

THE UNITED STATES OF AMERICA

No. 29436332

CERTIFICATE OF



NATURALIZATION

Personal description of holder  
as of date of naturalization:

INS Registration No. A075897187

Date of birth: MAY 19, 1944

I certify that the description given is  
hereto is a likeness of me.

Sex: MALE

Height: 7 feet 4 inches

(Complete and true)

Marital status: MARRIED

Be it known that, pursuant to an act  
Homeland Security

Country of former nationality:

UNITED KINGDOM

at: DALLAS, TEXAS

The Secretary having found that:

PETER WILLIAM MAYHEW



then residing in the United States, intent  
required by the Naturalization Laws of  
respects complied with the applicable provisions of such naturalization laws and  
was entitled to be admitted to citizenship, such person having taken the oath of  
allegiance in a ceremony conducted by the

US DIST COURT NORTHERN DISTRICT OF TEXAS

at: ARLINGTON, TEXAS

on: OCT 17 2005

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

*Robert C. Durie*

Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

**A075897187**

**9/16/2005**

**Peter William Mayhew**

Approved by 1(initials) RR  
English Exempt

Military Cas

**10/17/2005**

**ARLINGTON CONVENTION CENTER  
1200 BALLPARK WAY, SALON A  
ARLINGTON, TX 76011**

**9:00 AM**

If unable to keep appointment, return this  
notice to:  
U.S. Citizenship and Immigration Services  
8101 N. Stemmons Fwy.  
Dallas, TX 75247

**X  
X  
X**



# Application for Naturalization

Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black or blue ink.

### Part 1. Your Name (The Person Applying for Naturalization)

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

A. Your current legal name.

Family Name (Last Name)

MAYHEW

Given Name (First Name)

PETER

Full Middle Name (If applicable)

WILLIAM

### FOR INS USE ONLY

Bar Code

Date Stamp



Remarks

311A

B. Your name exactly as it appears on your Permanent Resident Card.

Family Name (Last Name)

MAYHEW

Given Name (First Name)

PETER

Full Middle Name (If applicable)

WILLIAM

C. If you have ever used other names, provide them below.

Family Name (Last Name)

Given Name (First Name)

Middle Name

NA

D. Name change (optional)

Please read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name?  Yes  No

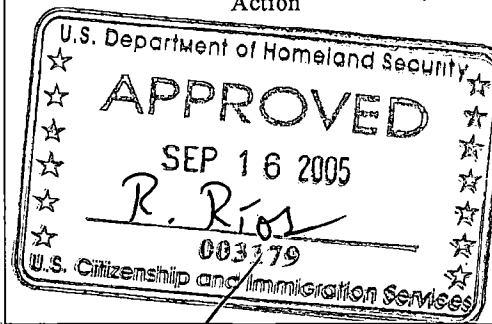
2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

Action



### Part 2. Information About Your Eligibility (Check Only One)

I am at least 18 years old AND

A.  I have been a Lawful Permanent Resident of the United States for at least 5 years.

B.  I have been a Lawful Permanent Resident of the United States for at least 3 years, AND I have been married to and living with the same U.S. citizen for the last 3 years, AND my spouse has been a U.S. citizen for the last 3 years.

C.  I am applying on the basis of qualifying military service.

D.  Other (Please explain)

3800321  
APR 20 2005



**Part 3. Information About You**

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

A. Social Security Number      B. Date of Birth (Month/Day/Year)      C. Date You Became a Permanent Resident (Month/Day/Year)

6 2 7 7 2 2 0 0 3

0 5 / 1 9 / 1 9 4 4

1 2 / 2 0 / 2 0 0 1

D. Country of Birth

UNITED KINGDOM

E. Country of Nationality

UNITED KINGDOM

F. Are either of your parents U.S. citizens? (if yes, see Instructions)

Yes

No

G. What is your current marital status?

Single, Never Married

Married

Divorced

Widowed

Marriage Annulled or Other (Explain) \_\_\_\_\_

H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching a Form N-648 with your application?

Yes

No

I. Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See Instructions for some examples of accommodations.)

Yes

No

If you answered "Yes", check the box below that applies:

I am deaf or hearing impaired and need a sign language interpreter who uses the following language: \_\_\_\_\_

I use a wheelchair.

I am blind or sight impaired.

I will need another type of accommodation. Please explain: \_\_\_\_\_

**Part 4. Addresses and Telephone Numbers.**

A. Home Address - Street Number and Name (Do NOT write a P.O. Box in this space)

Apartment Number

(b)(6)

City

GRANBURY

County

HOOD

State

TEXAS

ZIP Code

76049

Country

USA

B. Care of

Mailing Address - Street Number and Name (If different from home address)

Apartment Number

City

State

ZIP Code

Country

C. Daytime Phone Number (If any)

(b)(6)

Evening Phone Number (If any)

E-mail Address (If any)

pwmayhew@aol.com

**Part 5. Information for Criminal Records Search**

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

Note: The categories below are those required by the FBI. See Instructions for more information.

A. Gender

Male  Female

B. Height

7 Feet 4 Inches

C. Weight

240 Pounds

D. Are you Hispanic or Latino?

Yes  No

E. Race

White  Asian or Pacific Islander  Black  American Indian or Alaskan Native  Unknown

F. Hair color

Black  Brown  Blonde  Gray  White  Red  Sandy  Bald (No Hair)

G. Eye color

Brown  Blue  Green  Hazel  Gray  Black  Pink  Maroon  Other

**Part 6. Information About Your Residence and Employment**

A. Where have you lived during the last 5 years? Begin with where you live now and then list every place you lived for the last 5 years. If you need more space, use a separate sheet of paper.

Street Number and Name, Apartment Number, City, State, Zip Code and Country	Dates (Month/Year)	
	From	To
Current Home Address - Same as Part 4.A	<u>1</u> <u>2/2</u> <u>0</u> <u>0</u> <u>2</u>	
, GRANBURY, TEXAS, USA	<u>0</u> <u>3/2</u> <u>0</u> <u>0</u> <u>0</u>	<u>1</u> <u>2/2</u> <u>0</u> <u>0</u> <u>2</u>
(b)(6)	--/--	--/--
	--/--	--/--
	--/--	--/--

B. Where have you worked (or, if you were a student, what schools did you attend) during the last 5 years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last 5 years. If you need more space, use a separate sheet of paper.

Employer or School Name	Employer or School Address (Street, City and State)	Dates (Month/Year)		Your Occupation
		From	To	
SELF EMPLOYED		<u>0</u> <u>2/1</u> <u>9</u> <u>7</u> <u>5</u>	--/--/PRESENT	ACTOR
		--/--	--/--	
		--/--	--/--	
		--/--	--/--	
		--/--	--/--	

**Part 7. Time Outside the United States**  
(Including Trips to Canada, Mexico, and the Caribbean Islands)

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

A. How many total days did you spend outside of the United States during the past 5 years?

152 days

B. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years?

17 trips

C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (Month/Day/Year)	Date You Returned to the United States (Month/Day/Year)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Out of the United States
1 1/2 5/2 0 0 4	1 1/3 0/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	UNITED KINGDOM	5
0 4/2 9/2 0 0 4	0 5/0 5/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	UNITED KINGDOM	6
0 5/0 5/2 0 0 4	0 5/1 6/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EUROPE	11
0 8/2 0/2 0 0 4	0 8/2 5/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MEXICO	5
0 9/3 0/2 0 0 4	1 0/0 2/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	UNITED KINGDOM	2
1 0/1 1/2 0 0 4	1 0/2 3/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHANNEL TUNNEL	12
1 1/1 7/2 0 0 4	1 1/2 5/2 0 0 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MEXICO	8
0 5/0 4/2 0 0 3	0 5/1 1/2 0 0 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AUSTRALIA	7
0 7/0 6/2 0 0 3	0 7/2 3/2 0 0 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AUSTRALIA	17
0 8/3 0/2 0 0 3	0 9/1 1/2 0 0 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AUSTRALIA	11

**Part 8. Information About Your Marital History**

A. How many times have you been married (including annulled marriages)?

1

If you have NEVER been married, go to Part 9.

B. If you are now married, give the following information about your spouse:

1. Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (if applicable)

(b)(6)

2. Date of Birth (Month/Day/Year)

(b)(6)

3. Date of Marriage (Month/Day/Year)

0 8/0 7/1 9 9 9

4. Spouse's Social Security Number

(b)(6)

5. Home Address - Street Number and Name

Apartment Number

(b)(6)

City

State

ZIP Code

(b)(6)

Part 8. Information About Your Marital History (Continued)

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

C. Is your spouse a U.S. citizen?  Yes  No

D. If your spouse is a U.S. citizen, give the following information:

1. When did your spouse become a U.S. citizen?

At Birth  Other

If "Other," give the following information:

2. Date your spouse became a U.S. citizen

\_\_/\_\_/\_\_

3. Place your spouse became a U.S. citizen (Please see Instructions)

NA

City and State

E. If your spouse is NOT a U.S. citizen, give the following information:

1. Spouse's Country of Citizenship

NA

2. Spouse's INS "A"- Number (If applicable)

A \_\_\_\_\_

3. Spouse's Immigration Status

Lawful Permanent Resident  Other NA

F. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1-5 below.

1. Prior Spouse's Family Name (Last Name)

NA

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

U.S. Citizen  
 Lawful Permanent Resident  
 Other \_\_\_\_\_

3. Date of Marriage (Month/Day/Year)

\_\_/\_\_/\_\_

4. Date Marriage Ended (Month/Day/Year)

\_\_/\_\_/\_\_

5. How Marriage Ended

Divorce  Spouse Died  Other \_\_\_\_\_

G. How many times has your current spouse been married (including annulled marriages)?

If your spouse has EVER been married before, give the following information about your spouse's prior marriage.

If your spouse has more than one previous marriage, use a separate sheet of paper to provide the information requested in questions 1 - 5 below.

1. Prior Spouse's Family Name (Last Name)

(b)(6)

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

U.S. Citizen  
 Lawful Permanent Resident  
 Other \_\_\_\_\_

3. Date of Marriage (Month/Day/Year)

\_\_/\_\_/1991

4. Date Marriage Ended (Month/Day/Year)

1/23/1998

5. How Marriage Ended

Divorce  Spouse Died  Other \_\_\_\_\_

**Part 9. Information About Your Children**

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions.

0

B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper.

Full Name of Son or Daughter	Date of Birth (Month/Day/Year)	INS "A"- number (if child has one)	Country of Birth	Current Address (Street, City, State & Country)
NONE	-- / -- / --	A -----		
	-- / -- / --	A -----		
	-- / -- / --	A -----		
	-- / -- / --	A -----		
	-- / -- / --	A -----		
	-- / -- / --	A -----		
	-- / -- / --	A -----		
	-- / -- / --	A -----		

**Part 10. Additional Questions**

Please answer questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes," and (2) provide any additional information that helps to explain your answer.

**A. General Questions**

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)?
2. Have you **EVER** registered to vote in any Federal, state, or local election in the United States?
3. Have you **EVER** voted in any Federal, state, or local election in the United States?
4. Since becoming a Lawful Permanent Resident, have you **EVER** failed to file a required Federal, state, or local tax return?
5. Do you owe any Federal, state, or local taxes that are overdue?
6. Do you have any title of nobility in any foreign country?
7. Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Part 10. Additional Questions (Continued)**

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

**B. Affiliations**

8. a. Have you **EVER** been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place?

Yes  No

b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of Group
1. NONE	6.
2.	7.
3.	8.
4.	9.
5.	10.

9. Have you **EVER** been a member of or in any way associated (*either directly or indirectly*) with:

a. The Communist Party?

Yes  No

b. Any other totalitarian party?

Yes  No

c. A terrorist organization?

Yes  No

10. Have you **EVER** advocated (*either directly or indirectly*) the overthrow of any government by force or violence?

Yes  No

11. Have you **EVER** persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion?

Yes  No

12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:

a. The Nazi government of Germany?

Yes  No

b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?

Yes  No

c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?

Yes  No

**C. Continuous Residence**

Since becoming a Lawful Permanent Resident of the United States:

13. Have you **EVER** called yourself a "nonresident" on a Federal, state, or local tax return?

Yes  No

14. Have you **EVER** failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"?

Yes  No

**Part 10. Additional Questions (Continued)**

Write your INS "A"- number here:  
 A 0 7 5 8 9 7 1 8 7

**D. Good Moral Character**

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

- 15. Have you **EVER** committed a crime or offense for which you were NOT arrested?  Yes  No
- 16. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason?  Yes  No
- 17. Have you **EVER** been charged with committing any crime or offense?  Yes  No
- 18. Have you **EVER** been convicted of a crime or offense?  Yes  No
- 19. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
- 20. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- 21. Have you **EVER** been in jail or prison?  Yes  No

If you answered "Yes" to any of questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged (Month/Day/Year)	Where were you arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed Jail, probation, etc.)
NONE	NONE	NONE	NONE

Answer questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes," and (2) any additional information or documentation that helps explain your answer.

- 22. Have you **EVER**:
  - a. been a habitual drunkard?  Yes  No
  - b. been a prostitute, or procured anyone for prostitution?  Yes  No
  - c. sold or smuggled controlled substances, illegal drugs or narcotics?  Yes  No
  - d. been married to more than one person at the same time?  Yes  No
  - e. helped anyone enter or try to enter the United States illegally?  Yes  No
  - f. gambled illegally or received income from illegal gambling?  Yes  No
  - g. failed to support your dependents or to pay alimony?  Yes  No
- 23. Have you **EVER** given false or misleading information to any U.S. government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal?  Yes  No
- 24. Have you **EVER** lied to any U.S. government official to gain entry or admission into the United States?  Yes  No

**Part 10. Additional Questions (Continued)**

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

**E. Removal, Exclusion, and Deportation Proceedings**

25. Are removal, exclusion, rescission or deportation proceedings pending against you?  Yes  No
26. Have you EVER been removed, excluded, or deported from the United States?  Yes  No
27. Have you EVER been ordered to be removed, excluded, or deported from the United States?  Yes  No
28. Have you EVER applied for any kind of relief from removal, exclusion, or deportation?  Yes  No

**F. Military Service**

29. Have you EVER served in the U.S. Armed Forces?  Yes  No
30. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces?  Yes  No
31. Have you EVER applied for any kind of exemption from military service in the U.S. Armed Forces?  Yes  No
32. Have you EVER deserted from the U.S. Armed Forces?  Yes  No

**G. Selective Service Registration**

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant?  Yes  No

If you answered "NO", go on to question 34.

If you answered "YES", provide the information below.

If you answered "YES", but you did NOT register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (Month/Day/Year)

NA

Selective Service Number

\_\_\_/\_\_\_/\_\_\_

If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

**H. Oath Requirements (See Part 14 for the text of the oath)**

Answer questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States?  Yes  No
35. Do you understand the full Oath of Allegiance to the United States?  Yes  No
36. Are you willing to take the full Oath of Allegiance to the United States?  Yes  No
37. If the law requires it, are you willing to bear arms on behalf of the United States?  Yes  No
38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces?  Yes  No
39. If the law requires it, are you willing to perform work of national importance under civilian direction?  Yes  No



**Part 11. Your Signature**

Write your INS "A"- number here:

A 0 7 5 8 9 7 1 8 7

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information which INS needs to determine my eligibility for naturalization.

Your Signature

Date (Month/Day/Year)

Peter Maylew

04/18/2005

**Part 12. Signature of Person Who Prepared This Application for You (if applicable)**

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Preparer's Printed Name

Preparer's Signature

JACK G. CAMERON

[Signature]

Date (Month/Day/Year)

Preparer's Firm or Organization Name (if applicable)

Preparer's Daytime Phone Number

04/18/2005

LAW OFFICE OF JACK G. CAMERON, P.C

(817) 870-2656

Preparer's Address - Street Number and Name

City

State

ZIP Code

P.O. BOX 1079

FORT WORTH

TX

76101-1079

**Do not Complete Parts 13 and 14 Until an INS Officer Instructs You To Do So**

**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through 0 and the evidence submitted by me numbered pages 1 through 3, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

Ruben Rios  
Officer's Printed Name or Stamp

SEP 16 2005

Date (Month/Day/Year)

Complete Signature of Applicant

Officer's Signature

Peter WILLIAM MAYLEW

Ruben Rios

**Part 14. Oath of Allegiance**

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following oath of allegiance immediately prior to becoming a naturalized citizen. By signing below, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

Printed Name of Applicant

Complete Signature of Applicant

Peter WILLIAM MAYLEW

Peter WILLIAM MAYLEW



**Attachment to Form N-400; Application for Naturalization**

**CONTINUATION SHEET**

**MAYHEW, PETER WILLIAM**

**File Number: 75-897-187**

**Part 7. Time Outside the United States (Cont'd)**

<u>Date Left the USA</u>	<u>Date Returned to USA</u>	<u>Trip last 6 months?</u>	<u>Countries Traveled</u>	<u>Total days out</u>
10/20/03	10/23/03	NO	CHANNEL TUNNEL	3
9/24/03	10/20/03	NO	AUSTRALIA	27
9/18/03	9/24/03	NO	NEW ZEALAND	6
7/10/02	7/22/02	NO	JAPAN	12
6/27/02	7/2/02	NO	MEXICO	5
4/17/02	4/30/02	NO	AUSTRALIA	13
4/10/02	4/17/02	NO	NEW ZEALAND	7

2

Attachment to Form N-400; Application for Naturalization

CONTINUATION SHEET

MAYHEW, PETER WILLIAM

File Number: 75-897-187

Part 8. Information About Your Marital History (Cont'd)

G. How many times has your current spouse been married (including annulled marriages)

<u>LAST NAME</u>	<u>GIVEN NAME</u>	<u>MIDDLE NAME</u>
SPOUSE'S NAME: (b)(6)		
SPOUSE'S IMMIGRATION STATUS: USC		
DATE OF MARRIAGE: 03/1984		
DATE MARRIAGE ENDED: 04/16/1993		
HOW MARRIAGE ENDED: <input checked="" type="checkbox"/> DIVORCE <input type="checkbox"/> SPOUSE DIED <input type="checkbox"/> OTHER		

<u>LAST NAME</u>	<u>GIVEN NAME</u>	<u>MIDDLE NAME</u>
SPOUSE'S NAME: (b)(6)		
SPOUSE'S IMMIGRATION STATUS: USC		
DATE OF MARRIAGE: 06/02/1972		
DATE MARRIAGE ENDED: 04/18/1978		
HOW MARRIAGE ENDED: <input checked="" type="checkbox"/> DIVORCE <input type="checkbox"/> SPOUSE DIED <input type="checkbox"/> OTHER		

3

**Appearances** - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2 (b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

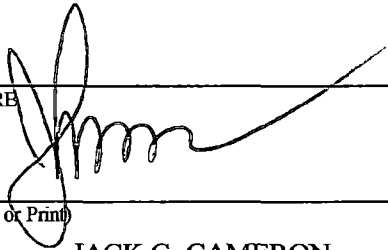
In re: <b>PETER WILLIAM MAYHEW</b>	Date:
	File No. <b>75-897-187</b>

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name: <b>PETER WILLIAM MAYHEW</b>	<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	
Address: (Apt. No.) (Number & Street) <b>(b)(6)</b> (City) (State) (Zip Code)		
	<b>GRANBURY</b>	<b>TEXAS 76049</b>
Name:	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	
Address: (Apt. No.) (Number & Street) (City) (State) (Zip Code)		

Check Applicable Item(s) below:

- 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
SUPREME COURT OF TEXAS and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.  
Name of Court
- 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- 3. I am associated with  
the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
- 4. Others (Explain Fully.)

SIGNATURE 	COMPLETE ADDRESS LAW OFFICE OF JACK G. CAMERON, P.C. P.O. BOX 1079 FORT WORTH, TEXAS 76101-1079
NAME (Type or Print) <b>JACK G. CAMERON</b>	TELEPHONE NUMBER <b>(817) 870-2656</b>

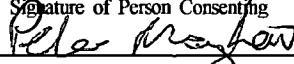
PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

LAW OFFICE OF JACK G. CAMERON, P.C.

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

**N-400 APPLICATION FOR NATURALIZATION**

Name of Person Consenting <b>PETER WILLIAM MAYHEW</b>	Signature of Person Consenting 	Date <b>4/18/2005</b>
--	--	--------------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

**Certificate Preparation Sheet And Oath Declaration**

(b)(6)

A #

A 075 897 187

Daytime Phone #

NAME (If name Change, ENTER new Name):

Check BOX if there is a change of name: →

PETER

(FIRST)

WILLIAM

(MIDDLE)

MAYHEW

(LAST)

Date of birth:

05/19/1944

Month/Day/Complete Year

(Check Sex)

MALE:

FEMALE:

Height:

7

4

(Feet) (Inches)

Marital Status; Enter "S" Single, "M" Married, "D" Divorced, or "W" Widow(er): →

M

Country of Former Nationality:

United Kingdom

(Enter Actual name of Country)

A#: 675897187

On SEP 16 2005, you were interviewed by USCIS officer R. RIOS

- You passed the tests of English and U.S. history and government.
- You passed the tests of U.S. history and government and the English language requirement was waived.
- USCIS has accepted your request for a Disability Exception. You are exempted from the requirement to demonstrate English language ability and/or a knowledge of U.S. history and government.
- You will be given another opportunity to be tested on your ability to \_\_\_\_\_ speak/ \_\_\_\_\_ read/ \_\_\_\_\_ write English.
- You will be given another opportunity to be tested on your knowledge of U.S. history and government.
- Please follow the instructions on Form N-14.
- USCIS will send you a written decision about your application.
- You did not pass the second and final test of your \_\_\_\_\_ English ability/ \_\_\_\_\_ knowledge of U.S. history and government. You will not be rescheduled for another interview for this Form N-400. USCIS will send you a written decision about your application.

A) **Congratulations! Your application has been recommended for approval.** At this time, it appears that you have established your eligibility for naturalization. If final approval is granted, you will be notified when and where to report for the Oath Ceremony.

B) \_\_\_\_\_ A decision cannot yet be made about your application.

**It is very important that you:**

- Notify USCIS if you change your address.
- Come to any scheduled interview.
- Submit all requested documents.
- Send any questions about this application in writing to the officer named above. Include your full name, Alien Registration Number (A#), and a copy of this paper.
- Go to any Oath Ceremony that you are scheduled to attend.
- Notify USCIS as soon as possible in writing if you cannot come to any scheduled interview or Oath Ceremony. Include a copy of this paper and a copy of the scheduling notice.

