eligibility Verification

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

USCIS

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Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Kunmer</u>		First Name (Given Name) <u>STABOCS</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>1 ALEXANDER ST.</u>		Apt. Number <u>1303</u>	City or Town <u>YONKERS</u>		State <u>NY</u>	Zip Code <u>10701</u>
Date of Birth (mm/dd/yyyy) <u>11/12/80</u>	U.S. Social Security Number <u>062-98-1451</u>		E-mail Address			Telephone Number <u>917-328-7322</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen of the United States

☐ A noncitizen national of the United States (See instructions)

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>05/02/16</u>
--	---------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

STOP

Employer Completes Next Page

STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <u>US Passport</u>		Document Title		Document Title
Issuing Authority <u>Department of State</u>		Issuing Authority		Issuing Authority
Document Number <u>519452330</u>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <u>05/29/2024</u>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 5/2/2016 (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy) <u>5/3/2016</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Zeidman</u>	First Name of Employer or Authorized Representative <u>Ronen</u>	Employer's Business or Organization Name <u>Seamans moving Delivery</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st</u>		City or Town <u>Bridgeport</u>	State <u>CT</u>	ZIP Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

PASSPORT
PASSEPORT
PASAPORTE

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

P

USA

519452330

Surname / Nom / Apellido

KURUCZ

Given Names / Prénoms / Nombres

SZABOLCS

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

12 Nov 1980

Place of birth / Lieu de naissance / Lugar de nacimiento

HUNGARY

Date of issue / Date de délivrance / Fecha de expedición

30 May 2014

Date of expiration / Date d'expiration / Fecha de caducidad

29 May 2024

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

N

Authority / Autorité / Autoridad

United States

Department of State

P<USAKURUCZ<<SZABOLCS<<<<<<<<<<<<<<<<<<
5194523302USA8011129M2405296262343661<408966



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Kehoe		First Name (Given Name) Brian		Middle Initial J	Other Names Used (If any) N/A	
Address (Street Number and Name) 24 Saddle Ridge Road		Apt. Number	City or Town Wilton		State CT	Zip Code 06897
Date of Birth (mm/dd/yyyy) 09/07/1993	U.S. Social Security Number 041-92-4023	E-mail Address Brian.Kehoe@StuEntFairfield.edu			Telephone Number 203-216-6614	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: Susan Kehoe	Date (mm/dd/yyyy): 09/21/2016
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP

Employer Completes Next Page

STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 9/21/16 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
<u>[Signature]</u>	<u>9/21/16</u>	<u>president</u>	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
<u>Zeidman</u>	<u>Ronen</u>	<u>Seamens moving of CT inc.</u>	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
<u>3854 main street</u>	<u>Bridgeport</u>	<u>CT</u>	<u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

CERTIFICATE OF LIVE BIRTH
VS-2 REV 8/87

L022595 9

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
150 Washington Street, Hartford, Connecticut 06106

923

THIS CHILD	1a. CHILD'S NAME (First) BRIAN			1b. (Middle) JAMES		1c. (Last) KEHOE		
	2. WEIGHT Grams 3657		3. SEX MALE		4. HOUR OF BIRTH 10:05 A.M.		5. DATE OF BIRTH September 7, 1993	
	6. PLURALITY OF BIRTH ☒ SINGLE ☐ TWIN ☐ TRIPLET ☐ OTHER					7. IF NOT SINGLE, THIS CHILD BORN ☐ 1ST ☐ 2ND ☐ 3RD ☐ OTHER		
PLACE OF BIRTH	8a. TOWN Greenwich			8b. COUNTY Fairfield		9. HOSPITAL NAME Greenwich		
MOTHER	10a. MOTHER'S NAME (First) Mary			10b. (Middle) Louise		10c. (Maiden) McArdle		
	11. DATE OF BIRTH 9/13/54		12. AGE 38		13. SOCIAL SECURITY NO. 040-48-4069		14. SURNAME Kehoe	
	15a. RESIDENCE (No. and Street) 24 Saddle Ridge Rd.			15b. (Town) Wilton		15c. (State or Foreign Country) Conn.		
	16. MAILING ADDRESS (if different):			16a. (No. and Street)		16b. (Town)		
						16c. (State)		
						16d. (Zip)		
	17. HOW LONG AT CURRENT ADDRESS? 1yr.			18. BIRTHPLACE OF MOTHER Green Bay, Wisc.				
	19a. OCCUPATION (during last year) Finance			19b. BUSINESS/INDUSTRY (during last year) Financial Services Industry				
20. OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) ☐ Y ☒ N (Specify)					21. RACE ☒ WHITE ☐ BLACK ☐ AMERICAN INDIAN ☐ OTHER (Specify)			
FATHER	22a. FATHER'S NAME (First) Christopher Allen Kehoe			22b. (Middle)		22c. (Surname)		
	23. DATE OF BIRTH 8/5/53		24. AGE 40		25. SOCIAL SECURITY NO. 137-44-7452		26. BIRTHPLACE OF FATHER Brooklyn, N.Y.	
	27a. OCCUPATION (during last year) Finance			27b. BUSINESS/INDUSTRY (during last year) Oil Industry				
	28. OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) ☐ Y ☒ N (Specify)					29. RACE ☒ WHITE ☐ BLACK ☐ AMERICAN INDIAN ☐ OTHER (Specify)		
INFORMANT	30a. NAME OF PERSON PROVIDING ABOVE INFORMATION Mary Mc Ardle Kehoe					30b. RELATIONSHIP TO CHILD Mother		
ATTENDANT'S CERTIFICATION	I hereby certify that I attended this birth and that the child was born at the hour, date and place stated above.							
	31. DATE SIGNED 9/22/93			32. SIGNED (Attendant) <i>[Signature]</i>				
	33. ATTENDANT'S NAME (Type or Print) (First, Middle, Last) Carine R. Klein					34. DEGREE OR TITLE M.D.		
	35. ATTENDANT'S ADDRESS (No. and Street) 1 Perryridge Rd. Greenwich					(Town) Conn		
REGISTRAR Town of Occurrence	36. DATE RECEIVED BY LOCAL REGISTRAR SEP 24 1993					37. SIGNED (Registrar or Vital Statistician) <i>Barbara Grubbiak, Asst.</i>		