**NOTE:** Please be advised that under section 336 of the Immigration and Nationality Act, you have the right to request a hearing before an immigration officer if your application is denied, or before the U.S. district court if USCIS has not made a determination on your application within 120 days of the date of your examination.

## Test Two

1. What are the three branches of our government?
2. What is the 4th of July?
3. Independence from whom?
4. What is the Constitution?
5. What do we call a change to the Constitution?
6. How many amendments or changes are there to the Constitution?
7. What are the first 10 amendments to the Constitution called?
8. Who was the first President of the United States?
9. For how long do we elect a U.S. Senator?
10. How many stars are there on the U.S. flag?

60

JOE WENT TO THE STORE TO BUY A TOY.

Writing Sample:

The CHILDREN PLAY AT SCHOOL

A# 075877187

Date SEP 16 2005

HISTORY/CIVICS: PASS / FAIL / WAIVED

READING: PASS / FAIL / EXEMPT / WAIVED

WRITING: PASS / FAIL / EXEMPT / WAIVED





Request for Applicant to Appear for Naturalization Initial Interview			NOTICE DATE: July 25, 2005
CASE TYPE: N400 Application For Naturalization			INS A# A 075 897 187
APPLICATION NUMBER SSC*000857370	RECEIVED DATE April 20, 2005	PRIORITY DATE April 20, 2005	PAGE: 1 of 1
APPLICANT NAME AND MAILING ADDRESS PETER WILLIAM MAYHEW c/o JACK G CAMERON LAW OFFICE OF JACK G CAMERON P C P O BOX 1079 FORT WORTH TX 76101  			Please come to: US CITIZENSHIP AND IMMIGRATION SERVICES 3010 NORTH STEMMONS FREEWAY LOBBY DALLAS TX 75227  On (Date): Friday, September 16, 2005 At (Time): 08:20 AM
<p>You are hereby notified to appear for an interview on your Application for Naturalization at the date, time, and place indicated above. <b>Waiting room capacity is limited.</b> Please do not arrive any earlier than 30 minutes before your scheduled appointment time. The proceeding will take about two hours. If for any reason you cannot keep this appointment, return this letter immediately to the INS office address listed below with your explanation and a request for a new appointment; otherwise, no further action will be taken on your application.</p> <p>If you are applying for citizenship for yourself, you will be tested on your knowledge of the government and history of the United States. You will also be tested on reading, writing, and speaking English, unless on the day you filed your application, you have been living in the United States for a total of at least 20 years as a lawful permanent resident and are over 50 years old, or you have been living in the United States for a total of 15 years as a lawful permanent resident and are over 55 years old, or unless you have a medically determinable disability (you must have filed form N648 Medical Certification for Disability Exception, with your N400 Application for Naturalization).</p> <p><b>You MUST BRING the following with you to the interview:</b></p> <ul style="list-style-type: none"> <li>• This letter.</li> <li>• Your Alien Registration Card (green card).</li> <li>• Any evidence of Selective Service Registration.</li> <li>• Your passport and/or any other documents you used in connection with any entries into the United States.</li> <li>• Those items noted below which are applicable to you:</li> </ul> <p>— If applying for NATURALIZATION AS THE SPOUSE of a United States Citizen;</p> <ul style="list-style-type: none"> <li>• Your marriage certificate.</li> <li>• Proof of death or divorce for each prior marriage of yourself or spouse.</li> <li>• Your spouse's birth or naturalization certificate or certificate of citizenship.</li> </ul> <p>— If applying for NATURALIZATION as a member of the United States Armed Forces;</p> <ul style="list-style-type: none"> <li>• Your discharge certificate, or form DD 214.</li> </ul> <p>If copies of a document were submitted as evidence with your N400 application, the originals of those documents should be brought to the interview.</p> <p><b>PLEASE keep this appointment, even if you do not have all the items indicated above.</b></p>			
If you have any questions or comments regarding this notice or the status of your case, please contact our office at the below address or customer service number. You will be notified separately about any other cases you may have filed.			
<b>INS Office Address:</b> US IMMIGRATION AND NATURALIZATION SERVICE 8101 NORTH STEMMONS FREEWAY DALLAS, TX 75247-		<b>INS Customer Service Number:</b> (800) 375-5283  REPRESENTATIVE COPY 	

**LAW OFFICE OF  
JACK G. CAMERON, P.C.**

P.O. BOX 1079  
FT. WORTH, TEXAS 76101-1079  
817-870-2656  
Fax: 817-870-0317

April 18, 2005

**Certified Mail No. 7001 0360 0004 3998 5975**

U.S. CITIZENSHIP & IMMIGRATION SERVICES  
**Texas Service Center**  
Attention: N-400 unit  
P.O. Box 851204  
Mesquite, TX 75185-1204

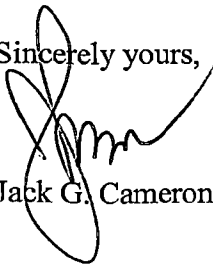
**RE:** Applicant: PETER WILLIAM MAYHEW  
A#: 75-897-187

Dear Ladies & Gentlemen:

Please be advised that I represent Mr. Mayhew in connection with the N-400 Application for Naturalization. My G-28 is enclosed and a check for filing fees. Enclosed you will find the following:

1. Original N-400 Application;
2. Copy of his Permanent Resident Card;
3. Check both for \$320.00 as filing fee and \$70.00 for fingerprints.

Sincerely yours,



Jack G. Cameron



外国人甲

20 JUN 70  
U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C.

U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520  
RECEIVED  
JUN 20 1970

U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520  
RECEIVED  
JUN 20 1970

U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520  
RECEIVED  
JUN 20 1970

IMM. & NATZ SERVICE  
580 10th St  
ADMITTANCE  
FEB 20 1970  
CLASS. 10/20

U.S. DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520  
RECEIVED  
JUN 20 1970

mail note  
4-22-69

U.S. IMMIGRATION  
NEW YORK

U.S. IMMIGRATION  
LOS ANGELES

JUL 03 1960

UNITED STATES

JUL 02 1960

U.S. IMMIGRATION  
NEW YORK

U.S. IMMIGRATION  
NEW YORK

JUN 20 1957

ADMITTED

W. J. ...

U.S. IMMIGRATION  
NEW YORK  
MAY 27 1955

UNITED STATES

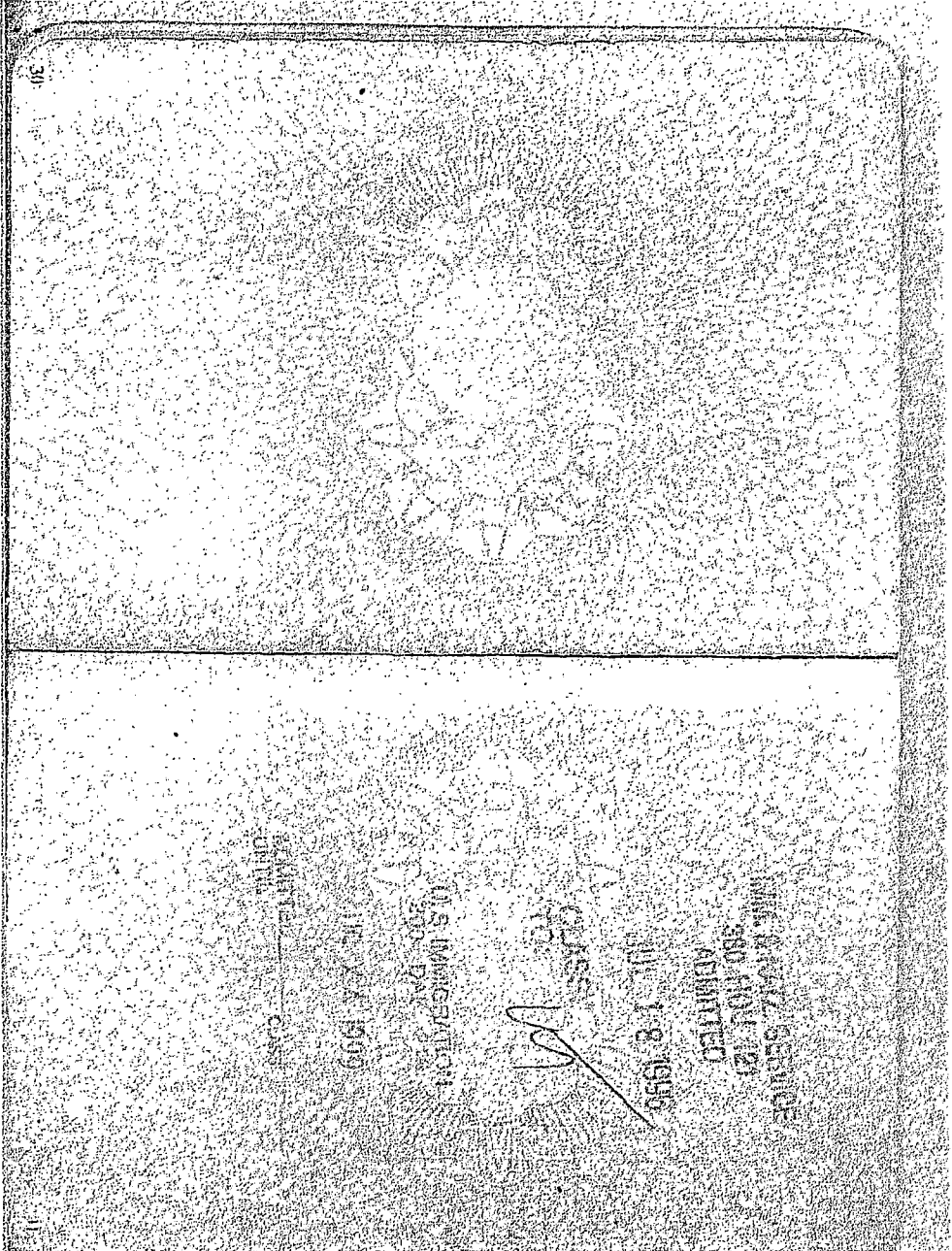
1. Surname / Efternavn / Nom / Familienname / Фамилия / Имя
2. Given names / Fornavn / Prénom / Given / Имя
3. Birth date / Fødselsdato / Date de naissance / Fecha de nacimiento / Дата рождения
4. Nationality / Nationalitet / Nationalität / Staatsangehörigkeit / Гражданство / Nationalität / Nationalität
5. Date of birth / Fødselsdato / Date de naissance / Fecha de nacimiento / Дата рождения
6. Sex / Køn / Geschlecht / On / On / Sexe / Género / Sesso / Geschlecht / Geschlecht
7. Place of birth / Fødested / Lieu de naissance / Lugar de nacimiento / Место рождения / Lieu de naissance / Lieu de naissance
8. Date of issue / Udstedelsesdato / Date de délivrance / Fecha de expedición / Дата выдачи / Date de délivrance / Date de délivrance
9. Authority / Myndighed / Behörde / Autorité / Autorität / Autorité / Autorität
10. Date of expiry / Gyldighedsfrist / Validité / Validity / Gültigkeitsfrist / Validity / Validity
11. Observations / Bemærkninger / Observaciones / Observations / Observations / Observations
12. Holder's signature / Indtægtsunderskrift / Signature du titulaire / Assinatura do titular / Assinatura do titular

U.S. IMMIGRATION  
ORLANDO, FLA.  
JAN 2 8 1996

ADMITTED  
JAN 2 8 1996

U.S. IMMIGRATION  
ORLANDO, FLA.  
JAN 2 8 1996

ADMITTED  
JAN 2 8 1996



30

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U.S. IMMIGRATION

*[Handwritten signature]*

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U.S. IMMIGRATION  
210 NEW YORK

MAY 25 1957

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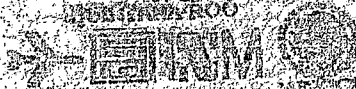
EXPIRES

MAY 1 1957

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U.S. IMMIGRATION  
210 NEW YORK

20 AUG 2003

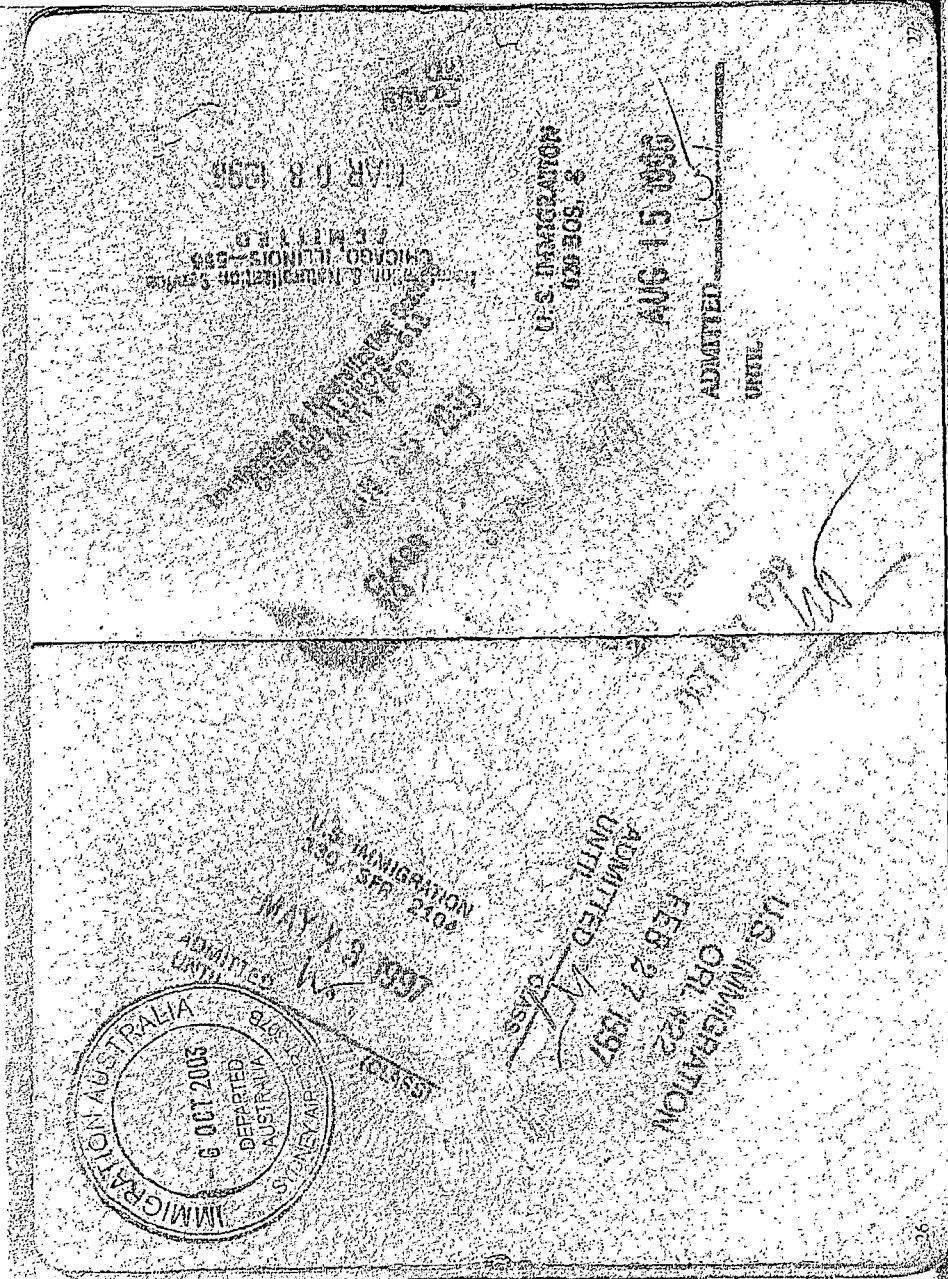


ARRIVED  
11 SEP 2003  
BRISBANE AIRPORT  
1838  
AUSTRALIA

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U.S. DEPARTMENT OF STATE





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180 PLO 2222

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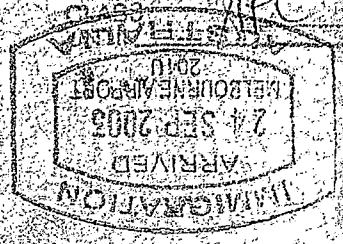
U.S. IMMIGRATION  
200 ADMITTED

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U.S. IMMIGRATION  
160 LOS ANGELES 5928  
ADMITTED

OCT 06 2003



MAY 17 2004

U.S. IMMIGRATION  
LOS ANGELES  
ADMITTED

EXPIRES 08 DEC 2009  
SHIP'S REGISTER  
NO. 221  
DATE 7/2/00

UNITED STATES  
DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE  
JUN 24 1999  
L.S. IMMIGRATION  
200 - DAL 250

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CUSTOMS AND BORDER PROTECTION

01 JUN 2003

APPROVED FOR ENTRY

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IMMIGRATION AUSTRALIA  
23 JUN 2002

IMMIGRATION AUSTRALIA  
23 JUN 2002

18

*ALC*



A75 817-197  
PROCESSED FOR I-551  
TEMPORARY EVIDENCE OR  
TEMPORARY ADMISSION FOR  
PERMANENT RESIDENCE  
VALID UNTIL 12/19/2002  
E-ENTRY AUTHORITY  
DAL  
12/20/2001 DHO5010

19

PERMIT TO BE IN NEW ZEALAND 2002  
 for the purpose of VISITING  
 Current to 10 APR 2002  
 from 10 APR 2002  
 subject to conditions of visa (New Zealand laws NZ  
 before expiry of your permit, see notes on arrival)  
 New Zealand Immigration Department  
 NEW ZEALAND IMMIGRATION ACT 1987

18  
 10 APR 2002  
 10 APR 2002  
 10 APR 2002

NEW ZEALAND IMMIGRATION DEPARTMENT  
 VISITING  
 PERMIT TO BE IN NEW ZEALAND 2002

PERMIT TO BE IN NEW ZEALAND 2002  
 for the purpose of VISITING  
 Current to 10 APR 2002  
 from 10 APR 2002  
 subject to conditions of visa (New Zealand laws NZ  
 before expiry of your permit, see notes on arrival)  
 New Zealand Immigration Department  
 NEW ZEALAND IMMIGRATION ACT 1987

IMMIGRATION  
 ARRIVED  
 17 APR 2002  
 SYDNEY AIRPORT

W. J. L. G. G. J.  
 10 APR 2002  
 10 APR 2002  
 10 APR 2002

10 APR 2002  
 10 APR 2002  
 10 APR 2002

U.S. CUSTOMS  
AND BORDER PROTECTION  
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497

U.S. IMMIGRATION  
AND NATURALIZATION SERVICE  
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U.S. IMMIGRATION  
AND NATURALIZATION SERVICE  
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APR 23 2007

CLASS  
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AND NATURALIZATION SERVICE  
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JAN 11 1997  
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UNITE

U.S. IMMIGRATION  
AND NATURALIZATION SERVICE  
CHICAGO, ILLINOIS 60634  
ADMITTED

FEB 10 1997

CLASS

U.S. IMMIGRATION  
AND NATURALIZATION SERVICE  
CLASS OF SERVICE  
OCT 03 1997  
ADMITTED  
UNITE



U.S. IMMIGRATION  
DAL 2077  
ADMITTED

REC. U-2 2007

ALL

REC'D  
JUN 03 1999  
MAR 04 1999

CIT 03/03/99

PAROLED on	26 Mar 01
Purpose: Adjustment	
of Status	
DAL	12-16-01 4077

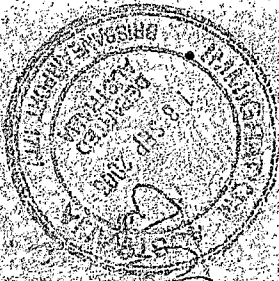
RECEIVED	26 Mar 01
Purpose: Adjustment	
of Status	
DAL	12-16-01 4077

RECEIVED	27 Mar 01
Purpose:	
(Type)	
(Date)	
(Office)	

ALL 75 834 187

COA 11/01





PROC. 445-051  
MOLLESMAN ST.