BK 57

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE RECORD ON FILE IN THE GREENWICH TOWN CLERK'S OFFICE, EXCEPT SUCH INFORMATION THAT IS NONDISCLOSEABLE BY LAW, ATTESTED BY THE RAISED SEAL OF THE TOWN OF GREENWICH.

Barbara Louder
ASSISTANT REGISTRAR August 10, 2006

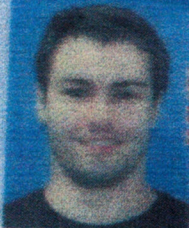
LEGAL FEE: \$5.00
THIS CERTIFICATE NOT VALID WITHOUT SEAL.

Robert G. Gifford
COMMISSIONER

DL
Class D

Connecticut
USA

DRIVER LICENSE



1 Class: **D** 12 Restr: **NONE** 4a Endors: **NONE**
2a Lic #: **098655115** 15 Sex: **M**
3 DOB: **09-07-1993** 16 HT: **70 in**
4b Expires: **09-07-2021** 19 Eyes: **BRO**

1 **KEHOE**
2 **BRIAN JAMES**
3 **24 SADDLE RIDGE RD**
4 **WILTON CT 06897-3820**

Brian Kehoe 

Dup-01 4a Issued: **06-20-2016**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <i>McSpirit</i>		First Name (Given Name) <i>Collin</i>		Middle Initial <i>T</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>380 Lake Ave</i>		Apt. Number	City or Town <i>Bridgeport</i>		State <i>CT</i>	Zip Code <i>06605</i>
Date of Birth (mm/dd/yyyy) <i>8/22/94</i>	U.S. Social Security Number <i>208-94-5291</i>		E-mail Address <i>cmcsprit22@gmail.com</i>		Telephone Number <i>205-247-8288</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <i>Collin T McSpirit</i>	Date (mm/dd/yyyy): <i>3/30/16</i>
---	-----------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>Department of State</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>506701256</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>8/12/2023</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 3/30/16 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy) <u>3/30/16</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name (Family Name) <u>Zeidman</u>	First Name (Given Name) <u>Ronen</u>	Employer's Business or Organization Name <u>Seimens moving & delivery of ct h</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st</u>		City or Town <u>Bridgeport</u>	State <u>CT</u>
		Zip Code <u>06606</u>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

Type / Type / Tipo Code / Code / Código Passport No. / No du Passeport / No. de Pasaporte

P

Code / Code / Código

Passport No. / No. du Passeport / No. de Pasaporte

P

USA

506701256

Surname / Nom / Apellidos

MC SPIRIT

Given Names / Prénoms / Nombres

COLLIN JOHN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

22 Aug 1994

Place of birth / Lieu de naissance / Lugar de nacimiento

PENNSYLVANIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

13 Aug 2013

Date of expiration / Date d'expiration / Fecha de caducidad

12 Aug 2023

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

N

Authority / Autorité / Autoridad

United States

Department of State

USA

P<USAMC<SPIRIT<<COLLIN<JOHN<<<<<<<<<<<<<<<<<

5067012566USA9408229M2308124143693932<399128



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) McSpirt		First Name (Given Name) Sean		Middle Initial M	Other Names Used (if any)	
Address (Street Number and Name) 390 Lake Avenue		Apt. Number	City or Town Bridgeport		State CT	Zip Code 06605
Date of Birth (mm/dd/yyyy) 08/04/1997	U.S. Social Security Number 047-96-1448		E-mail Address S.mcspirt@gmail.com			Telephone Number 203-858-9033

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: Sean McSpirt	Date (mm/dd/yyyy): 08/05/2016
--	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

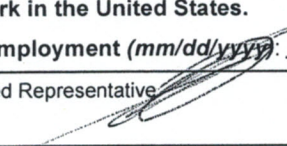
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 5/14/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
	<u>05/12/16</u>	<u>President</u>	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
<u>Zeidman</u>	<u>Ronen</u>	<u>Seamens Moving Delivery of CT</u>	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
<u>3854 Main ST</u>	<u>Bridgeport</u>	<u>CT</u>	<u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:



John A. Blawie
COMMISSIONER

Connecticut
USA

DL
Class D

DRIVER LICENSE

Under 21 until 08-04-2018
Under 18 until 08-04-2015

08-04-1997

Sean Michael

9 Class: **D**
12 Restr: **NONE**
13a Endors: **NONE**
14 Sex: **M**
15 Ht: **70 in**
16 Eyes: **BLU**

4a Lic #: **088911619**
3 DOB: **08-04-1997** ♥
4b Expires: **08-04-2019** *Sean Michael*

1 MCSPRIT
2 SEAN MICHAEL
3 195 SILVER SPRING RD
WILTON CT 06897

Dup-01 4a Issued: 07-26-2014

300





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <u>Medeiros</u>		First Name (Given Name) <u>Lucas</u>		Middle Initial <u>P</u>	Other Last Names Used (if any)	
Address (Street Number and Name) <u>355 Burnside Ave</u>			Apt. Number	City or Town <u>Bridgeport</u>	State <u>CT</u>	ZIP Code <u>06606</u>
Date of Birth (mm/dd/yyyy) <u>04/18/1993</u>	U.S. Social Security Number <u>049-90-8594</u>		Employee's E-mail Address <u>lucas.medeiros@gmail.com</u>		Employee's Telephone Number <u>203-362-8229</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☒ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee 	Today's Date (mm/dd/yyyy) <u>04/24/17</u>
---------------------------	--

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <u>Driver License</u>		Document Title <u>Social Security</u>
Issuing Authority		Issuing Authority <u>Connecticut DMV</u>		Issuing Authority <u>SSA</u>
Document Number		Document Number <u>048819402</u>		Document Number <u>649-90-8594</u>
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) <u>04-18-2019</u>		Expiration Date (if any)(mm/dd/yyyy) <u>N/A</u>
Document Title		Additional Information		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority		QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 4/24/17 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy) <u>4/24/17</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Zeidman</u>	First Name of Employer or Authorized Representative <u>Ronen</u>	Employer's Business or Organization Name <u>Seamens moving Delivery of CT</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st</u>	City or Town <u>Bridgewater</u>	State <u>CT</u>	ZIP Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

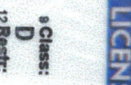
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



Mary & Liz
COMMISSIONED
Connecticut
USA ★

DL
Class D
DRIVER LICENSE



Under 21 until 04-18-2014
M4-18-1993

sClass:
D

i1 Restr:
B

enEndors:
NONE

i5 Sex:
M

i6 Ht:
70 in

i8 Eyes:
BRO

dLic #
048819402

s DOB:
04-18-1993

e4 Expir d.s.
04-18-2019

iMEDEROS
2LUCA PERENA
9365 BURNSFORD AVE
BRIDGEPORT CT 06606-3425

e4 Issued:06-21-2012



002



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

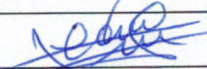
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) NANOU KON		First Name (Given Name) EDMOND		Middle Initial K	Other Last Names Used (if any)	
Address (Street Number and Name) 80 SPRUCE ST		Apt. Number 2F	City or Town STAMFORD		State CT	ZIP Code 06902
Date of Birth (mm/dd/yyyy) 12/09/1974	U.S. Social Security Number 176 - 55 - 7361		Employee's E-mail Address NANOUED@GMAIL.COM		Employee's Telephone Number 203-570-1634	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☒ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): A064204795
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee 	Today's Date (mm/dd/yyyy) 04/17/2017
--	--

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status	
List A		OR		List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization		
Document Title	Document Title	Document Title				
I797-C	Driver License	Social Security				
Issuing Authority	Issuing Authority	Issuing Authority				
4SCIS	Connecticut DMV	SSA				
Document Number	Document Number	Document Number				
IOE0603782916	249323993	176-55-7361				
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)				
N/A	12-09-2022	10/27/2015				
Document Title	Additional Information					
Issuing Authority						
Document Number						
Expiration Date (if any)(mm/dd/yyyy)						
Document Title	QR Code - Sections 2 & 3 Do Not Write In This Space					
Issuing Authority						
Document Number						
Expiration Date (if any)(mm/dd/yyyy)						

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 4/17/17 (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
		4/17/17	president	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Zeidman	Ronen	Seamens Moving Delivery		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
3854 main st		Bridgeport	CT	06606

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

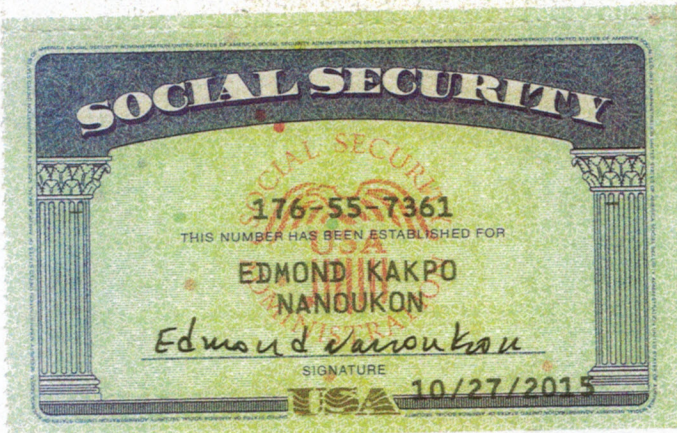
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.

CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.



Robert E. Blyden
COMMISSIONER

DL
Class D

Connecticut
USA

DRIVER LICENSE



12-09-1974

9 Class: **D** 12 Restr: **NONE** 9a Endors: **NONE**

4a Lic #: **249325993** 15 Sex: **M**

3 DOB: **12-09-1974** 16 Ht: **78 in**

4b Expires: **12-09-2022** 18 Eyes: **BRO**

1 **NANOUKON**

2 **EDMOND KAKPO**

8 **80 SPRUCE ST 2F**

STAMFORD CT 06902

Dup-01

4a Issued: **04-12-2017**

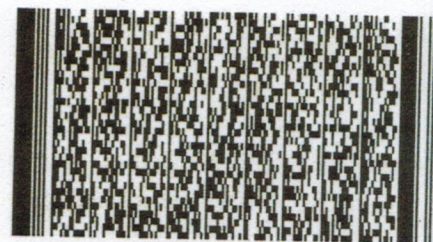


THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

ASC Appointment Notice

CASE TYPE I90 - APPLICATION TO REPLACE PERMANENT RESIDENT CARD	APPLICATION/PETITION/REQUEST NUMBER IOE0603782916	NOTICE DATE 01/08/2017
ACCOUNT NUMBER 033295935272	SOCIAL SECURITY NUMBER	USCIS A# A064 204 795
	TCR	SERVICE CENTER YSC
		PAGE 1 of 1

EDMOND KAKPO NANOUKON
80 SPRUCE ST, APT. 2F
STAMFORD CT 06902-4901



To process your application, petition, or request, the U. S. Citizenship & Immigration Services (USCIS) must capture your biometrics.
PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED.
IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPLICATION, PETITION, OR REQUEST WILL BE CONSIDERED ABANDONED AND DENIED.

APPLICATION SUPPORT CENTER
USCIS PORT CHESTER
40 S Main Street
Port Chester NY 10573

PLEASE READ THIS ENTIRE NOTICE CAREFULLY.
DATE AND TIME OF APPOINTMENT
01/23/2017
02:00PM

WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:

- 1. THIS APPOINTMENT NOTICE** and
 - 2. VALID PHOTO IDENTIFICATION.** You must bring your Permanent Resident Card/Resident Alien Card, unless it has been lost/stolen, in which case you may bring a passport, driver's license, military ID, State-issued photo ID, or other government-issued identification document that contains your name, date of birth, photograph, and signature. If you appear without proper identification, you may be unable to complete your appointment.
 - 3. CHANGE OF INFORMATION.** If your name has changed since the issuance of your Permanent Resident Card, then you must bring evidence to support the name change (e.g., birth certificate, marriage certificate, or applicable court document) at the time of your appointment.
- CELL PHONES, CAMERAS, OR OTHER RECORDING DEVICES ARE NOT PERMITTED.**

NOTE: When you appear at the USCIS Application Support Center, you will reaffirm, under penalty of perjury, that you reviewed and understood your application, petition, or request and all supporting documents, that the answers were provided by you, and that the contents of your application, petition, or request are complete, true, and correct. If you were assisted in completing your application, petition, or request, you will be reaffirming that the person assisting you also reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with you.

NOTE: USCIS will use your fingerprints to check the criminal history records of the FBI. You may obtain a copy of your own FBI identification record using the procedures outlined within Title 28 C.F.R., Section 16.32. The procedures to change, correct, or update your FBI identification record are outlined within Title 28, C.F.R., Section 16.34.

NOTE: If the USCIS ASC is closed due to inclement weather or for other unforeseen circumstances, USCIS will automatically reschedule your appointment for the next available appointment date and mail you a notice with the new date and time.

REQUEST FOR RESCHEDULING/SPECIAL HANDLING

- ☐ **Please reschedule my appointment.** Once USCIS receives your request, you will be sent a new appointment notice. Make a copy of this notice for your records, then mail the original with your request to BPU, Alexandria ASC, Suite 100, 8850 Richmond Hwy, Alexandria, VA 22309-1586
- ☐ **I am unable to appear in-person at my ASC appointment due to severe medical limitations.** If you cannot travel to your ASC appointment due to severe medical limitations, you must request a waiver of the biometrics requirement in writing. **Please mail your request to:** Potomac Service Center, 2200 Potomac Center Drive Stop 2425, Arlington, VA 20598-2425

APPLICATION NUMBER
I90 - IOE0603782916



BIOMETRICS PROCESSING STAMP
ISC SITE CODE 58379
BIOMETRICS QA REVIEW BY ON
ENPRINTS QA REVIEW BY ON
JAN 23 2017

If you have any questions regarding this notice, please call 1-800-375-5283.