NOV 11 2002  
U.S. IMMIGRATION  
INSPECTION  
OFFICE

*Mc*



U.S. IMMIGRATION  
200 DAL 22  
DEC 28 1998  
ADMITTED UNTIL  
MAR 27 1999

*W*

LAW OFFICE OF J. G. CAMERON, P.C.  
P.O. BOX 1079  
FORT WORTH, TEXAS 76101-1079



7001 0360 0004 3998 5975



9264



75185

U.S. POSTAGE  
PAID  
FORT WORTH, TX  
76102  
APR 19, '05  
AMOUNT

**\$5.57**  
90011345-05

U.S. CITIZENSHIP & IMMIGRATION SERVICE  
TEXAS SERVICE CENTER  
ATTENTION: N-400  
P.O. BOX 851204  
MESQUITE, TX 75185-1204

APR 20 2005

UNITED STATES DEPARTMENT OF HOMELAND SECURITY

CITIZENSHIP AND IMMIGRATION SERVICES

# COVER SHEET

# RECORD OF PROCEEDING

This is a permanent record of the Citizenship and Immigration Services. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

## INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

PETER MAYHEW

(b)(6)  
GRANBURY TX 76049

PETER MAYHEW

(b)(6)  
GRANBURY TX 76049



01/17/2002 SRC-00-066-53382 SRCLNV01



01/17/2002 SRC-00-066-53382 SRCLNV01



01/17/2002 SRC-00-066-53382 SRCLNV01

**SRC-00-066-53382**  
**I-181**



Place	DAL
File No.	A 75 897 187

Status as a lawful permanent resident recorded:

Name in Care Of <b>PETER MAYHEW</b>		Sex 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		Date of Birth (Month/Day/Year) <b>05/19/44</b>	
Street Address <b>(b)(6)</b>		City of Birth <b>KINGSTON</b>		Country of Birth <b>UK</b>	
Apt. No.		Country of Nationality <b>UK</b>		Country of Last Residence <b>UK</b>	
City, State, Zip <b>BOYD, TX 76023</b> <b>Granbury, Tx 76049</b>		Occupation		N/I Class at time of Adj.	
Marital Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated		Priority Date (Month/Day/Year)		Year Adm. to U.S. or Year of Change to Present NI Class (whichever most recent)	
Preference (if any)		Country to Which Chargeable (if any)			
Section 212 (a)(14) Labor Certification 1 <input type="checkbox"/> Applicable-Submitted 3 <input checked="" type="checkbox"/> Not Applicable		Mother's First Name <b>CONSTANCE</b>		Father's First Name <b>WALTER</b>	
Last NIV Issued at (U.S. Consulate Post)		Date of Issuance of Last NIV		Number of Last NIV	
Classification of Last NIV		Under the following provision of law <input type="checkbox"/> Public Law 95-412 <input type="checkbox"/> Public Law 96-212 <input type="checkbox"/> Private Law No. _____ of the _____ Congress _____ Session		<input type="checkbox"/> Other law (Specify) _____	
<input type="checkbox"/> Sec. 209 (a) of the I & N Act		<input type="checkbox"/> Sec. 209 (b) of the I & N Act		<input type="checkbox"/> Sec. 249 of the I & N Act	
<input type="checkbox"/> Sec. 244 ( ) ( ) of the I & N Act		<input checked="" type="checkbox"/> Sec. 245 of the I & N Act		<input type="checkbox"/> Sec. 1 of the Act of 11/2/66	
				<input type="checkbox"/> Sec. 13 of the Act of 9/11/57	
				<input type="checkbox"/> Sec. 214 (d) of the I & N Act	
As of _____ (Month) _____ (Day) _____ (Year) at <b>DAL</b>		PORT OF ENTRY FOR PERMANENT RESIDENCE			
Class of admission (Insert Symbol) <b>IR6</b>					

REMARKS		DATE OF ACTION DD DISTRICT	
RECOMMENDED BY (Immigration Officer)	(Date)		
<i>Jerry D Sapp</i>			

<b>FOR USE BY VISA CONTROL OFFICE</b>	
Date _____	
Foreign State _____	
Preference Category _____	
Number _____	
Month of Issuance _____	
Signed _____	(Visa Office, Dept. of State)

CC: Page 2 Master Index copy sent on 12/09/1999  
CC: Page 3 ADIT and Statistical report copy sent on \_\_\_\_\_

16 JAN 2002  
NEWB300

Place <b>DAL</b>
File No. <b>A 75 897 187</b>

Status as a lawful permanent resident of the United States is accorded:

Name In Care Of Street Address Apt. No. City, State, Zip	<b>PETER MAYHEW</b>			Sex 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female	Date of Birth (Month/Day/Year) <b>05/19/44</b>	
	<b>(b)(6)</b>			City of Birth <b>KINGSTON</b>	Country of Birth <b>UK</b>	
	<b>BOVD, TX 76023</b> <b>Granbury, Tx 76049</b>			Country of Nationality <b>UK</b>	Country of Last Residence <b>UK</b>	
Marital Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated	Occupation		N/I Class at time of Adj.	Year Adm. to U.S. or Year of Change to Present NI Class (whichever most recent)		
Priority Date (Month/Day/Year)	Preference (if any)		Country to Which Chargeable (if any)			
Section 212 (a)(14) Labor Certification	1 <input type="checkbox"/> Applicable-Submitted 3 <input checked="" type="checkbox"/> Not Applicable		Mother's First Name <b>CONSTANCE</b>	Father's First Name <b>WALTER</b>		
Last NIV Issued at (U.S. Consulate Post)	Date of Issuance of Last NIV		Number of Last NIV	Classification of Last NIV		
Under the following provision of law						
<input type="checkbox"/> Public Law 95-412		<input type="checkbox"/> Sec. 209 (a) of the I & N Act		<input type="checkbox"/> Sec. 249 of the I & N Act		
<input type="checkbox"/> Public Law 96-212		<input type="checkbox"/> Sec. 209 (b) of the I & N Act		<input type="checkbox"/> Sec. 1 of the Act of 11/2/66		
<input type="checkbox"/> Private Law No. _____ of the _____ Congress _____ Session		<input type="checkbox"/> Sec. 244 ( ) ( ) of the I & N Act		<input type="checkbox"/> Sec. 13 of the Act of 9/11/57		
		<input checked="" type="checkbox"/> Sec. 245 of the I & N Act		<input type="checkbox"/> Sec. 214 (d) of the I & N Act		
As of _____ at <b>DAL</b>		PORT OF ENTRY FOR PERMANENT RESIDENCE				
(Month) (Day) (Year)		Class of admission (Insert Symbol) <b>IR-6</b>				
REMARKS						
RECOMMENDED BY (Immigration Officer) <i>Jerry D. Long</i>			(Date)			
DATE OF ACTION			DD			
DISTRICT			<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>APPROVED</b>              INS DISTRICT DIRECTOR  <b>DEC 20 2001</b>  <i>Jerry D. Long</i>              Recommended by  <b>DAL 5010</b> </div>			
FOR USE BY VISA CONTROL OFFICE						
Date _____						
Foreign State _____						
Preference Category _____						
Number _____						
Month of Issuance _____						
Signed _____ <small>(Visa Office, Dept. of State)</small>						

CC: Page 2 Master Index copy sent on 12/09/1999  
 CC: Page 3 ADIT and Statistical report copy sent on \_\_\_\_\_

**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re: Peter William MAYHEW	DATE: 11
	FILE No. NONE

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Peter MAYHEW	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) (b)(6) Boyd Texas 76023	
NAME	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	

Check applicable Item(s) below:

- 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
Texas Texas Supreme Ct. and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.  
(Name of Court)
- 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- 3. I am associated with the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
- 4. Others (Explain fully.)  

NO RECORD OF CIS

SIGNATURE 	COMPLETE ADDRESS Law Office of Jack G. Cameron P.O. Box 1079 Ft. Worth TX 76101-1079
NAME (Type or Print) Jack G. Cameron	TELEPHONE NUMBER 817-870-2656 817-870-0317

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Jack G. Cameron  
(Name of Attorney or Representative)

THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:  
ALL IMMIGRATION MATTERS.

NAME OF PERSON CONSENTING Peter William MAYHEW	SIGNATURE OF PERSON CONSENTING 	DATE 12/09/1999
---	------------------------------------	--------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

95  
100  
220  
25  
110/550

**APPEARANCES** -An appearance shall be filed on Form G-28 by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required.

**AVAILABILITY OF RECORDS** -During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

**" THIS FORM MAY NOT BE USED TO REQUEST RECORDS UNDER THE FREEDOM OF INFORMATION ACT OR THE PRIVACY ACT. THE MANNER OF REQUESTING SUCH RECORDS IS CONTAINED IN 8 CFR 103.10 AND 103.20 ET. SEQ."**



**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re: Peter William MAYHEW	DATE 11
	FILE No. NONE

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Peter	MAYHEW	<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
		<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No.) (b)(6)	(Number & Street) Boyd	(City) Texas	(State) 76023
NAME Mary	MAYHEW	<input checked="" type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
		<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No.) Route 2, Box 213	(Number & Street) Boyd	(City) Texas	(State) 76023

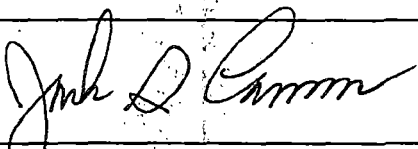
Check applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
 Texas Texas Supreme Ct. and am not under a  
(Name of Court)  
 court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

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4. Others (Explain fully.)

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NAME (Type or Print) Jack G. Cameron	TELEPHONE NUMBER 817-870-2656 817-870-0317

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(Name of Attorney or Representative)

THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:  
 ALL IMMIGRATION MATTERS.

NAME OF PERSON CONSENTING (b)(6)	DATE 12/09/1999
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**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE.**

In re: Peter William MAYHEW	DATE	11 / 9
	FILE No.	NONE

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Peter MAYHEW	<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	(b)(6) Boyd Texas 76023	
NAME	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)		

Check applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
 Texas Texas Supreme Ct. and am not under a  
(Name of Court)  
 court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

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4. Others (Explain fully.)

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NAME (Type or Print) Jack G. Cameron	TELEPHONE NUMBER 817-870-2656 817-870-0317

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(Name of Attorney or Representative)

THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:  
 ALL IMMIGRATION MATTERS.

NAME OF PERSON CONSENTING Peter William MAYHEW	SIGNATURE OF PERSON CONSENTING 	DATE 12/09/1999
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**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re: Peter William MAYHEW	DATE //
	FILE No. NONE

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NAME Peter MAYHEW	<input type="checkbox"/> Petitioner	<input checked="" type="checkbox"/> Applicant	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)				
(b)(6) Boyd Texas 76023				
NAME	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)				

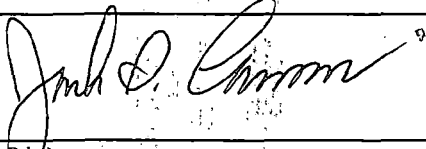
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Texas Texas Supreme Ct. and am not under a  
(Name of Court)  
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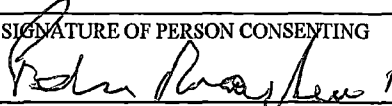
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NAME (Type or Print) Jack G. Cameron	TELEPHONE NUMBER 817-870-2656 817-870-0317

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(Name of Attorney or Representative)

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 ALL IMMIGRATION MATTERS.

NAME OF PERSON CONSENTING Peter William MAYHEW	SIGNATURE OF PERSON CONSENTING 	DATE 12/09/1999
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**START HERE - Please Type or Print**

**FOR INS USE ONLY**

**Part 1. Information about you.**

Family Name <b>MAYHEW</b>	Given Name <b>Peter</b>	Middle Initial
Address - C/O		
Street Number and Name <b>(b)(6)</b>	Apt. #	
City <b>Boyd Granbury</b>		
State <b>Texas</b>	Zip Code <b>76023-7609</b>	
Date of Birth (month/day/year) <b>05/19/1944</b>	Country of Birth <b>U.K.</b>	
Social Security # <b>NONE</b>	A # (if any) <b>NONE</b>	
Date of Last Arrival (month/day/year) <b>11/20/1999</b>	I-94 # <b>913043075 05</b>	
Current INS Status <b>VWPP</b>	Expires on (month/day/year) <b>01/21/2000</b>	

Returned	Receipt
Resubmitted	
Reloc Sent <b>4186 001</b>	<b>12/09/99 10:41</b> <b>1485 220.00</b>
<del>4186 001</del>	<b>12/09/99 10:42</b> <b>25.00</b>
<input checked="" type="checkbox"/> Applicant Interviewed <b>IR6</b> <b>12/20/01</b>	

**Part 2. Application Type. (Check one)**

I am applying for adjustment to permanent resident status because

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

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

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

Section of Law

- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other \_\_\_\_\_

Country Chargeable  
**UK**

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other **SA of USC**

Preference  
**APPROVED**  
Action Block  
INS DISTRICT DIRECTOR  
**DEC 20 2001**  
**Jerry [Signature]**  
**DAL 15010**

To Be Completed by Attorney or Representative, if any

- Fill in box if G-28 is attached to represent the applicant

VOLAG#  
ATTY State License #  
**Texas 03675370**

**Part 3. Processing Information**

A. City/Town/Village of Birth: Kingston	Current occupation: Actor
Your mother's first name: (b)(6)	Your father's first name: (b)(6)

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

Peter MAYHEW

Place of last entry into the U.S. (City/State): Laredo, Texas	In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.): VISITOR
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Nonimmigrant Visa Number: VWPP	Consulate where Visa was issued: N/A
Date Visa was issued (month/day/year): N/A	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

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

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

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
(b)(6)	(b)(6)		(b)(6)
Country of Birth: USA	Relationship: Child	A #: N/A	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)(6)	(b)(6)		(b)(6)
Country of Birth: USA	Relationship: Child	A #: N/A	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)(6)	(b)(6)		(b)(6)
Country of Birth: USA	Relationship: Child	A #: N/A	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name: N/A	Given Name: N/A	Middle Initial:	Date of Birth (month/day/year):
Country of Birth:	Relationship:	A #:	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name: N/A	Given Name: N/A	Middle Initial:	Date of Birth (month/day/year):
Country of Birth:	Relationship:	A #:	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

*None*



### Part 3. Processing Information (Continued)

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

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

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

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

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

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

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

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

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

Yes  No
  9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

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

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

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

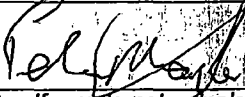
Yes  No
  13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

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

Yes  No

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

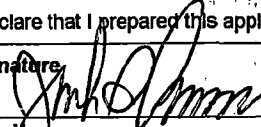
I certify under penalty of perjury under the laws of the United States of America that this application, the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility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

Signature	Print Your Name	Date	Daytime Phone Number
	Peter William MAYHEW	12/9/99	(b)(6)

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

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

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

Signature	Print Your Name	Date	Daytime Phone Number
	Jack G. Cameron	12/09/99	817-870-2656

Firm Name and Address  
Law Office of Jack G. Cameron  
P.O. Box 1079, Ft. Worth, TX 76101-1079

PAGE WITHHELD PURSUANT TO (b)(6)

Departure Number  
913043075 05

U.S. IMMIGRATION  
147 LAR 152

Immigration and Naturalization Service  
Form I-94W (05-29-91) - Departure Record  
VISA WAIVER

Admitted WT  
Until JUN 21 1999

14. Family Name

M. A. MITCHELL

15. First (Given) Name

RENEE

16. Birth Date (day/month/yr)

05/19/46

17. Country of Citizenship

UK

See Other Side

Staple Here

### Departure Record

**Important.** Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law. Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

**WARNING:** You may not accept unauthorized employment or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent residence; or 3) an extension of stay. Violation of these terms will subject you to deportation.

Port:  
Date:  
Carrier:  
Flight #/Ship Name:

\$5.00  
\$6.00

Departure Number

010583248 05

Immigration and  
Naturalization Service  
I-94  
Departure Record

PAROLED INTO *John A. 2007*

Purpose: Adjustment  
of Status

DAL *4/23/01* *JK*  
(Port) (Date) (Officer)

14. Family Name <i>MAYHEW</i>	
15. First (Given) Name <i>PETER</i>	16. Birth Date (Day/Mo/Yr) <i>19.05.44</i>
17. Country of Citizenship <i>D.K.</i>	

See Other Side

STAPLE HERE

Departure Number

328620198 08

Deferred until Dec 8 2008

Purpose: To Complete

Immigration and  
Naturalization Service

I-94

Departure Record

12800 266

Family Name ANDREWS	
First (Given) Name PATRICK	16. Birth Date (Day/Mo/Yr) 01/05/46
17. Country of Citizenship USA	

See Other Side

STAPLE HERE

COMPLETE THIS SECTION ON DELIVERY

A. Received by \_\_\_\_\_

B. Signature of Agent or Addressee

C. Signature of Agent or Addressee

D. Is delivery address different from item 17?  Yes  No

If YES, enter delivery address below: \_\_\_\_\_

70993400001846788015

Express Mail  
Return Receipt for Merchandise

Yes

9751

595-00-M

Departure Number  
913043075 05

U.S. IMMIGRATION  
147 LAR 152

Immigration and Naturalization Service  
Form I-94W (05-29-91) - Departure Record  
VISA WAIVER

Admitted WT  
Until JUN 27 2000

14. Family Name  
M A Michalek

15. First (Given) Name  
PETER

16. Birth Date (day/month/yr)  
05/19/46

17. Country of Citizenship  
USA

See Other Side

Staple Here

### Departure Record

**Important** - Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Immigration authorities, is a violation of the law. Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
  - Across the Canadian border, to a Canadian Official;
  - Across the Mexican border, to a U.S. Official.
- WARNING:** You may not accept unauthorized employment or attend school; or represent the foreign information media during your visit under this program. You are authorized to stay in the U.S. for 90 days or less. You may not apply for: 1) a change of nonimmigrant status; 2) adjustment of status to temporary or permanent resident unless eligible under section 201(b) of the INA; or 3) an extension of stay. Violation of these terms will subject you to deportation.

Port:  
Date:  
Carrier:  
Flight #/Ship Name:

U.S. IMMIGRATION  
147 LAR 152  
99-212-10001#81036  
4/4 CLK/4



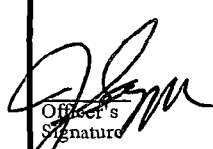


**START HERE - Please Type or Print**

**Part 1. Information on Sponsor (You)**

Last Name (b)(6)		First Name		Middle Name
Mailing Address (Street Number and Name) (b)(6)				Apt/Suite Number
City Granbury				State or Province Texas
Country USA			ZIP/Postal Code	Telephone Number (b)(6)

Place of Residence if different from above (Street Number and Name) SAME AS ABOVE		Apt/Suite Number	
City		State or Province	
Country	ZIP/Postal Code	Telephone Number ( )	
Date of Birth (Month, Day, Year) (b)(6)	Place of Birth (City, State, Country) (b)(6) USA	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number 452-96-3990	A-Number (If any) N/A		

FOR AGENCY USE ONLY	
This Affidavit <input checked="" type="checkbox"/> Meets <input type="checkbox"/> Does not meet	Receipt  <div style="border: 1px solid black; width: 100px; height: 100px;"></div>
Requirements of Section 213A	
 Officer's Signature DAL Location 12/20/01 Date	

**Part 2. Basis for Filing Affidavit of Support**

- I am filing this affidavit of support because (check one):
- a.  I filed/am filing the alien relative petition.
  - b.  I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_ (relationship)
  - c.  I have ownership interest of at least 5% of \_\_\_\_\_ (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_ (relationship)
  - d.  I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

**Part 3. Information on the Immigrant(s) You Are Sponsoring**

Last Name MAYHEW		First Name Peter		Middle Name William
Date of Birth (Month, Day, Year) 05/19/1944		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number (If any) 627-72-2003
Country of Citizenship United Kingdom		A-Number (If any) 75-897-187		
Current Address (Street Number and Name)			Apt/Suite Number	City
State/Province TX	Country	ZIP/Postal Code	Telephone Number (b)(6)	

List any spouse and/or children immigrating with the immigrant named above in this Part: (Use additional sheet of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (If any)	Social Security Number (If any)
	Spouse	Son	Daughter	Mo.	Day	Yr.		
N/A								
N/A								
N/A								
N/A								

**Part 4. Eligibility to Sponsor**

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Alien Registration Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who *can* meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

**A. Sponsor's Employment**

I am:

1.	(b)(6)
2.	
3.	

**B. Use of Benefits**

Have you or anyone related to you by birth, marriage, or adoption living in your household or listed as a dependent on your most recent income tax return received any type of means-tested public benefit in the past 3 years?

Yes  No (If yes, provide details, including programs and dates, on a separate sheet of paper)

**C. Sponsor's Household Size**

	<b>Number</b>
1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself. (Do NOT include persons being sponsored in this affidavit.)	<u>3</u>
2. Number of immigrants being sponsored in this affidavit (Include all persons in Part 3.)	<u>1</u>
3. Number of immigrants NOT living in your household whom you are still obligated to support under a previously signed affidavit of support using Form I-864.	<u>0</u>
4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year.	<u>          </u>
5. Total household size. (Add lines 1 through 4.)	<b>Total</b> <u>4</u>

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, if your support obligation has not terminated.

(If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

**Part 4. Eligibility to Sponsor (Continued)**

**D. Sponsor's Annual Household Income**

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your *own* income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- I filed a single/separate tax return for the most recent tax year.
- I filed a joint return for the most recent tax year which includes only my own income.
- I filed a joint return for the most recent tax year which includes income for my spouse and myself.
  - I am submitting documentation of my individual income (Forms W-2 and 1099).
  - I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

<b>Indicate most recent tax year</b>	<b>2000</b>	
	_____	
	(tax year)	
Sponsor's individual income	\$ _____	
<i>or</i>		
Sponsor and spouse's combined income	\$ _____	45,000.00
<i>(If joint tax return filed; spouse must submit Form I-864A.)</i>		
Income of other qualifying persons.		
<i>(List names; include spouse if applicable. Each person must complete Form I-864A.)</i>		
N/A	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>Total Household Income</b>	<b>\$ _____</b>	<b>45,000.00</b>

Explain on a separate sheet of paper if you or any of the above listed individuals are submitting Federal income tax returns for fewer than 3 years, or if other explanation of income, employment, or evidence is necessary.

**E. Determination of Eligibility Based on Income**

1.  I am subject to the 125 percent of poverty line requirement for sponsors.
  - I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.C., line 5 4 \_\_\_\_\_.
3. Minimum income requirement from the Poverty Guidelines chart for the year of 2001 is \$ 22,063.00 for this household size. (year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.

**Part 4. Eligibility to Sponsor***(Continued)***F. Sponsor's Assets and Liabilities**

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line *if* they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset *after* any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

Type of Asset	Cash Value of Assets <i>(Subtract any debts)</i>
Savings deposits	\$ N/A
Stocks, bonds, certificates of deposit	\$ N/A
Life insurance cash value	\$ N/A
Real estate	\$ N/A
Other <i>(specify)</i>	\$ N/A
<b>Total Cash Value of Assets</b>	\$ _____

**Part 5. Immigrant's Assets and Offsetting Liabilities**

The sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line *if* the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to Part 4.F. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset listed. See "Evidence of Assets" in Instructions.

**Part 6. Joint Sponsors**

If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There may be more than one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement based on his or her household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate Affidavit of Support under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently, or die.

**Part 7. Use of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility**

Section 212(a)(4)(C) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be likely to become a public charge and is inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those aliens who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a relative, or by a firm in which a relative owns a significant interest. Separate affidavits of support are required for family members at the time they immigrate if they are not included on this affidavit of support or do not apply for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the sponsored immigrant(s) whatever support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

*I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.*

**Notice of Change of Address.**

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

*If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.*

**Means-tested Public Benefit Prohibitions and Exceptions.**

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

**Consideration of Sponsor's Income in Determining Eligibility for Benefits.**

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

*I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.*

**Civil Action to Enforce.**

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

**Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)**

I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.

**Collection of Judgment.**

I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C. 3201, a writ of execution under 28 U.S.C. 3203, a judicial installment payment order under 28 U.S.C. 3204, garnishment under 28 U.S.C. 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.

**Concluding Provisions.**

I, (b)(6), certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct;
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.

(b)(6)

12-18-01  
(Date)

Subscribed and sworn to (or affirmed) before me this  
18th day of December, 2001  
(Month) (Year)

at Tarrant County

My commission expires on 4/26/05

Ed Haskell  
(Signature of Notary Public or Officer Administering Oath)

Notary  
(Title)



**Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:**

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request, and that this affidavit of support is based on all information of which I have knowledge.

Signature	Print Your Name Jack G. CAMERON	Date	Daytime Telephone Number ( 817 ) 870-2656
-----------	------------------------------------	------	--

Firm Name and Address  
Law Office of Jack G. Cameron, P.C.  
P.O. Box 1079  
Worth, TX 76101

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

Peter Mayhew (b)(6) Granbury, TX 76049

Your social security number 627-72-2003 (b)(6) Important! You must enter your SSN(s) above.

Presidential Election Campaign Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No Spouse Yes No

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

Exemptions 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. 6b Spouse. No. of boxes checked on 6a and 6b 2 No. of your children on 6c who: lived with you did not live with you due to divorce or separation (see page 20) Dependents on 6c not entered above Add numbers entered on lines above 2

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if qualifying child for child tax credit (see p. 20). Total number of exemptions claimed: 2

Income section table with rows 7-22. Includes wages, salaries, tips, taxable interest, dividends, capital gain, etc. Total income (line 22) is (b)(6).

Adjusted Gross Income section table with rows 23-33. Includes IRA deduction, student loan interest, medical savings account, moving expenses, etc. Adjusted gross income (line 33) is (b)(6).

**Schedule B -- Interest and Ordinary Dividends 2000**

Attachment Sequence No. 08 OMB No. 1545-0074

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security no.

Peter & (b)(6) Mayhew

627-72-2003

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

**Part I Interest**

(See the instructions for Form 1040, line 8a.)

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

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ►  
FIRST NATIONAL BANK GRANBURY
- 2 Add the amounts on line 1. . . . . 2
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815. . . . . 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a. . . . . ► 4

Amount	
1	(b)(6)
2	
3	
4	
5	
6	

**Part II Ordinary Dividends**

(See the instructions for Form 1040, line 9.)

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

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ►
- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9. . . . . ► 6

**Part III Foreign Accounts and Trusts**

(See instructions.)

- You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.
- 7a At any time during 2000, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1. . . . .
- b If "Yes," enter the name of the foreign country ►
- 8 During 2000, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions. . . . .

Yes	No
	(b)(6)



Tax and Credits

**34** Amount from line 33 (adjusted gross income) **34** (b)(6)

**35a** Check if:  You were 65 or older,  Blind;  Spouse was 65 or older,  Blind.  
Add the number of boxes checked above and enter the total here **35a**

**b** If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here **35b**

**36** Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent **36**

**37** Subtract line 36 from line 34. **37**

**38** If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter **38**

**39** Taxable income. Subtract line 38 from line 37.  
If line 38 is more than line 37, enter -0- **39**

**40** Tax. Check if any tax is from **a**  Form(s) 8814 **b**  Form 4972 **40**

**41** Alternative minimum tax. Attach Form 6251 **41**

**42** Add lines 40 and 41. **42**

<b>43</b> Foreign tax credit. Attach Form 1116 if required. <b>43</b>	<b>43</b>
<b>44</b> Credit for child & dependent care expenses. Attach Form 2441 <b>44</b>	<b>44</b>
<b>45</b> Credit for the elderly or the disabled. Attach Schedule R. <b>45</b>	<b>45</b>
<b>46</b> Education credits. Attach Form 8863 <b>46</b>	<b>46</b>
<b>47</b> Child tax credit (see page 36) <b>47</b>	<b>47</b>
<b>48</b> Adoption credit. Attach Form 8839. <b>48</b>	<b>48</b>
<b>49</b> Other. Check if from <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8396 <b>49</b>	<b>49</b>
<b>c</b> <input type="checkbox"/> Form 8801 <b>d</b> <input type="checkbox"/> Form <b>49</b>	<b>49</b>

**50** Add lines 43 through 49. These are your total credits. **50**

**51** Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- **51**

Other Taxes

**52** Self-employment tax. Attach Schedule SE. **52**

**53** Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **53**

**54** Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required. **54**

**55** Advance earned income credit payments from Form(s) W-2. **55**

**56** Household employment taxes. Attach Schedule H. **56**

**57** Add lines 51 through 56. This is your total tax. **57**

Payments

If you have a qualifying child, attach Schedule EIC.

**58** Federal income tax withheld from Forms W-2 and 1099 **58**

**59** 2000 estimated tax payments & amt. applied from 1999 return **59**

**60a** Earned income credit (EIC) **60a**

**b** Nontaxable earned income: amt. & type

**61** Excess social security and RRTA tax withheld (see page 50) **61**

**62** Additional child tax credit. Attach Form 8812 **62**

**63** Amount paid with request for extension to file (see page 50) **63**

**64** Other payments. Check if from **a**  Form 2439 **b**  Form 4138 **64**

**65** Add lines 58, 59, 60a, and 61 through 64. These are your total payments. **65**

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

**66** If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid **66**

**67a** Amount of line 66 you want refunded to you **67a**

**b** Routing no. **c** Type:  Checking  Savings

**d** Account no.

**68** Amt. of line 66 you want applied to your 2001 estimated tax **68**

Amount You Owe

**69** If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51. **69**

**70** Estimated tax penalty. Also include on line 69 **70** 418.

Sign Here

Joint return? See page 19. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone number \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see page 52)?  Yes  No

Your occupation Actor

Spouse's occupation Homemaker

Paid Preparer's Use Only

Preparer's signature \_\_\_\_\_ Date 10/10/2001 Check if self-employed  Preparer's SSN or PTIN P00061445

Firm's name (or yours if self-employed), address, & ZIP code CARROLL R DONNELL, CPA  
4320 W Vickery, Suite B  
Fort Worth, TX 76107-6312

EIN (b)(3)  
Phone no. (817) 731-7219

# 2000 TAX SUMMARY

Name: Peter & (b)(6) Mayhew

SSN: 627-72-2003

INCOME	2000	CREDITS	2000
Wages, salaries, tips	(b)(6)	Child care credit	(b)(6)
Taxable interest income		Elderly or the disabled credit	
Dividend income		Child tax credit	
State/local tax refunds		Education credits	
Alimony received		Adoption credit	
Business income (loss)		Foreign tax credit	
Capital gain (loss)		Other credits	
Other gains (losses)		<b>TAX AFTER CREDITS</b>	
Taxable IRA distributions			
Taxable pensions and annuities		<b>OTHER TAXES</b>	
Rents, partnerships, etc		Self-employment tax	
Farm income (loss)		Social security and Medicare tax on tips	
Unemployment compensation		Tax on IRA and other plans	
Taxable social security benefits		Advanced EIC payments	
Other income		Household employment taxes	
<b>TOTAL INCOME</b>		Recapture and miscellaneous taxes	
		<b>TOTAL TAX</b>	
<b>ADJUSTED GROSS INCOME</b>		<b>PAYMENTS</b>	
IRA deduction		Federal income tax withheld	
Student loan interest deduction		2000 estimated tax payments	
Medical savings account deduction		Earned income credit	
Moving expenses		Additional child tax credit	
Self-employment tax deduction		Amount paid with extension	
Self-employed health insurance deduction		Excess social security/RRTA tax withheld	
Keogh/SEP/SIMPLE plans		Credit for tax on fuels	
Savings withdrawal penalty		Regulated investment company	
Alimony paid		<b>TOTAL PAYMENTS</b>	
Other adjustments			
<b>TOTAL ADJUSTMENTS</b>		<b>REFUND</b>	
<b>ADJUSTED GROSS INCOME</b>		Overpayment	
		Penalty	
<b>ITEMIZED DEDUCTIONS</b>		Amount applied to 2001	
Medical expenses		<b>REFUND due</b>	
Taxes			
Deductible interest		<b>AMOUNT DUE</b>	
Contributions		Penalty	
Casualty or theft loss(es)		Amount OWED with return	
Job expenses & misc. deductions			
Miscellaneous deductions		Marginal tax bracket	
<b>Total itemized deductions</b>		Filing status	
<b>STANDARD DEDUCTION</b>			
Exemptions		<b>2001 ESTIMATED TAXES</b>	
Taxable income		Due 4/16/2001	
Tax, including Form(s) 4972, 8814		Due 6/15/2001	
Alternative Minimum Tax		Due 9/17/2001	
Tax before credits		Due 1/15/2002	

Schedule C #1  
Line 27 - Other Expenses

Description

Amount

-----  
VIDEO SUPPLIES  
COSTUMES  
PARKING  
POSTAGE  
MOTEL AND LODGING  
TELEPHONE FAX LINE  
TELEPHONES  
STORAGE RENTAL  
POST BOX  
LONG DISTANCE TELEPHONE

(b)(6)

Supplemental Schedules

Name: Peter & (b)(6) Mayhew

2000

SSN: 627-72-2003

Form 4562 Schedules, Schedule C - PETER MAYHEW  
State Depreciation

#	Asset Description	Acq. Date	Cost Basis	ST Life	Depr Method	Conv	ST Prior	Reg. Depr	ST Depr	ST Adj
1	PENTAX CAMERA	06/30/00	(b)(6)							
2	PENTAX CAMERA	06/30/00	(b)(6)							
3	FLASH UNIT	06/30/00	(b)(6)							
4	COMPUTER	06/30/00	(b)(6)							
5	PRINTER	06/30/00	(b)(6)							
6	SCANNER	06/30/00	(b)(6)							
7	FAX MACHINE	06/30/00	(b)(6)							
8	FRAMES FOR DISPLAY	10/13/00	(b)(6)							
9	BLINDS	10/13/00	(b)(6)							
10	LAMPS	10/13/00	(b)(6)							
11	MATERIALS FOR DISPLAY	10/13/00	(b)(6)							
12	COLLECTOR CABINET	05/01/00	(b)(6)							
13	CHERRY CURIO	05/01/00	(b)(6)							
14	CHAIRS	05/01/00	(b)(6)							
15	HUNTINGTON CURIO CAB	05/01/00	(b)(6)							
16	SHELF	05/01/00	(b)(6)							
17	DISPLAY ACCESSORIES	05/01/00	(b)(6)							
18	EMBASSY CURIO	12/18/00	(b)(6)							
19	OFFICE CHAIR	07/25/00	(b)(6)							
20	ROLL TOP DESK	07/25/00	(b)(6)							
21	TABLES AND SHELF	07/25/00	(b)(6)							
22	ACCESSORIES	03/22/00	(b)(6)							
23	TABLE	03/23/00	(b)(6)							
24	DISPALY ROOM FURNITURE	03/22/00	(b)(6)							
25	SHELF	10/28/00	(b)(6)							

Prior Year Totals  
Current Year Totals



Supplemental Schedules

Name: Peter & (b)(6) Mayhew

2000

SSN: 627-72-2003

Form 4562 Schedules, Schedule C - PETER MAYHEW  
Part I - Election to expense under Section 179

Description	Date in Service	Cost	Deduction
PENTAX CAMERA	6/30/00	(b)(6)	
PENTAX CAMERA	6/30/00		
FLASH UNIT	6/30/00		
COMPUTER	6/30/00		
PRINTER	6/30/00		
SCANNER	6/30/00		
FAX MACHINE	6/30/00		
FRAMES FOR DISPLAY	10/13/00		
BLINDS	10/13/00		
LAMPS	10/13/00		
MATERIALS FOR DISPLAY	10/13/00		
COLLECTOR CABINET	5/01/00		
CHERRY CURIO	5/01/00		
CHAIRS	5/01/00		
HUNTINGTON CURIO CAB	5/01/00		
SHELF	5/01/00		
DISPLAY ACCESSORIES	5/01/00		
EMBASSY CURIO	12/18/00		
OFFICE CHAIR	7/25/00		
ROLL TOP DESK	7/25/00		
TABLES AND SHELF	7/25/00		
ACCESSORIES	3/22/00		
TABLE	3/23/00		
DISPALY ROOM FURNITURE	3/22/00		
SHELF	10/28/00		
Total			

Form 4562 Asset Listing, Schedule C - PETER MAYHEW

#	Description	T	Acq. Date	Pct. Inv Used Cr.	Cost Basis	Depr Method	Conv	Est Life	Prior Depr.	Sec 179	2000 Depr
1	PENTAX CAMERA	N	06/30/00	(b)(6)							
2	PENTAX CAMERA	N	06/30/00	(b)(6)							
3	FLASH UNIT	N	06/30/00	(b)(6)							
4	COMPUTER	N	06/30/00	(b)(6)							
5	PRINTER	N	06/30/00	(b)(6)							
6	SCANNER	N	06/30/00	(b)(6)							
7	FAX MACHINE	N	06/30/00	(b)(6)							
8	FRAMES FOR DISPLAY	N	10/13/00	(b)(6)							
9	BLINDS	N	10/13/00	(b)(6)							
10	LAMPS	N	10/13/00	(b)(6)							
11	MATERIALS FOR DISPLAY	N	10/13/00	(b)(6)							
12	COLLECTOR CABINET	N	05/01/00	(b)(6)							
13	CHERRY CURIO	N	05/01/00	(b)(6)							
14	CHAIRS	N	05/01/00	(b)(6)							
15	HUNTINGTON CURIO CAB	N	05/01/00	(b)(6)							
16	SHELF	N	05/01/00	(b)(6)							
17	DISPLAY ACCESSORIES	N	05/01/00	(b)(6)							
18	EMBASSY CURIO	N	12/18/00	(b)(6)							
19	OFFICE CHAIR	N	07/25/00	(b)(6)							
20	ROLL TOP DESK	N	07/25/00	(b)(6)							
21	TABLES AND SHELF	N	07/25/00	(b)(6)							
22	ACCESSORIES	N	03/22/00	(b)(6)							
23	TABLE	N	03/23/00	(b)(6)							
24	DISPALY ROOM FURNITURE	N	03/22/00	(b)(6)							
25	SHELF	N	10/28/00	(b)(6)							

Prior Year Totals  
 Current Year Totals

Form 4562 (2000)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support business/investment use claimed? [X] Yes [ ] No 23b If "Yes," is the evidence written? Yes [X] No

Table with columns (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 24 and 25 for property used in qualified business use.

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Includes rows 28-31 for miles driven and rows 32-34 for personal use availability.

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

Table for Section C with columns Yes/No for questions 35-39 regarding employer policies and vehicle use.

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 40-42.



# Depreciation and Amortization

## (Including Information on Listed Property)

**2000**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Attachment  
Sequence No. **67**

Name(s) show  
**Peter & (b)(6)**

**Mayhew**

Business or activity to which this form relates  
**Sch. C - PETER MAYHEW**

Identifying number  
**627-72-2003**

**Part I Election To Expense Certain Tangible Property (Section 179)** (Note: If you have any "listed property," complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see the instructions. . . . .	1	(b)(6)	
2 Total cost of section 179 property placed in service. See the instructions. . . . .	2		
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3		
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4		
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions . . . . .	5		
6 (a) Description of property	(b) Cost (business use only)		(c) Elected cost
See Attached Schedule			(b)(6)
7 Listed property. Enter amount from line 27 . . . . .	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8. . . . .	9		
10 Carryover of disallowed deduction from 1999. See the instructions. . . . .	10		
11 Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions). . . . .	11		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . . . .	12		
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 . . . . .	13		

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)**

**Section A -- General Asset Account Election**

**14** If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See the instructions . . . . .

**Section B -- General Depreciation System (GDS) (See the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>15a</b> 3-year property		(b)(6)				(b)(6)
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
					MM	

**Section C -- Alternative Depreciation System (ADS) (See the instructions.)**

<b>16a</b> Class life				S/L
<b>b</b> 12-year			12 yrs.	S/L
<b>c</b> 40-year			40 yrs.	MM

**Part III Other Depreciation (Do not include listed property.) (See the instructions.)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000. . . . .	17	
18 Property subject to section 168(f)(1) election. . . . .	18	
19 ACRS and other depreciation . . . . .	19	

**Part IV Summary (See the instructions.)**

20 Listed property. Enter amount from line 26 . . . . .	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions. . . . .	21	
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs. . . . .	22	

For Paperwork Reduction Act Notice, see the instructions.

For the year Jan. 1-Dec. 31, 1999, or other tax year beginning

, 1999, ending

OMB No. 1545-0074

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

Peter Mayhew

(b)(6)

Granbury, TX 76049

Your social security number

627-72-2003

Spouse's social security no.

(b)(6)

You must enter your SSN(s).

Yes

No

Note: Checking "Yes" will not change your tax or reduce your refund.

Presidential Election Campaign

Do you want \$3 to go to this fund? . . . . .

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

Filing Status

1

Single

2

X

Married filing joint return (even if only one had income)

3

Married filing separate return. Enter spouse's SSN above & full name here. ▶

4

Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶

5

Qualifying widow(er) with dependent child (yr. spouse died ▶ 19 ). (See instructions.)

Exemptions

6a

X

Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. . . . .

b

X

Spouse . . . . .

No. of boxes checked on 6a and 6b

2

C Dependents: If more than six dependents, see instructions.

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4)  if qualifying child for child tax credit (see inst.)

No. of your children on 6c who:  
• lived with you  
• did not live with you due to divorce or separation (see inst.)  
Dependents on 6c not entered above

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2

7

(b)(6)

Attach

Copy B of your Forms W-2 and W-2G here. Also attach Form 1099-R if tax was withheld.

8a

Taxable interest. Attach Schedule B if required. . . . .

8a

b

Tax-exempt interest. DO NOT include on line 8a . . . . . 8b

9

Ordinary dividends. Attach Schedule B if required. . . . .

9

10

Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . .

10

11

Alimony received . . . . .

11

12

Business income or (loss). Attach Schedule C or C-EZ. . . . .

12

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ . . . . .

13

14

Other gains or (losses). Attach Form 4797. . . . .

14

15a

Total IRA distributions . . . . . 15a

b Taxable amount (see inst.)

15b

16a

Total pensions and annuities . . . . . 16a

b Taxable amount (see inst.)

16b

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .

17

18

Farm income or (loss). Attach Schedule F. . . . .

18

19

Unemployment compensation . . . . .

19

20a

Social security benefits . . . . . 20a

b Taxable amount (see inst.)

20b

21

Other income. . . . .

21

22

Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

23

IRA deduction (see instructions) . . . . . 23

24

Student loan interest deduction (see instructions) . . . . . 24

25

Medical savings account deduction. Attach Form 8853 . . . . . 25

26

Moving expenses. Attach Form 3903. . . . . 26

27

One-half of self-employment tax. Attach Schedule SE . . . . . 27

1,088.

28

Self-employed health insurance deduction (see inst.) . . . . . 28

29

Keogh and self-employed SEP and SIMPLE plans . . . . . 29

30

Penalty on early withdrawal of savings. . . . . 30

31a

Alimony paid b Recipient's SSN ▶ 31a

32

Add lines 23 through 31a. . . . . 32

33

Subtract line 32 from line 22. This is your adjusted gross income ▶ 33

Adjusted Gross Income

<b>Tax and Credits</b>	<b>34</b>	Amount from line 33 (adjusted gross income) .....	<b>34</b>	14 200
	<b>35a</b>	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here .....	<b>35a</b>	(b)(6)
<b>Standard Deduction for Most People</b>	<b>b</b>	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here .....	<b>35b</b>	
	<b>36</b>	Enter your <b>itemized deductions</b> from Schedule A, line 28, <b>OR standard deduction</b> shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent .....	<b>36</b>	
	<b>37</b>	Subtract line 36 from line 34. ....	<b>37</b>	
	<b>38</b>	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter .....	<b>38</b>	
	<b>39</b>	<b>Taxable income.</b> Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- .....	<b>39</b>	
	<b>40</b>	<b>Tax</b> (see inst.). Check if any tax is from <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 .....	<b>40</b>	
	<b>41</b>	Credit for child & dependent care expenses. Attach Form 2441	<b>41</b>	
	<b>42</b>	Credit for the elderly or the disabled. Attach Schedule R. ....	<b>42</b>	
	<b>43</b>	Child tax credit (see instructions) .....	<b>43</b>	
	<b>44</b>	Education credits. Attach Form 8863 .....	<b>44</b>	
	<b>45</b>	Adoption credit. Attach Form 8839 .....	<b>45</b>	
	<b>46</b>	Foreign tax credit. Attach Form 1116 if required. ....	<b>46</b>	
	<b>47</b>	Other. Check if from <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8396 <b>c</b> <input type="checkbox"/> Form 8801 <b>d</b> <input type="checkbox"/> Form .....	<b>47</b>	
	<b>48</b>	Add lines 41 through 47. These are your <b>total credits</b> .....	<b>48</b>	
	<b>49</b>	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- .....	<b>49</b>	
<b>Other Taxes</b>	<b>50</b>	Self-employment tax. Attach Schedule SE. ....	<b>50</b>	
	<b>51</b>	Alternative minimum tax. Attach Form 6251 .....	<b>51</b>	
	<b>52</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 ..	<b>52</b>	
	<b>53</b>	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required. ....	<b>53</b>	
	<b>54</b>	Advance earned income credit payments from Form(s) W-2. ....	<b>54</b>	
	<b>55</b>	Household employment taxes. Attach Schedule H. ....	<b>55</b>	
<b>56</b>	Add lines 49 through 55. This is your <b>total tax</b> .....	<b>56</b>		
<b>Payments</b>	<b>57</b>	Federal income tax withheld from Forms W-2 and 1099 .....	<b>57</b>	
	<b>58</b>	1999 estimated tax payments & amt. applied from 1998 return ..	<b>58</b>	
	<b>59a</b>	<b>Earned income credit.</b> Attach Sch. EIC if you have a qualifying child <b>b</b> Nontaxable earned income: amt. ▶ <input type="text"/> & type ▶ <input type="text"/> NO	<b>59a</b>	
	<b>60</b>	Additional child tax credit. Attach Form 8812 .....	<b>60</b>	
	<b>61</b>	Amount paid with request for extension to file (see instructions)	<b>61</b>	
	<b>62</b>	Excess social security and RRTA tax withheld (see instructions)	<b>62</b>	
	<b>63</b>	Other payments. Check if from <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4138	<b>63</b>	
<b>64</b>	Add lines 57, 58, 59a, and 60 through 63. These are your <b>total payments</b> .....	<b>64</b>		
<b>Refund</b>	<b>65</b>	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you <b>OVERPAID</b>	<b>65</b>	
	<b>66a</b>	Amount of line 65 you want <b>REFUNDED TO YOU</b> .....	<b>66a</b>	
	<b>b</b>	Routing no. <input type="text"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account no. <input type="text"/>			
	<b>67</b> Amt. of line 65 you want <b>APPLIED TO YOUR 2000 EST. TAX</b> ▶	<b>67</b>		
<b>Amount You Owe</b>	<b>68</b>	If line 56 is more than line 64, subtract line 64 from line 56. This is the <b>AMOUNT YOU OWE</b> . For details on how to pay, see instructions .....	<b>68</b>	
	<b>69</b>	Estimated tax penalty. Also include on line 68 .....	<b>69</b>	116.