WARNING: Due to limited seating availability in our lobby area, only persons who are necessary to assist with transportation or completing the biometrics worksheet should accompany you. If you have open wounds or bandages/casts when you appear, the USCIS may reschedule your appointment if it is determined your injuries will interfere with taking your biometrics.



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Serdman</u>		First Name (Given Name) <u>Yaron</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>15 Treadwell Ct</u>		Apt. Number	City or Town <u>Washon</u>		State <u>CT</u>	Zip Code <u>06873</u>
Date of Birth (mm/dd/yyyy) <u>05/12/1971</u>	U.S. Social Security Number <u>089-80-7991</u>	E-mail Address <u>ysherb@yahoov.com</u>			Telephone Number <u>203-2284715</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <u>Serdman</u>	Date (mm/dd/yyyy): <u>10/1/2015</u>
---------------------------------------	-------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <u>US passport</u>	Document Title	Document Title		
Issuing Authority <u>Department of State</u>	Issuing Authority	Issuing Authority		
Document Number <u>489064328</u>	Document Number	Document Number		
Expiration Date (if any)(mm/dd/yyyy) <u>11/3/2022</u>	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)		
Document Title	Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space	
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 10/1/15 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>10/1/15</u>	Title of Employer or Authorized Representative <u>President</u>		
Last Name of Employer or Authorized Representative <u>Zeidman</u>	First Name of Employer or Authorized Representative <u>Ronen</u>	Employer's Business or Organization Name <u>Seamans Moving & Storage</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3854 Main St</u>		City or Town <u>Bridgeport</u>	State <u>CT</u>	ZIP Code <u>06606</u>

Section 3. Reverification and Rehire (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

*In Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessing of Liberty to ourselves and
our posterity, we ordain and establish this
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

22

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type/Type/Type: P Date of Birth: 02/05/1980 City of Birth: Chicago
 Surname/Nom/Vorname: USA Passport No./No du Passeport: No du Pasaporto: 489064328

Surname / Nom / Apelido

SEIDMAN

Given Names / Prénoms / Nombres

YARON

Nationality: ☒ Nationalité: ☒ Nacionalidad: ☒

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

12 Mar 1971

Place of birth / Lieu de naissance / Lugar de nacimiento

ISRAEL

Date of Issue / Date de délivrance / Fecha de expedición

04-Jan-2012

Date of expiration / Date d'expiration / Fecha de caducidad: 02/01/2015

13 Jan 2022

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 22

SEE PAGE 27

4890643288USA7103128M2201030247264865<176262



Employment Eligibility Verification

USCIS

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

Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
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Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Stohr		First Name (Given Name) Benjamin		Middle Initial J	Other Names Used (if any)	
Address (Street Number and Name) 34 Cornflower Drive		Apt. Number	City or Town Milford		State CT	Zip Code 06460
Date of Birth (mm/dd/yyyy) 7/18/1993	U.S. Social Security Number 001-86-7957		E-mail Address banjostohr@gmail.com			Telephone Number 603-738-1068

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: Benjamin Stohr	Date (mm/dd/yyyy): 8/20/2015
--	-------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____				Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town		State	Zip Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <u>US passport</u>	Document Title	Document Title		
Issuing Authority <u>Department of State</u>	Issuing Authority	Issuing Authority		
Document Number <u>463697934</u>	Document Number	Document Number		
Expiration Date (if any)(mm/dd/yyyy) <u>12/20/2019</u>	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)		
Document Title	Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 8/20/15 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Today's Date(mm/dd/yyyy) <u>8/20/15</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Zeidman</u>	First Name of Employer or Authorized Representative <u>Ronan</u>	Employer's Business or Organization Name <u>Seamans Moving Delivery of CT</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main st.</u>		City or Town <u>Bridgeport</u>	State <u>CT</u>
		ZIP Code <u>06606</u>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves
and our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo: Code / Code / Código: Passport No. / No. du Passeport / No. de Pasaporte:

Figure 1

USA

463697934

Surname / Nom / Apellidos

STOHR

Given Names / Prénoms / Nombres

BENJAMIN JOSEPH

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

18 Jul 1993

Place of birth / Lieu de naissance / Lugar de nacimiento

VERMONT, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

21 Dec 2009

Date of expiration / Date d'expiration / Fecha de caducidad

20 Dec 2019

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

▲

Authority / Autorité / Autoridad

United States
Department of State

USA



P<USASTOHR<<BENJAMIN<JOSEPH<<<<<<<<<<<<<<<<<

4636979341USA9307182M1912205236528271<610036



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <u>TORO</u>		First Name (Given Name) <u>TAMAS</u>		Middle Initial	Other Names Used (if any) <u>N/A</u>	
Address (Street Number and Name) <u>9321 Avalon Gates</u>		Apt. Number <u>-</u>	City or Town <u>TRUMBULL</u>		State <u>CT</u>	Zip Code <u>06611</u>
Date of Birth (mm/dd/yyyy) <u>01/19/1975</u>	U.S. Social Security Number <u>651-33-6268</u>	E-mail Address <u>ToroTomas36@gmail.com</u>			Telephone Number <u>917 386-3593</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☒ A lawful permanent resident (Alien Registration Number/USCIS Number): A 204727415
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>12/03/15</u>
---	------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2: Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <u>Green Card</u>		Document Title		Document Title
Issuing Authority <u>USCIS</u>		Issuing Authority		Issuing Authority
Document Number <u>204727415</u>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <u>03/09/2026</u>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/3/15 (See instructions for exemptions)