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions	Your signature <i>Peter Mayhew</i>	Date 12/17/01	Your occupation Actor	Daytime telephone number (optional)
Keep a copy for your records.	(b)(6)	Date 12/17/01	Spouse's occupation Homemaker	

<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Carroll R Donnell</i>	Date 12/17/01	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (b)(6)
	Firm's name (or yours if self-employed) and address CARROLL R DONNELL, CPA 4320 W Vickery, Suite B Fort Worth, TX			ZIP code 76107-6372

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Net Profit From Business**  
(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.  
▶ Attach to Form 1040 or Form 1041. ▶ See instructions on page 2.

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **09A**

Name of proprietor  
**Peter Mayhew**

Social security number (SSN)  
**627-72-2003**

**Part I** General Information

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$2,500 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

**And You:**

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

<b>A</b> Principal business or profession, including product or service <b>Actor / Service</b>	<b>B</b> Enter code from pages C-8 & 9 ▶ <b>711510</b>
<b>C</b> Business name. If no separate business name, leave blank. <b>Peter Mayhew</b>	<b>D</b> Employer ID no. (EIN), if any
<b>E</b> Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. <b>(b)(6)</b> City, town or post office, state, and ZIP code <b>Granbury, TX 76049</b>	

**Part II** Figure Your Net Profit

<b>1</b> Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <b>Statutory Employees</b> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	<b>1</b>	<b>(b)(6)</b>
<b>2</b> Total expenses. If more than \$2,500, you must use Schedule C. See instructions	<b>2</b>	
<b>3</b> Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and ALSO on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	<b>3</b>	

**Part III** Information on Your Vehicle. Complete this part ONLY if you are claiming car or truck expenses on line 2.

**4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**5** Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting \_\_\_\_\_ **c** Other \_\_\_\_\_

**6** Do you (or your spouse) have another vehicle available for personal use?  Yes  No

**7** Was your vehicle available for use during off-duty hours?  Yes  No

**8a** Do you have evidence to support your deduction?  Yes  No

**b** If "Yes," is the evidence written?  Yes  No

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C-EZ (Form 1040) 1999

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

▶ See Instructions for Schedule SE (Form 1040).  
▶ Attach to Form 1040.

OMB No. 1545-0074

**1999**  
Attachment  
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040) <u>Peter Mayhew</u>	Social security number of person with self-employment income ▶ <u>627-72-2003</u>
---	---

**Who Must File Schedule SE**

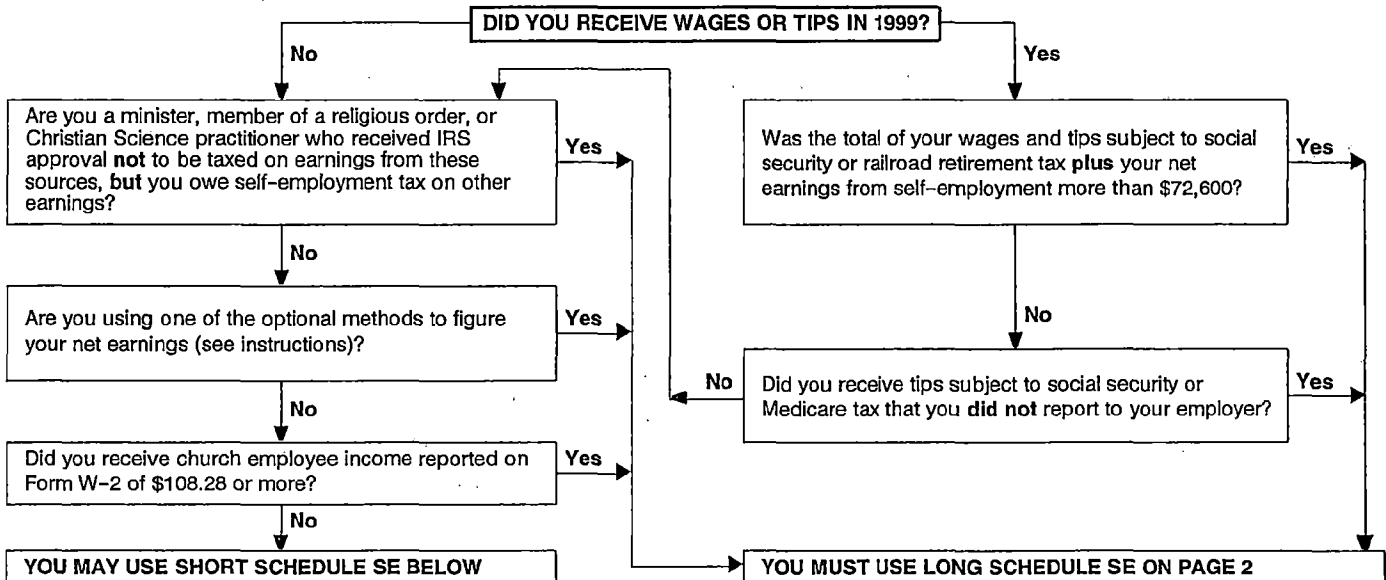
You must file Schedule SE if:

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

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

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 50.

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



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

<b>1</b> Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a .....	<b>1</b>	(b)(6)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. ....	<b>2</b>	
<b>3</b> Combine lines 1 and 2. ....	<b>3</b>	
<b>4</b> Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax .....	<b>4</b>	
<b>5</b> Self-employment tax. If the amount on line 4 is: • \$72,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$72,600, multiply line 4 by 2.9% (.029). Then, add \$9,002.40 to the result. Enter the total here and on Form 1040, line 50. ....	<b>5</b>	
<b>6</b> Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27 .....	<b>6</b>	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Mail Form 1040-V Payments to:  
INTERNAL REVENUE SERVICE  
P.O. BOX 970016  
ST. LOUIS, MO 63197-0016

Form 1040-V (1999)

▼ DETACH HERE AND MAIL WITH YOUR PAYMENT ▼

Form **1040-V**  
Department of the Treasury  
Internal Revenue Service (99)

**Payment Voucher**

OMB No. 1545-0074

**1999**

Do not staple or attach this voucher to your payment.

<b>1</b> Enter the amount you are paying by check or money order <input type="checkbox"/> \$ (b)(6)	<b>2</b> Enter the first four letters of your last name MAYH	<b>3</b> Enter your social security no. 627-72-2003
<b>4</b> If a joint return, enter the SSN shown second on that return (b)(6)	<b>5</b> Enter your name(s) Peter & (b)(6). Mayhew Enter your address (b)(6) Enter your city, state, and ZIP code Granbury, TX 76049	

DECEMBER 19, 2001

A COPY OF MY 1998 FEDERAL INCOME TAX RETURN WAS NOT FILED BECAUSE I DID NOT RECEIVE AN INCOME NECESSARY TO FILE IN THE 1998 TAX YEAR. THE ONLY INCOME I RECEIVED WAS FOR (b)(6)

(b)(6) MY CPA INFORMED ME THAT THIS INCOME DID NOT HAVE TO BE REPORTED TO THE IRS.

THE ABOVE STATEMENT IS TRUE AND ACCURATE, AND I UNDERSTAND WILLFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER U.S. LAW.

(b)(6)

IN THE MATTER OF

Peter MAYHEW

§  
§  
§

**EXHIBIT INDEX**  
**FOR PETITION FRO ALIEN RELATIVE AND CONCURRENT**  
**APPLICATION TO ADJUST STATUS**

<b><u>EXHIBIT:</u></b>	<b><u>SUMMARY:</u></b>
<b><u>IDENTIFICATION OF PETITIONING SPOUSE:</u></b>  1. Birth Certificate (b)(6) (maiden name) n/k/a [redacted]  2. Texas Driver's License of (b)(6) MAYHEW	Proof of Petitioner's Birth as USC  Proof of Identification
<b><u>IMMIGRATION STATUS OF BENEFICIARY:</u></b>  3. Passport and I-94 of Peter MAYHEW (plus advance parole entries)	Proof of Beneficiary's identification & immigration entry into the USA
<b><u>EVIDENCE OF MARRIAGE:</u></b>  4. Marriage Certificate for parties with English translation	Proof of marriage between Petitioner and Beneficiary
5. Termination of prior marriages of Petitioning USC spouse	Proof of marriage termination
6 Photographs of couple	Other proof of marriage
7. Warranty Deed for Peter and (b)(6) MAYHEW	Other proof of marriage
8. Car Insurance, utility bills & other mail receipts	Other proof of marriage
9. Joint Bank Account	Other proof of marriage

*EXHIBIT LIST*  
*9251.EXH*



GOMAS AGENCY  
510 W PEARL ST  
GRANBURY, TX 76048



Policy number: (b)(6)

April 25, 2001  
Policy Period: May 11, 2001 - Nov 11, 2001  
Page 1 of 1

(b)(6)

PETER W MAYHEW

(b)(6)

GRANBURY, TX 76049

**personal.progressive.com**

Make payments, check billing activity, make policy changes or check status of a claim

**800-999-8781**

**Automated Billing Inquiry**

Make payments, check last payment received or due date of next payment.

**800-888-7764**

**Policy Services**

Ask questions about your bill or coverage and make policy changes 24 hours a day, 7 days a week. **Se habla español.**

**817-573-8162**

**GOMAS AGENCY**

Contact your agent during business hours.

## Auto Insurance Bill

Remaining balance	\$1,167.37
Payments remaining	4
Minimum amount due	\$238.80
Due date	May 11, 2001

To maintain your coverage, please pay at least the minimum amount due by the due date. Any amount you pay above your minimum will be credited to your next payment due.

### Billing detail for March 16, 2001 - April 25, 2001

Payment on March 12 - thank you	-\$2.12
Current amount	\$231.80
Installment fee	7.00
Minimum amount due	\$238.80

Payments received after April 25 will appear on your next statement.

*You can save time and money by selecting electronic funds transfer (EFT) as your payment method. EFT electronically transfers your payments from your checking account directly to Progressive. It's an easy way to pay your premiums on time and it saves you money on installment fees. Call 800-888-7764 to sign up.*

(b)(6)

## Payment Coupon

Remaining balance	\$1,167.37
Minimum amount due	\$238.80
Due date	May 11, 2001
Amount enclosed	\$

Policy number: [ ]

Policyholders: PETER W MAYHEW

To ensure that your payment is promptly processed, please allow 5 to 7 days for your payment to reach us by the due date. Make your check payable to Progressive and write your policy number on the check.



PROGRESSIVE  
DEPT 0582  
CAROL STREAM IL 60132-0582

Do not write below this section of coupon.  
00-74735 Form 6266 (11/00)  
Auto Insurance Bill

210435813669242088 0029880 0116737 0000000 0000000 008705110107

Name and Address of Insured:

(b)(6)  
GRANBURY TX 78048

Policy Number

(b)(6)

Effective Date

05/11/01

Expiration Date

11/11/01

Year  
1995  
1990

Make/Model  
PLYMO VOYAGER SV  
JAGUA XJ8 BASELIN4D

VIN  
2P4FH25K4SR238452  
3AJFY1741LC817431

Insurance Company:

PROGRESSIVE  
1-800-888-7764  
(se habla español)

Agent:

GOMAS AGENCY  
510 W PEARL ST  
GRANBURY TX 78048  
(817) 573-8162

If you have an accident, please call  
Progressive immediately at:

**1-800-274-4499**

24-hours a day, 7 days a week

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

Detach Here

Detach Here

Name and Address of Insured:

PETER W HAYHEW  
(b)(6)  
GRANBURY TX 78048

Policy Number

(b)(6)

Effective Date

05/11/01

Expiration Date

11/11/01

Year  
1995  
1990

Make/Model  
PLYMO VOYAGER SV  
JAGUA XJ8 BASELIN4D

VIN  
2P4FH25K4SR238452  
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GOMAS AGENCY  
510 W PEARL ST  
GRANBURY TX 78048  
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Detach Here

**PROGRESSIVE**

Thank you for choosing Progressive for your insurance needs. This is an Identification card for each driver on your policy. Detach the card(s), place the card in your wallet/purse or keep in the appropriate vehicle.

Progressive provides 24-hour, 7-days-a-week claims service with over 175 claims offices countrywide.

Should an accident occur, please call 1-800-274-4499 immediately.



**ROSE CITY  
PREMIUM FINANCE**

P.O. Box 8750 • Tyler, Tx 75711  
3800 Paluxy Sq., Ste. 200 • Tyler, Tx 75703  
(903) 561-8500

**PREMIUM FINANCE AGREEMENT**

—Truth—in—Lending Disclosure

Authorization Code

Account No.

Date 3/23/01

NAME OF INSURED <u>Peter</u> (b)(6) <u>Matthew</u>		NAME OF AGENT <u>Thomas Agency</u> AGENT NO. <u>11621</u>	
(b)(6)		ADDRESS <u>510 W. Pearl Str.</u>	
CITY <u>Granbury</u>	STATE <u>Tx</u>	CITY <u>Granbury</u>	STATE <u>Tx</u>
ZIP <u>76048</u>		ZIP <u>76048</u>	

SCHEDULE OF POLICIES

POLICY NO.	DATE OF POLICY	POLICY TERM	INSURANCE COMPANY	TYPE OF COVERAGE	PREMIUM
<u>Renewal</u>	<u>3-30-01</u>	<u>12 mo.</u>	<u>Centain Underdogs</u>	<u>HOB</u>	(b)(6)

Payment to be Automatically Drafted from Insureds Bank Account?  Yes  No

Financial Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_ Sign & Attach Draft Authorization Form!

FOR VALUE RECEIVED the undersigned INSURED jointly and severally, if more than one, promise to pay to the order of the above identified LENDER at the address of LENDER stated above, the Total of Payments in consecutive monthly payments as shown herein, with any unpaid balance and all unpaid additional charges due on the same date on which the final installment is due and authorizes LENDER to pay the insurance company or its authorized agent the premium set forth herein.

CANCELLATION: IF INSURED fails to make the payments at the time and in the amount provided in this agreement or there is any other default under the terms of this agreement LENDER may cancel the insurance policy(ies) as hereinafter provided. Before such cancellation occurs, LENDER shall first mail a written notice to INSURED of the intent of LENDER to cancel the policy(ies) unless the default is cured within 10 days after the date the written notice is mailed. A copy of such notice of intent to cancel shall also be mailed to the above referenced insurance agent. After the expiration of the 10 day period given to cure the default, LENDER may cancel the insurance policy(ies) by mailing a notice of cancellation to the insurance company and the insurance policy(ies) shall be cancelled as if the notice of cancellation had been submitted by INSURED. Copies of such notice of cancellation shall also be mailed to INSURED at INSURED'S last known address and to the above referenced insurance agent. When any such insurance policy(ies) is cancelled, LENDER shall receive the return of unearned premiums and loss payments and credit such amounts on the unpaid balance of this loan, and any surplus of \$1.00 or more shall be refunded to INSURED.

**TRUTH IN LENDING DISCLOSURES**

AMOUNT FINANCED The amount of credit provided to you or on	FINANCE CHARGE The dollar amount the credit will cost you.	TOTAL OF PAYMENTS The amount you will have paid after you have	ANNUAL PERCENTAGE RATE The cost of your credit as
(b)(6)			

Your payment schedule will be:

No. of Payments	Amount of Payments	1st Payment Due	When Payments are Due		
			Date Due	Monthly	Semi-Mo.
<u>10</u>	<u>140.12</u>	<u>4/30</u>	<u>30th</u>	<input checked="" type="checkbox"/>	

SECURITY: You are giving a security interest in unearned premiums and loss payments on the insurance policy being purchased.

LATE CHARGE: If payment is late 10 days or more, you will be charged 5% for each \$1.00 of such payment.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge, but on loans of \$100 or less, you will not be entitled to a refund of any part of the finance charge called an "acquisition charge."

See your contract documents for any additional information about nonpayment default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

**AGENT'S AGREEMENT**

The undersigned warrants and represents that:

- (1) This agreement was completed as to all of its provisions and disclosures before it was signed by INSURED, and a copy thereof was delivered to INSURED at the time of signing.
- (2) The signature of INSURED is genuine.
- (3) LENDER will be notified of any and all changes in the terms of said policy(ies).
- (4) This contract is binding only when accepted and approved by LENDER.
- (5) Undersigned is not the agent of the LENDER, and a payment to agent does not constitute a payment to the LENDER.
- (6) Any refund of premium by the insurance company will be promptly endorsed and forwarded to LENDER.
- (7) A copy of the insurance policy application(s) is attached hereto and a copy of the insurance policy(ies) will be forwarded promptly to LENDER.
- (8) None of the insurance policies require the insurance company to give more than 10 day's notice of cancellation from LENDER (check if applicable), except policy no. \_\_\_\_\_ which requires \_\_\_\_\_ day's notice.
- (9) The insurance company  is  is not admitted before the Texas State Board of Insurance.
- (10) The premiums on the policy(ies) are not subject to acceleration (check if applicable), except policy no. \_\_\_\_\_
- (11) The cash down payment has been paid by INSURED.

Frederica Thomas  
Signature of Agent

ITEMIZATION of the Amount Financed \$ \_\_\_\_\_  
Amount Paid to others on your behalf \$ \_\_\_\_\_  
(To Insurance Company)

**ADDITIONAL DISCLOSURES** (b)(6)

Total amount of the premiums for all insurance contracts .....  
Less: Amount of the down payment .....  
Equals: Principal balance .....  
 Finance Charge ..... \$ (b)(6)  
 Acquisition charge\* ..... \$ .....  
 Installment account handling charge\* ..... \$ .....  
\*Only applicable when finance charge is computed under Art. 9.19, Texas Credit Code.

ANY MONEY RECEIVED AFTER NOTICE OF CANCELLATION HAS BEEN SENT SHALL BE APPLIED TO THE OUTSTANDING INDEBTEDNESS OF THE NOTE BALANCE AND SHALL NOT BE CONSTRUED AS A REINSTATEMENT OF THE INSURANCE POLICY.

**THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE REVERSE SIDE.**

INSURED hereby agrees to and acknowledges this combined Premium Finance Agreement and Truth-in-Lending Disclosure was completed as to all of its provisions before \_\_\_\_\_ of was delivered to INSURED at the time of signing.

(X) (b)(6) \_\_\_\_\_ Date 3/23/01

Lienholder 1ST MARY BANK P.O. Box 400  
Granbury, Tx. 76048

# ACORD INSURANCE BINDER

DATE  
3/24/00

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER <b>THE GOMAS AGENCY</b> 510 W PEARL STREET GRANBURY, TEXAS 76048	PHONE (A/C, No, Ext): <b>(817) 573-8162</b>	COMPANY <b>VAUGHN / QBE</b>	BINDER # <b>006007631</b>
CODE: AGENCY CUSTOMER ID: INSURED	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #	
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		DATE EFFECTIVE TIME	
PETER MAYHEW (b)(6) GRANBURY, TEXAS 76049		3/24/00 10:30 XX AM	
		EXPIRATION DATE TIME 3/24/01 XX 12:01 AM NOON	
DWELLING: (b)(6) GRANBURY, TEXAS 76048			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	DWELLING: (b)(6) on HOME	2% hail and wind 1% all other perils		
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE \$		
		FIRE DAMAGE (Any one fire) \$		
		MED EXP (Any one person) \$		
		PERSONAL & ADV INJURY \$		
		GENERAL AGGREGATE \$		
		PRODUCTS - COMP/OP AGG \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT \$		
		BODILY INJURY (Per person) \$		
		BODILY INJURY (Per accident) \$		
		PROPERTY DAMAGE \$		
		MEDICAL PAYMENTS \$		
		PERSONAL INJURY PROT \$		
		UNINSURED MOTORIST \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE		
		STATED AMOUNT \$		
		OTHER		
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT \$		
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT \$		
		AGGREGATE \$		
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$		
		AGGREGATE \$		
		SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT \$		
		E.L. DISEASE - EA EMPLOYEE \$		
		E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES \$		
		TAXES \$		
		ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS  THE FIRST NATIONAL BANK P O BOX 400 GRANBURY, TEXAS 76048	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE <i>Fredonia Gomas</i>		

[6.65B]

Insurance Technologies Corp.  
VAUGHN GENERAL AGENCY, INC  
P O BOX 7429, TYLER, TX 75711  
800.259.8500 FAX 800.710.4040

Homeowner Quote 8/ 1/00

Insured: PETER & (b)(6) MAYHEW

Agent: THE GOMAS AGENCY #1621  
Company: INSURANCE IS WITH CERTAIN - 20

(b)(6)  
GRANBURY , TX 76049  
( ) -

Term: 1 Year(s)

Printed: 02/28/2001 9:33 pm

Form	: (B) Broad Form	Territory	: 16C
Construction	: Brick Veneer	Deductible #1	: 1%
Deductible #2	: 1%	Protection Class	: 10
Total Building	: 175000	Base Contents	: 70000
Other Structure	: 17500	Loss Of Use	: 35000
Total Contents	: 105000	Contents Change	: 35000
Off Prem Prop	: 10500	Surplus Lines Co	: Y
Prim Residence	: Y	Flex Band Used	: 20.00%

Base Premium .....

	Deduct #1	Deduct #2
1% :	--> (b)(6)	
\$100 :		
\$250 :		
1/2 of 1% :		
\$500 :		
\$1000 :		
1.5% :		
2% :		
2.5% :		
3% :		
4% :		
5% :		

Total Deductible Charges ..... : (b)(6)  
 Replacement HO-101 ..... :  
 Personal Liability ..... 300,000...1,000..... :  
 HO-105 - Residence Glass Coverage  
 Policy Fee ..... :  
 Surplus Lines Tax Premium ..... :  
 Stamping Fee Premium ..... :  
 Total Premium For This Dwelling ..... :

RE-WRITE OF TS3001225 EXPIRES 3/30/2001. QUOTE IS WITH CERTAIN UNDER WRITERS LLOYDS/LONDON. SCHEDULE OF ADDITIONAL FORMS AND ENDORSEMENT

\*\*\*REQUIRE NEW PHOTOS\*\*\*

LJW



**Travelocity.com**

A Sabre Company

8750 Tesoro, Suite 100  
San Antonio, TX 78217

SALES PERSON: ZA  
CUSTOMER NBR: 256000

ITINERARY

USRPHD

DATE: 01 FEB 01  
PAGE: 01

TO: PETER MAYHEW

(b)(6)  
GRANBURY TX 76049

(b)(6)  
USRPHD FEDEX

**invoice**

FOR: MAYHEW/PETER  
MAYHEW/ANGELIQUE

09 MAR 01 - FRIDAY

AIR AIRTRAN AIRWAYS FLT:509 ECONOMY  
LV DALLAS FT WORTH 600A

EQF: BOEING 717  
02HR 10MIN  
NON-STOP

DEPART: TERMINAL E AR ATLANTA 910A

AIR AIRTRAN AIRWAYS FLT:364 ECONOMY  
LV ATLANTA 1020A

EQF: DC-9 STRETCH  
02HR 11MIN  
NON-STOP

AR NEW YORK LGA 1231P  
ARRIVE: CENTRAL TERMINAL

10 MAR 01 - SATURDAY

AIR AIRTRAN AIRWAYS FLT:375 ECONOMY  
LV NEW YORK LGA 630P

EQF: DC-9 STRETCH  
02HR 41MIN  
NON-STOP

DEPART: CENTRAL TERMINAL AR ATLANTA 911P

AIR AIRTRAN AIRWAYS FLT:7 ECONOMY  
LV ATLANTA 1030P

EQF: BOEING 717  
02HR 20MIN  
NON-STOP

AR DALLAS FT WORTH 150P  
ARRIVE: TERMINAL

23 DEC 01 - SUNDAY  
OTHER SAN ANTONIO  
TRAVELocity.com

CONTINUED ON PAGE 2

# The WAGON YARD 24712

Antiques • Reproductions • Ceiling Fans • Lighting

213 N. CROCKETT • GRANBURY, TEXAS 76048

817/573-5321 • Fax 817/573-0120

Open Mon. - Sat. 8:30 am - 5:30 pm • Open 1st & 3rd Sundays 12 - 5

"WE'RE JUST BEHIND THE NUTT HOUSE IN THE HISTORIC OLD WAGON YARD BUILT IN 1805"

Salesman *Poll* Date *5- -00*

Sold To *(b)(6) (Peter) Markowski*

Address *(b)(6)*

City *Gley LGV HM 2799586*

CASH	CHARGE	CHECK <input checked="" type="checkbox"/>	CARD	LAY-A-WAY	ON ACCT.	C.O.D.
------	--------	---	------	-----------	----------	--------

QUAN.	DESCRIPTION	AMOUNT
1	Vitrine Display <i>(b)(6)</i>	
1	680-265 New Ha Collector's Case Howard Miller	
1	81302 Cherry Case	
	<del>394 MCB of Best A</del>	
1	NIS Corner Chair	
1	680-195 Huntington Howard Miller	
1	375 MCB 5 shelf	
	Deliver Wed TX	

LAYAWAY POLICY: 20%: Must pay each 30 days or 1 1/2% of balance will be added. If payments are missed, items may be returned to stock with no refunds. All Claims and Returned Goods MUST be Accompanied By This Bill  
NO REFUNDS ON SPECIAL ORDERS - RESTOCKING FEE 25%

SIGNATURE \_\_\_\_\_

PAGE 02

ANG

8175797490

13:14

05/30/2001

# The WAGON YARD 24717

Antiques • Reproductions • Ceiling Fans • Lighting

213 N. CROCKETT • GRANBURY, TEXAS 76048

817/573-5321 • Fax 817/573-0120

Open Mon. - Sat. 8:30 am - 5:30 pm • Open 1st & 3rd Sundays 12 - 5

"WE'RE JUST BEHIND THE MUTT HOUSE IN THE HISTORIC OLD WAGON YARD BUILT IN 1905"

Salesman (b)(6) Date 5/21/01

Sold To Matthew

Address Prepper WK \_\_\_\_\_

City \_\_\_\_\_ HM \_\_\_\_\_

<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHARGE	<input type="checkbox"/> CHECK	<input type="checkbox"/> CARD	<input type="checkbox"/> LAY-A-WAY	<input type="checkbox"/> ON ACCT.	<input type="checkbox"/> E.O.D.
--	---------------------------------	--------------------------------	-------------------------------	------------------------------------	-----------------------------------	---------------------------------

QUAN.	DESCRIPTION	AMOUNT
	Silver rd cane #2580	(b)(6)
	Tax	

LAYAWAY POLICY: 20%: Must pay each 30 days or 1/2% of balance will be added. If payments are made items may be returned to stock with no refunds. All Claims and Returned Goods MUST be Accompanied By Title  
 NO REFUNDS ON SPECIAL ORDERS - RESTOCKING FEE 25%

SIGNATURE \_\_\_\_\_

PAGE 01

ANG

8175797490

05/30/2001 13:14





# KOLLER ONYX

## Spa Covers, ONYX ↓

Dealer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Shipping Instructions: \_\_\_\_\_  
 Sales Person: \_\_\_\_\_

Spa Owner: Peter & (b)(6) Matthew  
 Address: (b)(6)  
 City: Greenburg TX 76049  
 Home Phone: (b)(6)  
 Business Phone: \_\_\_\_\_

Color: Dark Brown, Bourbon, Tan, Green, Forest Green, Teal, Blue, Light Blue, Port, Light Grey, Dark Grey  
 Skirt: Standard Special Skirt Size \_\_\_\_\_  
 Ties: Standard Special Tie downs \_\_\_\_\_  
 Model: ONYX Spa Model: Surfside  
 Special Instructions: (ie - Tie Down Length, Tie Down Locations, Hinge Direction, etc.) \_\_\_\_\_

Cover Amount \$ (b)(6)  
 Options \$ \_\_\_\_\_  
 Freight \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_  
 Tax \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Deposit Required \$ 1/2 Down  
 Balance Due \$ \_\_\_\_\_  
 Credit Card: (b)(6)  
 C.C. #: VISA  
 Exp. Date: 09/02

**Agreement:**  
 Spa Covers are custom manufactured to your specifications.  
 Spa owner assumes responsibility for cover use.  
 (b)(6)  
 Spa Owner Sign: Matthew

Special Instructions: Options: Circle One  
 - Bar \$ 20.00 Yes No  
 - Double Bar \$ 40.00 (Yes) No

**ABSOLUTELY NO RETURNS!**  
 Freight: FOB ONYX PLANT

ATTN: All covers with special cutouts or 3 piece or larger require a template.

# Hood County Animal Clinic

1851 Acton Hwy. · Granbury, TX 76049 · (817) 573-5003

March 11, 2001 · 02:25:0 pm

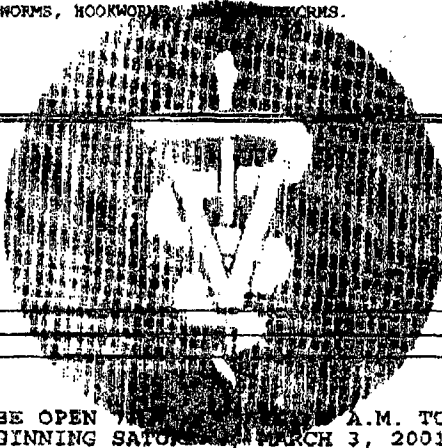
invoice # 50560

MAYHEW, PETER & (b)(6)

(b)(6)  
GRANBURY, TX 76049

Patient: OSCAR wt 72.2

Service or Item	Qty	Unit	Price
03/08 PHYS EXAM-NO CHARGE	1.0		
03/08 BOARD CANINE 71-98	1.0		16.95
03/08 PEDICURE	1.0		7.00
03/09 BOARD CANINE 71-98	1.0		16.95
03/10 BOARD CANINE 71-98	1.0		16.95
03/11 HEARTGARD PLUS 51-100	1.0	SCT PKG	36.89
MONTHLY PROTECTION AGAINST ROUNDWORMS, HOOKWORMS, AND TICKS.			
03/11 RETAIL SHOP MISC	1.0	ITEM	3.99
03/11 RETAIL SHOP MISC	1.0	ITEM	3.99
03/11 BATH 55-99#	1.0		28.87
03/11 BANDANA - NO CHARGE	1.0		



discount: 131.59  
 tax: 4.33  
 invoice total: 127.92  
 total balance: 127.92  
 cash: 127.92  
 current balance: 0.00

WE WILL BE OPEN FROM 7 A.M. TO 6 P.M.  
 BEGINNING SATURDAY, MARCH 3, 2001

OSCAR's schedule  
 Sep 9, 2001 HEARTWORM PREV.

(b)(6)

Pasadena, CA 91107



HAPPY  
"WHO-LIDAY"  
from the  
U.S. Postal Service

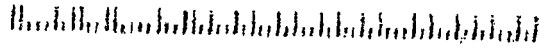


Peter & (b)(6) Mayhew

(b)(6)

Granbury, Texas 76049

78043/5553



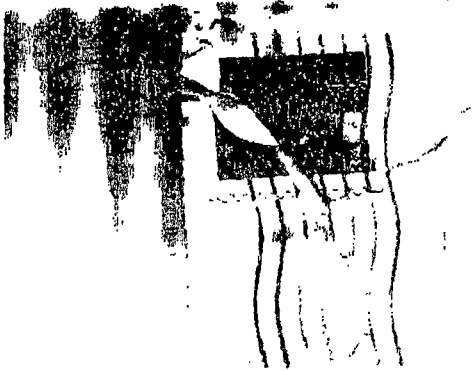
(b)(6) and Peter Mayhew (b)(6)

Granbury, Texas

10049

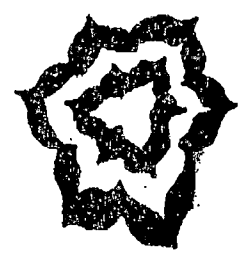


76043/1611 [Barcode]





Mr. Peter Mathew  
[Redacted]  
Dallas, Texas



Postnet  
1 7575 797490

Statement

# The First National Bank

Member FDIC

P.O. Box 400  
Granbury, Texas 76048  
817 / 573-2655

357

(b)(6)  
PETER W MAYHEW

(b)(6)  
GRANBURY TX 76049

TYPE OF STATEMENT  
TEXAS TRADITIONS

STATEMENT DATE / 01 15

PAGE NUMBER 1

(b)(6)  
BRANCH - 001

WE MAKE LOANS FOR ALL REASONS. APPLY BY PHONE, IN PERSON OR PRINTABLE APPLICATIONS ARE AVAILABLE ON OUR WEB SITE AT [www.fnbgranbury.com](http://www.fnbgranbury.com). ENTER OUR FIRSTNET ONLINE BANKING TO E-MAIL A SECURE APPLICATION. FIRST NATIONAL BANK MAKES IT EASY.

(b)(6)

### SUMMARY FOR TEXAS TRADITIONS

BEGINNING BALANCE	4/23/01
DEPOSITS / MISC CREDITS	2
WITHDRAWALS / MISC DEBITS	21
ENDING BALANCE	5/22/01
SERVICE CHARGE	
INTEREST PAID	
INTEREST PAID YEAR TO DATE	
ANNUAL PERCENTAGE YIELD EARNED	
NUMBER OF DAYS FOR A.P.Y.E.	
AVERAGE BALANCE FOR A.P.Y.E.	
ENCLOSURES	

(b)(6)

### MISCELLANEOUS DEBITS AND CREDITS

DATE	AMOUNT	DESCRIPTION
4/26/01		
5/04/01		
5/08/01		
5/17/01		
5/17/01		
5/17/01		
5/17/01		
5/22/01		
5/22/01		

(b)(6)

\*DENOTES INTERRUPTION IN CHECK NUMBER SEQUENCE

NOTICE: SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



P.O. Box 400  
Granbury, Texas 76048  
817 / 573-2655

Member FDIC

426

(b)(6)

PETER W MAYHEW

(b)(6)

GRANBURY TX 76049

TYPE OF STATEMENT

TEXAS TRADITIONS

STATEMENT DATE

12/21/00

15

TAXPAYER I.D. NO.

PAGE NUMBER

1

(b)(6)

BRANCH - 001

WE MAKE LOANS FOR ALL REASONS. APPLY BY PHONE, IN PERSON OR PRINTABLE APPLICATIONS ARE AVAILABLE ON OUR WEB SITE AT [www.fnbgranbury.com](http://www.fnbgranbury.com). ENTER OUR FIRSTNET ONLINE BANKING TO E-MAIL A SECURE APPLICATION. FIRST NATIONAL BANK MAKES IT EASY.

(b)(6)

SUMMARY FOR TEXAS TRADITIONS

BEGINNING BALANCE	11/29/00
DEPOSITS / MISC CREDITS	1
WITHDRAWALS / MISC DEBITS	39
ENDING BALANCE	12/21/00
SERVICE CHARGE	
INTEREST PAID	
INTEREST PAID YEAR TO DATE	
ANNUAL PERCENTAGE YIELD EARNED	
NUMBER OF DAYS FOR A.P.Y.E.	
AVERAGE BALANCE FOR A.P.Y.E.	
ENCLOSURES	

(b)(6)

MISCELLANEOUS DEBITS AND CREDITS

DATE	AMOUNT	DESCRIPTION
12/01/00	(b)(6)	
12/06/00		
12/06/00		
12/07/00		
12/07/00		
12/08/00		
12/08/00		
12/12/00		
12/12/00		

(b)(6)

\* DENOTES INTERRUPTION IN CHECK NUMBER SEQUENCE





Member FDIC

P.O. Box 400  
Granbury, Texas 76048  
817 / 573-2655

426 (b)(6)

TYPE OF STATEMENT  
TEXAS TRADITIONS

STATEMENT DATE  
12/21/00 15

TAXPAYER I.D. NO.

PAGE NUMBER 2 (b)(6)  
BRANCH - 001

ACCOUNT (b)(6) CONTINUED

12/12/00  
12/12/00  
12/12/00  
12/12/00  
12/12/00  
12/12/00  
12/14/00  
  
12/15/00  
  
12/15/00  
2/18/00  
  
12/19/00  
  
12/19/00  
  
12/19/00  
  
12/20/00  
  
12/20/00  
  
12/21/00  
12/21/00

(b)(6)

CHECKS POSTED      CHECKS POSTED  
DATE      CHECK NO      AMOUNT      DATE      CHECK NO      AMOUNT

(b)(6)



Member FDIC

P.O. Box 400  
Granbury, Texas 76048  
817 / 573-2655

426 (b)(6)

TYPE OF STATEMENT  
TEXAS TRADITIONS

STATEMENT DATE  
12 / 21 / 00

15

TAXPAYER I.D. NO.

(b)(6)

PAGE NUMBER

3

BRANCH - 001

- - ACCOUNT (b)(6) CONTINUED - -

(b)(6)

15 TOTAL ENCLOSURES

\*DENOTES INTERRUPTION IN CHECK NUMBER SEQUENCE

# The First National Bank

P.O. Box 400  
Granbury, Texas 76048  
817 / 573-2655

Member FDIC

680

(b)(6)

PETER W MAYHEW

(b)(6)

GRANBURY TX 76049

TYPE OF STATEMENT  
**TEXAS TRADITIONS**

STATEMENT DATE  
**3/29/00**

6

TAXPAYER I.D. NO.

(b)(6)

PAGE NUMBER

1

BRANCH - 001

**WARNING:** We have been informed of phone marketers selling "insurance" for bank accounts. THIS IS A SCAM. Do not give your credit card number to direct sellers over the phone. First National Bank does not give out customer account information to third party solicitors.

(b)(6)

### SUMMARY FOR TEXAS TRADITIONS

BEGINNING BALANCE	2/28/00
DEPOSITS / MISC CREDITS	4
WITHDRAWALS / MISC DEBITS	3
ENDING BALANCE	3/29/00
SERVICE CHARGE	
INTEREST PAID	
INTEREST PAID YEAR TO DATE	
ANNUAL PERCENTAGE YIELD EARNED	
NUMBER OF DAYS FOR A.P.Y.E.	
AVERAGE BALANCE FOR A.P.Y.E.	
ENCLOSURES	

(b)(6)

### MISCELLANEOUS DEBITS AND CREDITS

DATE	AMOUNT	DESCRIPTION
2/28/00	(b)(6)	
3/14/00		
3/24/00		
3/27/00		
3/29/00		

CHECKS POSTED

CHECKS POSTED

DATE	CHECK NO.	AMOUNT	DATE	CHECK NO.	AMOUNT
(b)(6)					

6 TOTAL ENCLOSURES

\*DENOTES INTERRUPTION IN CHECK NUMBER SEQUENCE

NOTICE: SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

GF#0020123

03546  
WARRANTY DEED WITH VENDOR'S LIEN

Date: March 23, 2000, to be effective March 24, 2000

Grantor:

(b)(6)

Grantee:

(b)(6)

and PETER W. MAYHEW

Grantee's Mailing Address (including county):

(b)(6)

Consideration: TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date that is in the principal amount of (b)(6) and is executed by Grantee, payable to the order of FIRST NATIONAL BANK GRANBURY. The note is secured by a vendor's lien retained in favor of FIRST NATIONAL BANK GRANBURY in this deed and by a deed of trust of even date, from Grantee to (b)(6) Trustee.

FIRST NATIONAL BANK GRANBURY, at Grantee's request, having paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described, the vendor's lien and superior title to the property are retained for the benefit of FIRST NATIONAL BANK GRANBURY and are transferred to FIRST NATIONAL BANK GRANBURY without recourse on Grantor.

Property (including any improvements):

(b)(6)

Reservations From and Exceptions to Conveyance and Warranty:

(b)(6)

Grantor, for the consideration, receipt of which is acknowledged, and subject to the reservations from and exceptions to conveyance and warranty, grants, sells and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

(b)(6)

ACKNOWLEDGMENT

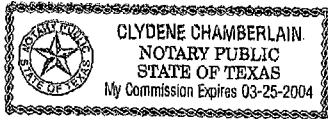
STATE OF TEXAS

§  
§  
§

COUNTY OF HOOD

This instrument was acknowledged before me on the 24<sup>th</sup> day of March, 2000, by (b)(6)

Clydene Chamberlain  
Notary Public, State of Texas



ACKNOWLEDGMENT

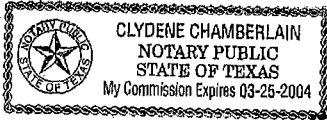
STATE OF TEXAS

§  
§  
§

COUNTY OF HOOD

This instrument was acknowledged before me on the 23<sup>rd</sup> day of March, 2000, by (b)(6)

Clydene Chamberlain  
Notary Public, State of Texas



Chg CTT  
1100

AFTER RECORDING RETURN TO:  
(b)(6) and PETER W. MAYHEW  
(b)(6)  
Granbury, Texas 76049

PREPARED IN THE OFFICE OF:  
Brown & Walton, P.C.  
107 E. Pearl Street  
Granbury, Texas 76048

Any provision herein which restricts the sale, rental, or use of the described real property because of color or race is invalid and unenforceable under Federal law.  
STATE OF TEXAS COUNTY OF HOOD  
I hereby certify that this instrument was filed on the date and at the time stamped hereon by me and was duly RECORDED in the OFFICIAL PUBLIC RECORDS OF HOOD COUNTY TEXAS, in the Volume and Page as shown hereon.

FILED FOR RECORD  
AT 4:00 P M.  
MAR 24 2000

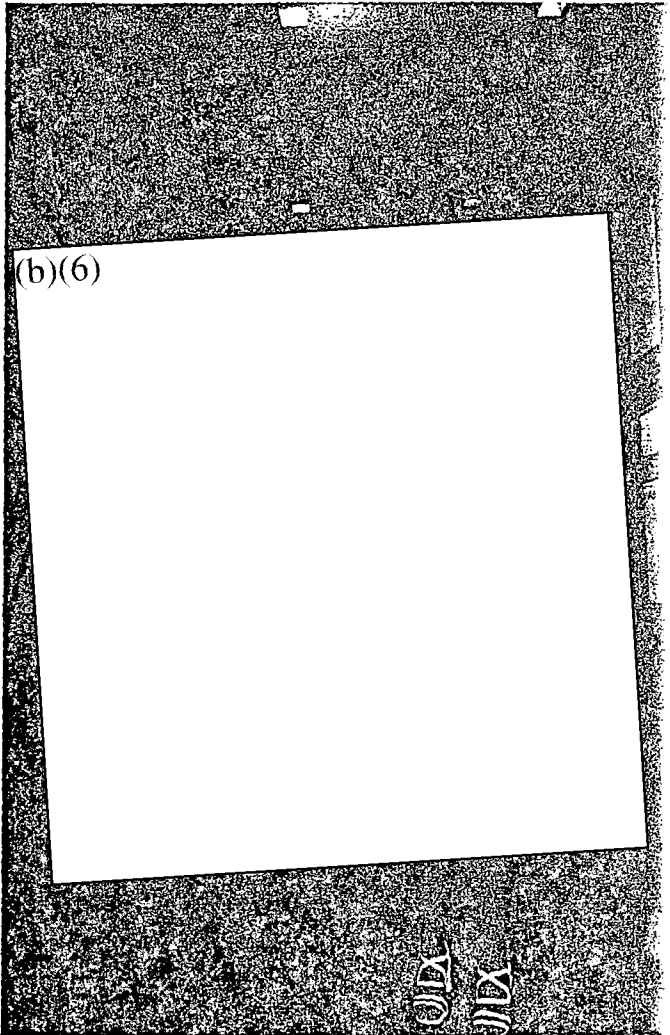


Sally Oubre  
SALLY OUBRE, County Clerk  
Hood County, Texas

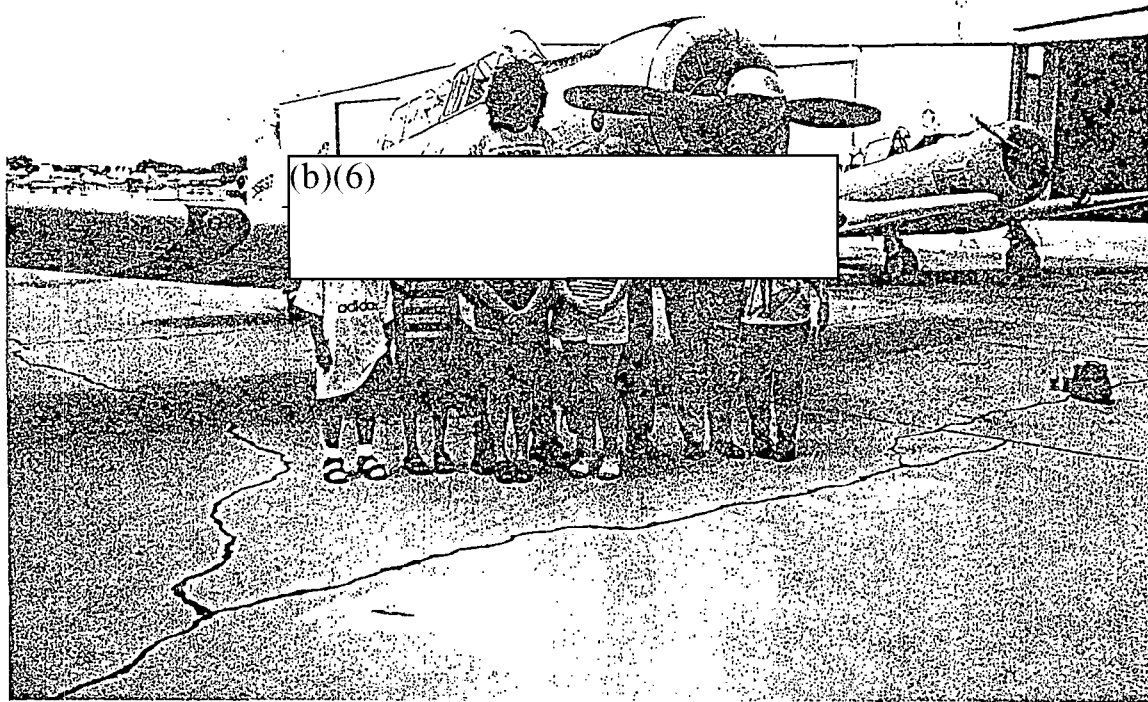
Sally Oubre  
County Clerk, Hood County, TX

(b)(6)

A.