Signature of Employer or Authorized Representative 	Today's Date(mm/dd/yyyy) <u>12/3/15</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Zeidman</u>	First Name of Employer or Authorized Representative <u>Ronen</u>	Employer's Business or Organization Name <u>Seamens Moving Delivered</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 main St.</u>	City or Town <u>Bridgeport</u>	State <u>CT</u>	ZIP Code <u>06606</u>

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A: New Name (if applicable)			B: Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C: If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <u>DORA</u>		First Name (Given Name) <u>LOREN</u>		Middle Initial	Other Names Used (if any) <u>KORPOS</u>	
Address (Street Number and Name) <u>9321 Aralon Gates</u>		Apt. Number	City or Town <u>TRUMBULL</u>		State <u>NY</u>	Zip Code <u>0664</u>
Date of Birth (mm/dd/yyyy) <u>12/15/69</u>	U.S. Social Security Number <u>127-76-2143</u>	E-mail Address <u>KorposDora@gmail.com</u>			Telephone Number <u>917 561 7329</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Dora Loren</u>	Date (mm/dd/yyyy): <u>12/10/2015</u>
---	---

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization		OR	List B Identity	AND List C Employment Authorization
Document Title <u>US passport</u>		Document Title	Document Title	
Issuing Authority <u>Department of State</u>		Issuing Authority	Issuing Authority	
Document Number <u>503338429</u>		Document Number	Document Number	
Expiration Date (if any)(mm/dd/yyyy) <u>05/08/2023</u>		Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	
Document Title		Additional Information QR Code - Sections 2 & 3 Do Not Write In This Space		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 12/10/2015 (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy) <u>12/10/2015</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name of Employer or Authorized Representative <u>Zeidman</u>		First Name of Employer or Authorized Representative <u>Dora Toro</u>	Employer's Business or Organization Name <u>Seamans Moving & Delivery of CT</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3854 Main Street</u>		City or Town <u>Bridgeport</u>	State <u>CT</u>	ZIP Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

F

USA

505338429

Surname / Nom / Apellido

TORO

Given Names / Prénoms / Nombres

DORA

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

15 Dec 1969

Place of birth / Lieu de naissance / Lugar de nacimiento

ROMANIA

Date of issue / Date de délivrance / Fecha de expedición

Sex / Sexe / Sexo

A

09 May 2013

Authority / Autorité / Autoridad

Date of expiration / Date d'expiration / Fecha de caducidad

United States

08 May 2023

Department of State

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

P<USATORO<<DORA<<<<<<<<<<<<<<<<<<<<<<<<<<<
5053384291USA6912152F2305086255680185<870496

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Don Wanigasekara</u>	First <u>Saman</u>	Middle Initial <u>P</u>	Maiden Name <u>Palitha</u>
Address (Street Name and Number) <u>139-38, 87th Avenue Briarwood</u>			Apt. # <u>1st floor</u>
City <u>Queens</u>		State <u>NY</u>	Zip Code <u>11435</u>
Social Security # <u>121-98-2817</u>			Date of Birth (month/day/year)

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☒ A lawful permanent resident (Alien #) 060-677-890
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

[Signature]

Date (month/day/year)

10/05/2011

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Permanent Resident Card</u>				
Issuing authority: <u>USCIS</u>				
Document #: <u>060-677-890</u>				
Expiration Date (if any): <u>09/07/22</u>				
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10/05/2011 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Ronen Zidman</u>	Title <u>President</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Seam's Moving & Delivery of CT, 3854 Main St, Bridgeport, CT 06606</u>		Date (month/day/year) <u>10/5/2011</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title:	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

UNITED STATES OF AMERICA PERMANENT RESIDENT

MI 11111 11111 P 03 11111

Surname: DON WANIGASEKARA

Given Name: SAMAN P

USCIS#: 888 677 890 (R)

Country of Birth: Sri Lanka

Date of Birth: 03 JAN 1963

Sex: M

Category: 003

Card Expires: 09/27/22

Resident Since: 11/12/09





Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <u>Thomson</u>		First Name (Given Name) <u>Douglas</u>		Middle Initial <u>R</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>128 Spanwood rd.</u>		Apt. Number	City or Town <u>WILTON</u>		State <u>CT</u>	Zip Code <u>06812</u>
Date of Birth (mm/dd/yyyy) <u>04/24/96</u>	U.S. Social Security Number []-[]-[]	E-mail Address <u>Dthomson7@gmail.com</u>			Telephone Number <u>203-762-1990</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>04/20/16</u>
---	------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