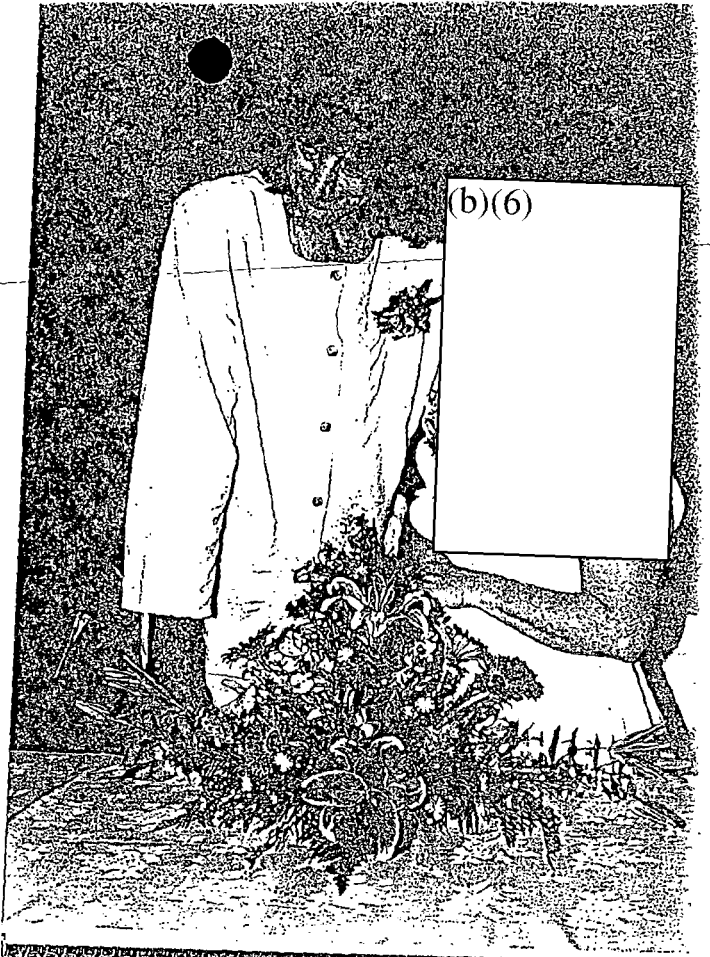
B.



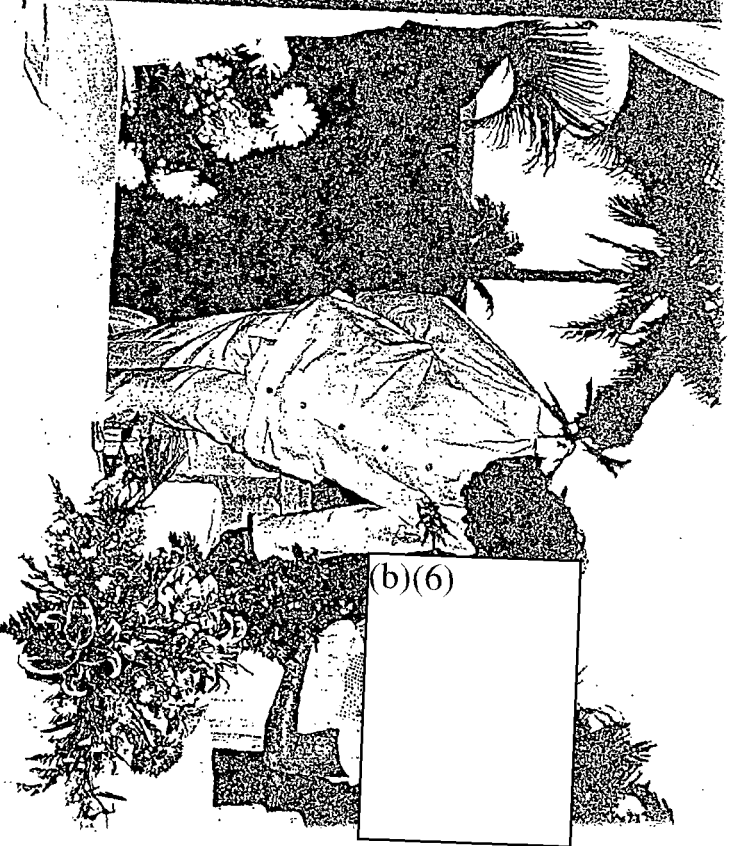
G.



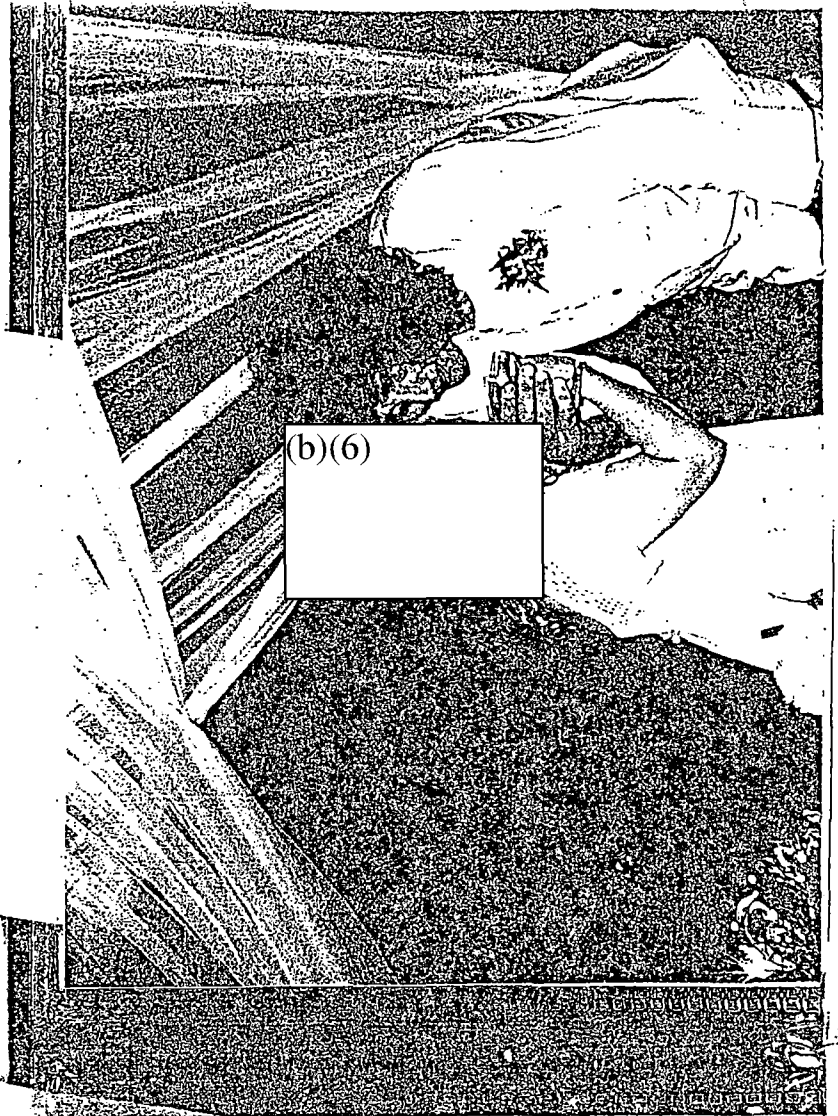
D.



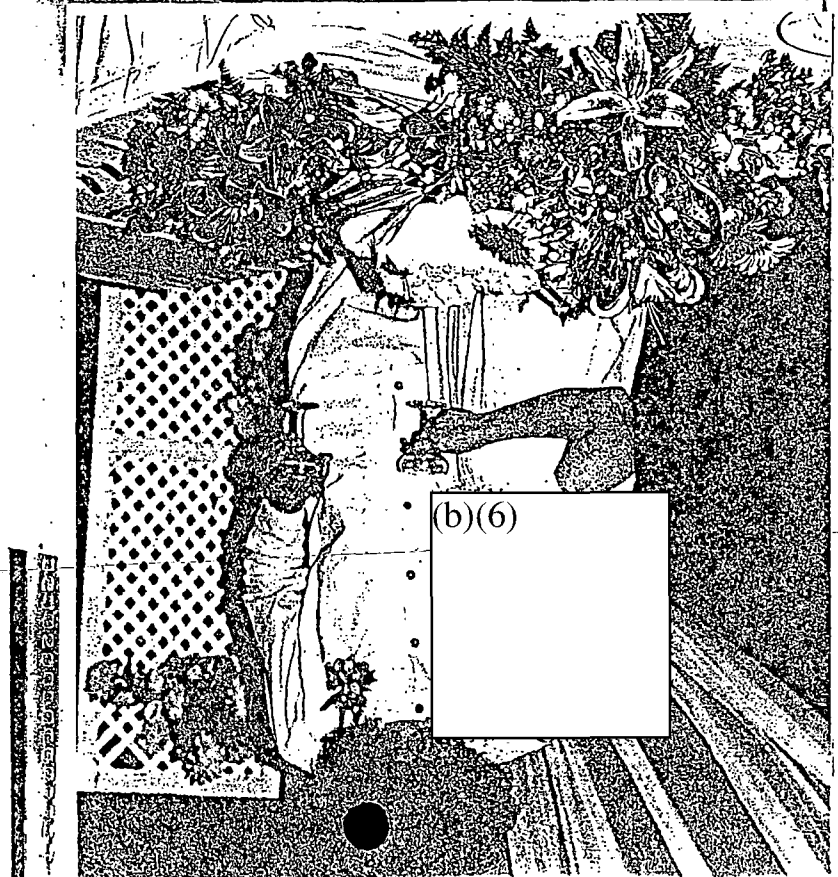
III

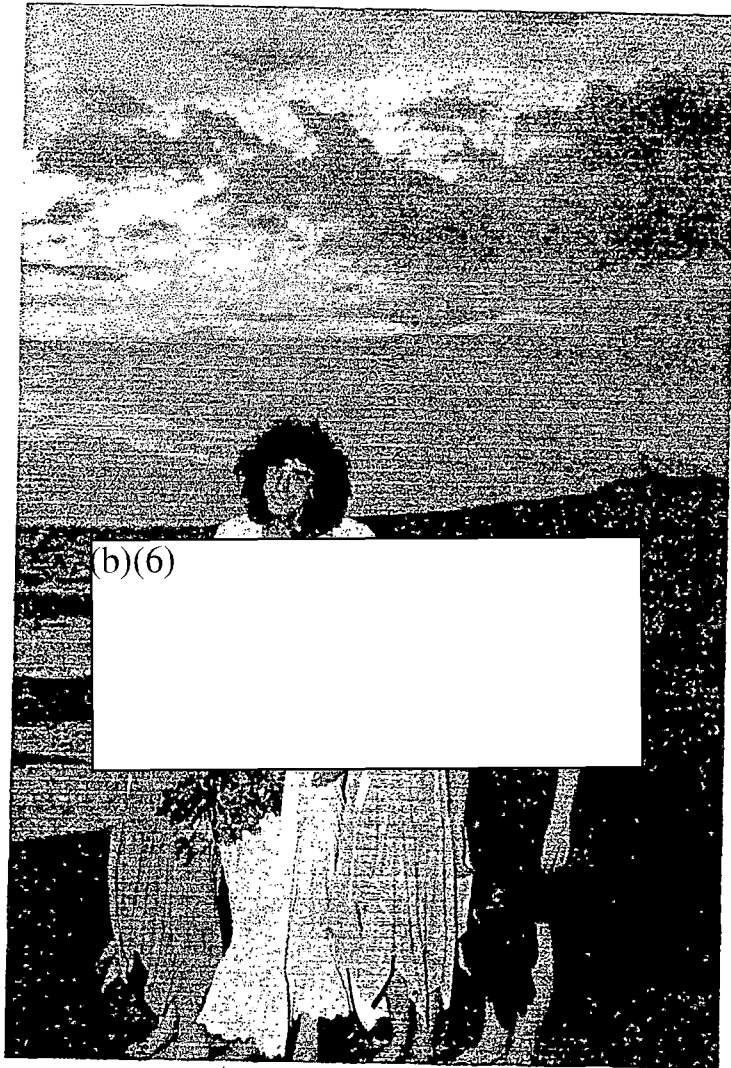


6



A





(b)(6)

H.



I

(b)(6)



MX 595 MEX-

MAYHEW/PETER

0132873077

EXP:  
TALON

PVR 09/AUG/99 10:39

2  
DE

81

2/35



MX 595 MEX

MAYHEW/PETER

0132873076

EXP:  
TALON

PVR 09/AUG/99 10:39

1  
DE

81

2/35

## アフターサービスについて

DFSでは、お買い求め頂きました全商品・  
品費を保証致します。お問い合わせは、  
記の顧客サービスステーションへどうぞ

### カナダ/アメリカ国内：

DFS North America  
A Division of DFS Group L.P.  
P.O. Box 91677  
Los Angeles, CA 90009  
Tel: (310) 615-6716

### 通関前：（年中無休）

- ・ 成田 : (0476) 34-8737
- ・ 関西 : (0724) 55-3565
- ・ 名古屋 : (0568) 28-3451
- ・ 福岡 : (092) 622-6284
- ・ 鹿児島 : (0995) 58-2231
- ・ 沖縄 : (098) 857-9877

### 通関後：

- ・ 東京：〒141 東京都品川区大崎 1-6-4  
新大崎勸業ビル 2F  
電話：(03) 5434-5221（月～金）
- ・ 大阪：〒730 大阪市北区堂島浜 2-1-3  
堂島クレイドビル 6F  
電話：(06) 343-0606（月～金）
- ・ 台湾售後服務聯絡處：  
台北市中山北路二段45巷11號5F  
電話：(02) 561-9122 内線：80

### DFS 한국 아프트·서비스

서울시 중구 소공동 91-1 서울 센터 빌딩802호  
전화: (02) 732-6799 SKU# 3984

DFS USA  
DFW International Airport  
Duty Free Shop #2041

**PAX:701411787 -7C**

Flight No. DL603 Date 080299

Deliver DFW-MEX

**Seat: 18E - C**

Tel :

Name: (b)(6)

C.Flight #

C.Date

Group:

14159		DUN INTLLT 200 (S)		
	1	19.50		19.50
10298		DUNHILL MILD (S)		
	1	19.50		19.50
TOTAL	2	Items	US\$	39.00

CASH US\$ 40.00

CHANGE US\$ 1.00

PICK UP YOUR MERCHANDISE AT THE  
BOARDING GATE IN DALLAS FORT/WORTH

THANK YOU FOR SHOPPING AT DFS

visit us at [www.dfsgalleria.com](http://www.dfsgalleria.com)

T=2041 794 01771 S=2041 8/02/99 7:00

SA=2918 CR=2918 B=08/02/1999

RECEIPT NO.: 2041-794-01771

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ALLWISE TRAVEL, INC.  
805 W MAIN  
DECATUR TX 76234-1378  
940-627-6600  
800-424-5032

SALES PERSON: DB

ITINERARY/INVOICE NO. 0001233  
RJNNCK

DATE: 20 JUL 9  
PAGE: 01

TO: (b)(6)

FOR: MAYHEW/PETER

05 AUG 99 - THURSDAY  
TOUR

ROUND TRIP TRANSFERS

NUMBER OF PERSONS - 1  
CONFIRMATION-20553258  
TOTAL PRICE: 16.00

TOUR DPT CITY-PUERTO VALLARTA  
FINAL PAYMENT  
TOUR PUERTO VALLARTA  
ADVENTURE TOURS USA

NUMBER OF PERSONS - 1  
CONFIRMATION-20553258  
TOTAL PRICE: 508.00  
TOUR NUMBER-GITPVRARA

DPT CITY-DALLAS FT WORTH  
HOTEL-ALLEGRO RST NUEVO VALARTA

RETURN: 09 AUG 99

FINAL PAYMENT

16.00

508.00

SUB TOTAL

524.00

TOTAL AMOUNT DUE

524.00

REMEMBER TO RECONFIRM YOUR FLIGHTS 24-48  
HOURS PRIOR TO DEPARTURE.

THANK YOU FOR YOUR BUSINESS  
THE HOTEL HAS BEEN ADVISED OF YOUR BEDDING REQUIREMENTS.  
A KING BED HAS BEEN REQUESTED.

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Aero Mexico

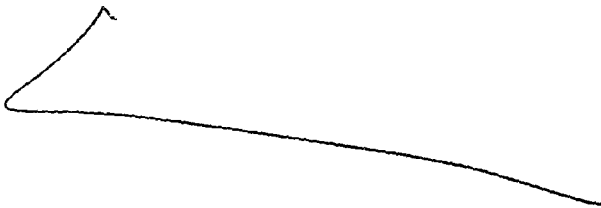
(b)(6)

# USAir

USAir begins

with you

FLIGHT	GATE	SEAT
FLIGHT	GATE	SEAT
FLIGHT	GATE	SEAT
FLIGHT	GATE	SEAT



9





ALLWISE TRAVEL  
805 W. Main Street  
Decatur, Texas 76234  
940-627-6600  
940-627-1429 fax  
ARC # 45847340

Facsimile Transmittal Sheet

TO:  
Gracia Lopez,  
Rooms Division Manager

FROM:  
Denise Burns

COMPANY:  
Allegro Resort

DATE:  
July 21, 1999

TOTAL PAGES:  
1

FAX:  
52-329-706-26

FAX:  
940-627-1429

PHONE:  
52-329-704-00

PHONE:  
940-627-6600

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE CONFIRM

Gracia, this memo is to confirm my conversation of July 20, 1999, with Arnetta in Guest Services. She provided your name a contact point.

Regarding: Wedding Reservation

Bride:

Groom: Peter William Mayhew

Date: August 7, 1999  
Time: 7:00PM

Location: Private Beach at Sunset  
Total Participants: 7

will be arriving on August 2, 1999 on Aero Mexico flight 144 at 1:00PM.

Peter, however is not arriving until August 5, on DL 8060 at 1:00PM.

Please ensure Peter has an appointment for the necessary blood test so the wedding can take place on August 7th.

The couple definitely want a photographer present.  will work out all of the other details with your Guest Services upon her arrival.

Thank you for your assistance. Please advise if you need additional information.

AKA



(b)(6)

AA American Airlines®

AA 608 DFW  
DALLAS FT WORTH TX  
MAYHEW/PETER  
4 0012 3586  
AA 25 35 86

(b)(6)

AA American Airlines®

AA 608 DFW  
DALLAS FT WORTH TX  
MAYHEW/PETER  
4 0012 3587  
- AA 25 35 87

(b)(6)

**American Airlines**  
BOARDING PASS

MAYHEW/PETER

FROM CANCUN  
TO DALLAS FT WORTH  
AMERICAN AIRLINES

CARRIER FLIGHT CLASS DATE  
AA 608 G 23AUG250P

REMARKS  
SOLD AS JR 5404

GATE BOARDING TIME SEAT  
A2 205P 16A NO

OPTIONAL SEAT INFORMATION

PCS CK WT LUNCK WT SEQ NO PCS CK WT LUNCK WT

AGGREG ID NO EX IT

COUPON AIRLINE FORM SERIAL NO CK  
53B / CUN

(b)(6)

99 3426 3350  
PASSENGER TICKET AND BAGGAGE CHECK  
SUBJECT TO CONDITIONS OF CONTRACT  
NOT TRANSFERABLE

PASSENGER RECEIPT SITI

0001235 AVH

~~BOARDING PASS~~

**ARC** ~~FLIGHT~~  
~~CANCEL~~

ISSUED BY AMERICAN AIRLINES TOUR CODE AGENT CODE A45847340 NAME OF PASSENGER MAYHEW/PETER  
 NAME OF ISSUING AGENT ALIWISE TRAVEL DECATUR FLA US20JUL99  
 NAME OF PASSENGER MAYHEW/PETER PNR/CARRIER CODE BURMFZ/AA MULTI FARE BASIS/TICKET DESIGNATOR TX US20JUL99  
 FROM TO NOT VALID FOR \* \* \* \* \* THIS IS YOUR RECEIPT ISSUING AGENT ID X/ V2R3 \* DB  
 \* \* \* TRANSPORTATION \* CB9-90  
 ENDORSE ONLY TO AM/MX7000  
 FP CASH /FCDFW DL X/MEX DL PVR215.50MWEM60 MX X/MEX  
 114.00NRAP7NR AM CUN123.00NRAP10NR JR DFW301.50MWAP  
 7NUC754.00END ROE1.00XT2.00XA16.91XD13.66XV16.10UK3  
 .00XDFW3  
 FARE XT 51.67 EQUIV. FARE PD. ALLOW PCS WT UNCKD  
 USD 754.00 STOCK CONTROL NO. TX 889 CK CPN DOCUMENT NUMBER \* \* \* \* \*  
 TAX US. 24.40 31658456900 0 001 7649521689 2  
 TOTAL XY 6.00  
 USD 836.07

FROM DFW  
 X MEX DL8003 M 05AUGMWEM60  
 PVR DL8060 M 05AUGMWEM60  
 X MEX HX595 N 09AUGNRAP7NR  
 JCN AM587 N 09AUGNRAP10NR  
 DFW JRS404 M 23AUGWAP7  
 GATE SEAT SMOKES  
 NOT VALID FOR TRAVEL  
 0 001 7649521689 2  
 AA45847340

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215462  
STOCK 3426  
598  
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DECATUR TX 76234-1378

940-627-6600

800-424-5032

SALES PERSON: VH

ITINERARY/INVOICE NO. 0001235

DATE: 20 JUL 99

RURMFZ

PAGE: 03

TO: (b)(6)

FOR: MAYHEW/PETER

REMEMBER TO RECONFIRM YOUR FLIGHTS 24-48  
HOURS PRIOR TO DEPARTURE.