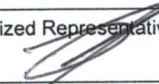
Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</u>		Document Title: <u>Social Security</u>
Issuing Authority:		Issuing Authority: <u>connecticut DMV</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number: <u>168913483</u>		Document Number: <u>049-94-2576</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>04/24/2020</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
3-D Barcode Do Not Write in This Space				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 2/20/16 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>2/20/16</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name (Family Name) <u>Zeidman</u>	First Name (Given Name) <u>Ronen</u>	Employer's Business or Organization Name <u>Seamens Moving Delivery</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3854 Main ST</u>		City or Town <u>Bridgeport</u>	State <u>CT</u>	Zip Code <u>06606</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

DMV

DL

Class D

Connecticut
USA
DRIVER LICENSE



04-24-1996

Richard Douglas Thomson

Under 21 until 04-24-2017

9 Class:

D

12 Restr:

NONE

9a Endors:

NONE

15 Sex:

M

16 Ht:

76 in

18 Eyes:

BLU

4d Lic #: 168913483

3 DOB: 04-24-1996

4b Expires: 04-24-2020

1 THOMSON

2 DOUGLAS RICHARD

8 128 SPOONWOOD RD
WILTON CT 06897-4119

Dup-01

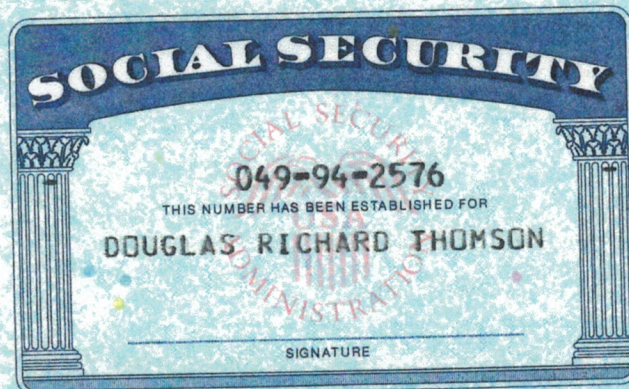
4a Issued: 10-07-2015

Richard Douglas Thomson



YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Keep your card in a safe place to prevent loss or theft.
Do not laminate your card.



Record your number in a safe place
to prevent their misuse.
Application and submit evidence
submit evidence of U.S.
Find out exactly what you need to do.
Ensure your employer gets your

keeping purposes. Such use is
Security number by such an
organization. Private organizations
they know your number.
Number must tell you: whether
number, and how the number will

Social Security card will be marked
on officials if you use the

work, your Social Security card
'ACTION'. If you show this card
to show your U.S. immigration

or more;

sign up for Medicare;
age 65 or older—to apply for SSI.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)					
Last Name (Family Name) <u>Uscilla</u>		First Name (Given Name) <u>Salvatore</u>		Middle Initial <u>M</u>	Other Names Used (if any) <u>—</u>
Address (Street Number and Name) <u>158 Long Lots Rd.</u>		Apt. Number <u>—</u>	City or Town <u>Westport</u>	State <u>CT</u>	Zip Code <u>06880</u>
Date of Birth (mm/dd/yyyy) <u>09/18/1992</u>	U.S. Social Security Number <u>046-90-4173</u>	E-mail Address <u>cuscilla@optonline.net</u>		Telephone Number <u>203-767-9685</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <u>Sal Uscilla</u>	Date (mm/dd/yyyy) <u>07/26/16</u>
---	-----------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)	
--	--

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</u>		Document Title: <u>Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>Connecticut DMV</u>		Issuing Authority: <u>THS</u>
Document Number:		Document Number: <u>218610096</u>		Document Number: <u>K098013-7</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>09-18-2020</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 7/26/16 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) <u>7/26/16</u>	Title of Employer or Authorized Representative <u>President</u>	
Last Name (Family Name) <u>Zeidman</u>		First Name (Given Name) <u>Ronen</u>		Employer's Business or Organization Name <u>Seamens moving Delivery CT</u>
Employer's Business or Organization Address (Street Number and Name) <u>3854 main St</u>		City or Town <u>Bridgeport</u>		State <u>CT</u>
		Zip Code <u>06606</u>		

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

K 098013 7

THIS CHILD	1a. CHILD'S NAME (First) SALVATORE			1b. (Middle) MATTHEW		1c. (Last) USCILLA	
	2. WEIGHT Grams 2775		3. SEX MALE		4. HOUR OF BIRTH 0806		5. DATE OF BIRTH SEPTEMBER 18, 1992
	6. PLURALITY OF BIRTH ☐ SINGLE ☐ TWIN ☐ TRIPLET ☐ OTHER SINGLE					7. IF NOT SINGLE, THIS CHILD BORN ☐ 1ST ☐ 2ND ☐ 3RD ☐ OTHER	
	8a. TOWN NEW HAVEN			8b. COUNTY NEW HAVEN		9. HOSPITAL NAME YALE-NEW HAVEN HOSPITAL	
PLACE OF BIRTH	10a. MOTHER'S NAME (First) PATRICIA			10b. (Middle) ANN		10c. (Maiden) AMENTO	
	11. DATE OF BIRTH 1/10/62		12. AGE 30		13. SOCIAL SECURITY NO. 047569663		14. SURNAME AMENTO
	15a. RESIDENCE (No. and Street) 73 HELLSTROM RD.			15b. (Town) EAST HAVEN		15c. (State or Foreign Country) CT	
	15d. (Zip) 06512						
MOTHER	16. MAILING ADDRESS (if different): 15a. (No. and Street) 15b. (Town) 15c. (State) 15d. (Zip)						
	17. HOW LONG AT CURRENT ADDRESS? 1		18. BIRTHPLACE OF MOTHER CT				
	19a. OCCUPATION (during last year) --			19b. BUSINESS/INDUSTRY (during last year) --			
	20. OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) NO ☐ Y ☐ N (Specify)				21. RACE ☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN ☐ OTHER (Specify) WHITE		
FATHER	22a. FATHER'S NAME (First) ANTHONY			22b. (Middle) MICHAEL		22c. (Surname) USCILLA	
	23. DATE OF BIRTH 10/15/63		24. AGE 28		25. SOCIAL SECURITY NO. 045701277		26. BIRTHPLACE OF FATHER CT
	27a. OCCUPATION (during last year) CARPENTER			27b. BUSINESS/INDUSTRY (during last year) WHITE OAK CORP.			
	28. OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, Other) NO ☐ Y ☐ N (Specify)				29. RACE ☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN ☐ OTHER (Specify) WHITE		
INFORMANT	30a. NAME OF PERSON PROVIDING ABOVE INFORMATION PATRICIA AMENTO					30b. RELATIONSHIP TO CHILD MOTHER	
	I hereby certify that I attended this birth and that the child was born at the hour, date and place stated above.						
ATTENDANT'S CERTIFICATION	31. DATE SIGNED 9/18/92		32. SIGNED (Attendant) Shannon Barber				
	33. ATTENDANT'S NAME (Type or Print) (First, Middle, Last) SHANNON BARBER					34. DEGREE OR TITLE MD	
	35. ATTENDANT'S ADDRESS (No. and Street) (Town) (State and Zip Code) (for Foreign Country) YALE NEW HAVEN HOSPITAL, NEW HAVEN, CT 06504						
REGISTRAR Town of Occurrence	36. DATE RECEIVED BY LOCAL REGISTRAR SEP 22 1992			37. SIGNED (Registrar of Vital Statistics) Michael V. Lynch			

I certify that this is a true transcript of the information as recorded in this office.

Michael V. Lynch

Michael V. Lynch, Registrar
Carol L. Lion, Deputy Registrar
Victoria R. Longo, Ass't Registrar

07

Dated at New Haven, Connecticut, U.S.A., this 07 day of JANUARY, 1993.

Robert Byrd
COMMISSIONER

DL
Class D

Connecticut
USA

DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION

9a Class: **D** 12 Restr: **B** 9a Endors: **NONE**

4a Lic #: **218610096**

3 DOB: **09-18-1992** ♥

4b Expires: **09-18-2020**

15 Sex: **M**
16 Ht: **67 in**
18 Eyes: **BRO**

1 **USCILLA**
2 **SALVATORE M**
3 **158 LONG LOTS RD**
4 **WESTPORT CT 06880-3926**

4a Issued: **04-01-2016**

Dup-01

Sal Vacella

Sal Vacella

09-18-1992

32



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) CZAKO		First Name (Given Name) ATTILA		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 333 E MOSHOLU N		Apt. Number 2K	City or Town BRONX		State NY	Zip Code 10467
Date of Birth (mm/dd/yyyy) 02-20-81	U.S. Social Security Number 096-98-4838	E-mail Address attilabano@hotmail.com			Telephone Number 929 278 7540	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☒ A lawful permanent resident (Alien Registration Number/USCIS Number): **087-414-487**
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

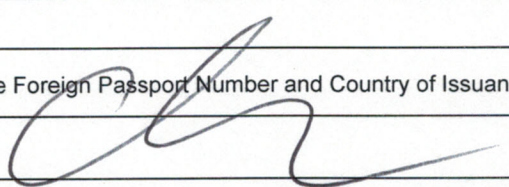
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: 	Date (mm/dd/yyyy): 08-27-16
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: green card		Document Title:		Document Title:
Issuing Authority: USCIS		Issuing Authority:		Issuing Authority:
Document Number: 087-414-487		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 11/17/21		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 8/27/16 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 8/27/16	Title of Employer or Authorized Representative President	
Last Name (Family Name) Zeidman		First Name (Given Name) Ronan		Employer's Business or Organization Name Seamans Moving Del.
Employer's Business or Organization Address (Street Number and Name) 3854 main st.			City or Town Bridgeport	State CT
			Zip Code 06606	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy)
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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UNITED STATES OF AMERICA

PERMANENT RESIDENT

Surname

CZAKO

Given Name

ATTILA

USCIS#

057-414-487

Category

IR6

Country of Birth

Hungary

Date of Birth

20 FEB 1981

Sex

M

Card Expires:

11/17/21

Resident Since:

05/27/09