THANK YOU FOR YOUR BUSINESS  
ALL AIRLINES HAVE BEEN ADVISED OF YOUR SEATING REQUIREMENTS  
AND THAT YOU ARE TRAVELLING WITH ANGIE /WHERE APPLICABLE/.  
IN MOST CASES BULKHEAD SEATS ARE ON REQUEST AND  
ARE RESTRICTED TO AIRPORT CHECK-IN.



▲ Delta Air Lines

Concourse/Terminal

Gate

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departure

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PAGE WITHHELD PURSUANT TO (b)(6)

**WELCOME ABOARD AMERICAN**

For your information and convenience, we have enclosed important passenger information in this ticket envelope. Please take a moment to read it, or visit us at our website at AA.com. We appreciate your business and want your trip to be an enjoyable one.

AGENT: **PUERTO VALLARTA** **DL732120**  
 PUR AM 0144  
 MEX AM 0603

**DL732120**  
 is  
 a slight change on  
 a flight

AGENT: **PUERTO VALLARTA** **DL730356**  
 PUR AM 0144  
 MEX AM 0603

**DL730356**  
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AGENT: **PUERTO VALLARTA** **DL732277**  
 PUR AM 0144  
 MEX AM 0603

**DL732277**  
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AGENT: **PUERTO VALLARTA** **DL732276**  
 PUR AM 0144  
 MEX AM 0603

**DL732276**  
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 rules for the-  
 boarding pri-  
 ticket/check-i-

AGENT: **PUERTO VALLARTA** **DL730355**  
 PUR AM 0144  
 MEX AM 0603

**DL730355**  
 countries, all  
 protections m-  
 our airline of

**RESERVATION**  
 If your travel plans change, you may be required to pay a re-booking fee. Failure to cancel a reservation will result in automatic cancellation of your entire itinerary.

**Latin America** - All passengers originating travel in Latin America should reconfirm their reservations 72 hours prior to departure.

**International** - Some other international carriers require reconfirmation of your reservation. Please contact other carriers or applicable requirements.



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 the more miles you earn.

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 (1-800-624-6453)

AND MENTION SPECIAL CODE ZAAC.

**AAdvantage MCI**

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(Detach and place in your wallet.)



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 With WorldPhone® Service**

**TO MAKE A CALL:**

- 1 Dial the WorldPhone toll-free access number of the country you are calling from.
- 2 Dial or give the operator your MCI Card number.
- 3 Dial or give the operator the number that you are calling.

MCI's WorldPhone Service is available in over 125 locations, some of which are listed below.

# Argentina (CZ)	002-2300	# Costa Rica	060-97-222
# Australia (CZ)	060-95-111	# Dominican Republic	112
# Austria (CZ)	002-2300	# Ecuador (CZ)	095-276
# Bahamas (CZ)	002-940-012	# El Salvador	005-579
# Barbados	1-500-988-8000	# France (CZ)	0800-99-819
# Belgium (CZ)	080-002	# Germany (CZ)	0800-99-819
# Belize (CZ)	006-1072	# Greece (CZ)	06-800-0211
# Bolivia (CZ)	006-2972	# Guatemala (CZ)	099-298
# Brazil (CZ)	006-2972	# Honduras (CZ)	001-001-11
# Canada (CZ)	1-800-888-8200	# India (CZ)	1-800-55-1001
# Chile (CZ)	000-297-300		
# Colombia (CZ)	000-340-116		
# Costa Rica	060-97-222		
# Cuba	006-1072		
# Denmark (CZ)	001-001-11		
# Dominican Republic	112		
# Ecuador (CZ)	095-276		
# El Salvador	005-579		
# France (CZ)	0800-99-819		
# Germany (CZ)	0800-99-819		
# Greece (CZ)	06-800-0211		
# Guatemala (CZ)	099-298		
# Honduras (CZ)	001-001-11		
# India (CZ)	1-800-55-1001		
# Jamaica (CZ)	001-001-11		
# Japan (CZ)	001-001-11		
# Korea (CZ)	001-001-11		
# Mexico (CZ)	001-001-11		
# Netherlands (CZ)	001-001-11		
# New Zealand (CZ)	001-001-11		
# Norway (CZ)	001-001-11		
# Panama (CZ)	001-001-11		
# Paraguay (CZ)	001-001-11		
# Peru (CZ)	001-001-11		
# Puerto Rico (CZ)	001-001-11		
# Saudi Arabia (CZ)	001-001-11		
# Singapore (CZ)	001-001-11		
# South Africa (CZ)	001-001-11		
# Spain (CZ)	001-001-11		
# Sweden (CZ)	001-001-11		
# Switzerland (CZ)	001-001-11		
# Taiwan (CZ)	001-001-11		
# Thailand (CZ)	001-001-11		
# United Kingdom (CZ)	001-001-11		
# United States (CZ)	001-001-11		
# Uruguay (CZ)	001-001-11		
# Venezuela (CZ)	001-001-11		

*American Eagle*

**AA** American Airlines

AGENT **PUERTO VALLARTA** **DLines**  
DFW/GH 0A5925 02AUC89  
PUR AM 0144  
MEX AM 0603

**DL730360**  
PUR AM 0144  
MEX AM 0603

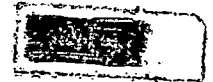
**DL730359**  
PUR AM 0144  
MEX AM 0603

**DL732121**





No. HAB.  
ROOM No.



Tarjeta de Control de Toallas  
Towel Control Card  
Carte de Contrôle d'Serviettes  
Handtuchkontrolle

**\* TARJETA CONTROL DE TOALLAS \***

Esta tarjeta es usada para el uso de toallas de playa. Favor de traer esta tarjeta a la oficina de actividades e intercambiarla por una toalla. El centro de actividades conservará su tarjeta hasta el día de su salida, no la olvide, la necesitará para hacer su check-out. Sin la presentación de esta tarjeta le será cargada a su cuenta la cantidad de US 30.00

**\* TOWEL CONTROL CARD \***

This card is used for beach towels. Please bring this card to the activities office in exchange for towels. Upon check-out you must present this card to the Front Desk. Please note without this card you will be charged US 30.00

**\* CARTE DE CONTRÔLE DES SERVIETTES \***

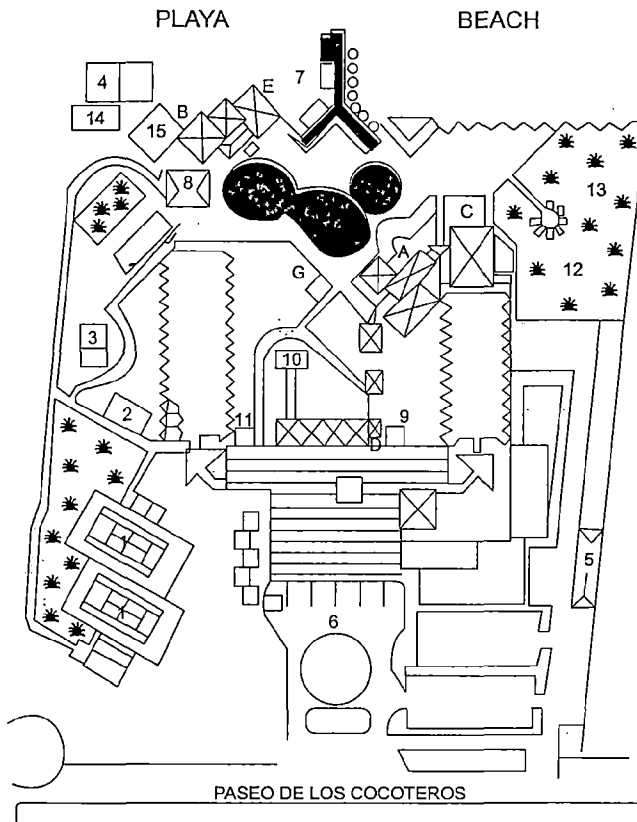
Vous devez utiliser cette carte pour obtenir des serviettes de plage. Vous la présentez au comptoir des activités office in exchange des serviettes. A votre départ n'oubliez pas de réclamer cette carte pour pouvoir le présenter a le concierge. Sans, al vous en couteras. US 30,00

**\* HANDTUCHERKONTROLLE \***

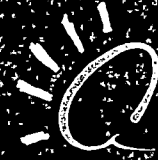
Bitte diese karte am activities office zur benutzung der badetucher abgeben. Vor der abreise diese karte wieder am activities off, abholen und an der reception abgeben. Liegt die karte beider abreise ruht vos, wird aina. Gebühr von US 30,00 erhoben.



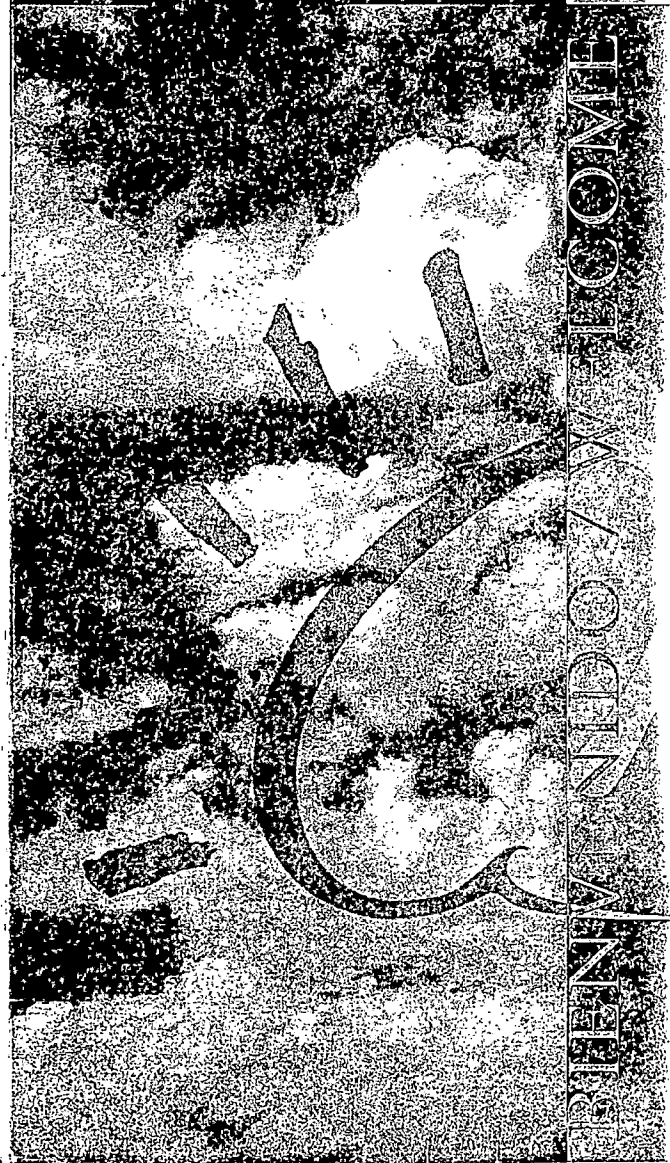
ALLEGRO RESORT™  
Nuevo Vallarta



- |  |  |
|--|--|
| 1. Tenis<br>Tennis                                 | 11. Gimnasio<br>Gym  |
| 2. Shuffle Board                                   | 12. Arquería<br>Archery  |
| 3. Badminton                                       | 13. Juego de Ajedrez<br>Chess Game                                 |
| 4. Volibol<br>Volleyball                           | 14. Juegos de Jardín<br>Playground                                 |
| 5. Bicicletas<br>Bicycles                          | 15. Club de Niños<br>Kid's Camp                                    |
| 6. Entrada Principal<br>Main Entrance              | <b>RESTAURANTS &amp; BARS</b>                                      |
| 7. Deportes Acuáticos<br>Water Sport               | A. Topacio   |
| 8. Centro de Actividades<br>Activities Center      | B. La Troje Mexicano / Disco<br>La Troje Mexican / Disco / Snack's |
| 9. Logo Tienda / Tabaquería<br>Logo / Tabacco Shop | C. Caruso Italiano   |
| 10. Teatro<br>Theater                              | D. Lobby Bar "La Tarantula"  |
|  | E. Bar Las Olas<br>Las Olas Bar                                    |



Nuevo Vallarta



ALLEGRO RESORT™  
Nuevo Vallarta

.....

**WELCOME / WILLKOMMEN**

The Management and the staff welcome you to Allegro Resort Nuevo Vallarta.

We endeavour to provide you with the finest in service and comfort while in Nuevo Vallarta. Our Guest Service Manager will be pleased to acquaint you with the many services of Allegro Resort Nuevo Vallarta and attractions our town offers.

Enjoy your visit, and we look forward to your return.

Im Namen vom Management und das ganze Personal heissen wir Sie ganz herzlich willkommen im Allegro Resort Nuevo Vallarta! Wir bemühen uns Ihnen während Ihres Aufenthalts den besten Service zukommen zu lassen.

Unsere Gästebetreuung wird Sie gerne mit unserem Hotel und Nuevo Vallarta vertraut machen.

Ein wunderschönes Aufenthalt, und wir hoffen Sie wieder bei uns begrüßen zu dürfen.

**Nombre / Name** .....

**Cuarto No. / Room Number** ..... 400

**Fecha de Salida / Check-out Date** .....

 **ALLEGRO RESORT**  
**Nuevo Vallarta**

*[Handwritten signature]*

.....

**BIENVENIDOS / BIENVENUE**

La gerencia y todo el personal del hotel, le da la mas cordial bienvenida a Allegro Resort Nuevo Vallarta. Nosotros nos esforzamos por proveerle con el más fino servicio durante su estadía en Allegro Nuevo Vallarta.

Nuestro Gerente de servicios le dará a conocer los muchos servicios de nuestro Hotel y las atracciones que nuestra ciudad ofrece.

Disfrute de su estadía y esperamos que regrese.

Le direction et le personnel de l'hotel vous souhaite la bienvenue au Allegro Resort Nuevo Vallarta. Nous sommes toujours à votre confort durant votre séjour a Allegro Nuevo Vallarta.

Notre gerente du service aux clients se fera toujours un plaisir de vous informer des services que nous vous offrons ainsi que les différents attractions de Nuevo Vallarta.

Profitez de votre séjour et nous espérons vous revoir bientôt.





LOCAL COMMUNICATIONS

PAGE 1  
940-433-8483 (240)  
JANUARY 04, 1999

BUSINESS OFFICE NO. 1-800-488-7995

PREVIOUS CHARGES	PAYMENTS RECEIVED	ADJUSTMENTS	PAST DUE BALANCE	CURRENT CHARGES	PAYMENT DUE BY
470.04	470.04	.00	.00	537.71	JAN. 23, 1999

TOTAL AMOUNT DUE	537.71
------------------	--------

CARRIER SUMMARY

CARRIER	ADJUSTMENTS	CURRENT CHARGES
SPRINT LOCAL COMMUNICATIONS	.00	124.35
AT&T	.00	401.38
TELCOM USA	.00	6.88
USBI	.00	5.10
<b>TOTALS</b>	<b>.00</b>	<b>537.71</b>

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LOCAL COMMUNICATIONS

PAGE 1  
940-433-8483 (240)  
DECEMBER 04, 1998

BUSINESS OFFICE NO. 1-800-488-7995

PREVIOUS CHARGES	PAYMENTS RECEIVED	ADJUSTMENTS	PAST DUE BALANCE	CURRENT CHARGES	PAYMENT DUE BY
383.53	383.53	.00	.00	470.04	DEC. 23, 1998

TOTAL AMOUNT DUE	470.04
------------------	--------

CARRIER SUMMARY

CARRIER	ADJUSTMENTS	CURRENT CHARGES
SPRINT LOCAL COMMUNICATIONS	.00	124.12
MCI	.00	21.48
AT&T	.00	313.47
TELCOM USA	.00	5.98
HOLD BILLING SERVICES	.00	4.99
<b>TOTALS</b>	<b>.00</b>	<b>470.04</b>

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LOCAL COMMUNICATIONS

PAGE 1  
940-433-8483 (240)  
APRIL 04, 1999

BUSINESS OFFICE NO. 1-800-788-3500

PREVIOUS CHARGES	PAYMENTS RECEIVED	ADJUSTMENTS	PAST DUE BALANCE	CURRENT CHARGES	PAYMENT DUE BY
450.36	.00	.00	450.36	254.74	APR. 22, 1999

TOTAL AMOUNT DUE	705.10
------------------	--------

CARRIER SUMMARY

CARRIER	ADJUSTMENTS	CURRENT CHARGES
SPRINT LOCAL COMMUNICATIONS	.00	126.58
MCI	.00	1.92
AT&T	.00	121.14
USBI	.00	5.10
<b>TOTALS</b>	<b>.00</b>	<b>254.74</b>

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LOCAL COMMUNICATIONS

PAGE 1  
940-433-8483 (240)  
FEBRUARY 04, 1999

BUSINESS OFFICE NO. 1-800-488-7995

PREVIOUS CHARGES	PAYMENTS RECEIVED	ADJUSTMENTS	PAST DUE BALANCE	CURRENT CHARGES	PAYMENT DUE BY
537.71	537.71	.00	.00	192.47	FEB. 24, 1999

TOTAL AMOUNT DUE	192.47
------------------	--------

CARRIER SUMMARY

CARRIER	ADJUSTMENTS	CURRENT CHARGES
SPRINT LOCAL COMMUNICATIONS	.00	124.11
AT&T	.00	63.26
USBI	.00	5.10
<b>TOTALS</b>	<b>.00</b>	<b>192.47</b>

OUR RECORDS INDICATE YOUR LOCAL TOLL CARRIER IS AT&T

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LOCAL COMMUNICATIONS

PAGE 1  
940-433-8483 (240)  
NOVEMBER 04, 1998

BUSINESS OFFICE NO. 1-800-488-7995

PREVIOUS CHARGES	PAYMENTS RECEIVED	ADJUSTMENTS	PAST DUE BALANCE	CURRENT CHARGES	PAYMENT DUE BY
376.42	376.48	.00	.06	383.59	NOV. 21, 1998
<b>TOTAL AMOUNT DUE</b>					<b>383.53</b>

CARRIER SUMMARY

CARRIER	ADJUSTMENTS	CURRENT CHARGES
SPRINT LOCAL COMMUNICATIONS	.00	121.78
MCI	.00	18.13
AT&T	.00	233.17
TELCOM USA	.00	5.52
HOLD BILLING SERVICES	.00	4.99
<b>TOTALS</b>	<b>.00</b>	<b>383.59</b>

*AD 11-12-98*

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- **CUSTOMIZED SOLUTIONS** for your business needs ... not "cookie cutter" solutions.
- **FREE PHONE CONSULTATIONS** with highly-trained Small Business Consultants who provide information on Sprint products and services in the **right combinations** to make sure you never miss a call ... or an opportunity.
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LOCAL COMMUNICATIONS

PAGE 4  
940-433-8483 (240)  
NOVEMBER 04, 1998

SUMMARY OF CURRENT CHARGES

LOCAL SERVICE	SEE DETAIL	93.67
OTHER SERVICE	SEE DETAIL	3.00
FEDERAL END USER CHARGE		13.50
TAXES		
FEDERAL	3.22 STATE	6.89 EMERGENCY 1.50
FRANCHISE	.00 COUNTY	.00 CITY .00
		11.61

**TOTAL CURRENT CHARGES 121.78**

LOCAL SERVICE  
LOCAL SERVICE FROM NOV 04 TO DEC 03

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
TELEPHONE NUMBER 940 433 5444			
ELC SURCHARGE	1	1.49	1.49
ACCESS LINE-1 PARTY	1	7.40	7.40
TELEPHONE NUMBER 940 433 8482			
ELC SURCHARGE	1	1.49	1.49
1WY CP METRO PLUS CALLING	1	30.00	30.00
CALLER ID W/NAME AND ACR	1	7.00	7.00
ACCESS LINE-1 PARTY	1	7.40	7.40
TELEPHONE NUMBER 940 433 8483			
ELC SURCHARGE	1	1.49	1.49
1WY CP METRO PLUS CALLING	1	30.00	30.00
ACCESS LINE-1 PARTY	1	7.40	7.40

LOCAL SERVICE BREAKDOWN BY OPTIONAL AND BASIC SERVICE

OPTIONAL SERVICE SUBTOTAL	67.00
ACCESS LINE SERVICE	22.20
OTHER BASIC SERVICE	4.47
BASIC SERVICE SUBTOTAL	26.67
<b>TOTAL LOCAL SERVICE</b>	<b>93.67</b>

OTHER SERVICE  
OTHER SERVICE FROM NOV 04 TO DEC 03

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
TELEPHONE NUMBER 940 433 8483			
MAINTENANCE INSIDE WIRE	1	3.00	3.00
<b>TOTAL OTHER SERVICE</b>			<b>3.00</b>

CUSTOMER INFORMATION

FOR THE PROTECTION OF YOUR TELEPHONE RECORDS, PLEASE BE ADVISED

SPRINT



THANK YOU FOR YOUR PROMPT PAYMENT



LOCAL COMMUNICATIONS

PAGE 5  
940-433-8483 (240)  
NOVEMBER 04, 1998

THAT OUR CUSTOMER SERVICE REPRESENTATIVES CAN DISCUSS YOUR TELEPHONE BILL WITH ONLY THE PERSON OR PERSONS INDICATED BY THE NAME OR NAMES APPEARING ON YOUR BILL. IF YOU WISH TO UPDATE YOUR ACCOUNT, PLEASE CONTACT THE CALL CENTER AT THE TELEPHONE NUMBER LISTED IN THE FRONT OF YOUR SPRINT TELEPHONE DIRECTORY.

CALL SPRINT TOLL-FREE AT 1-800-788-3500 DURING THE HOURS OF 8:00 A.M. TO 6:00 P.M. MONDAY THROUGH FRIDAY AND 8 A.M. TO 5 P.M. SATURDAY.

IF YOU BELIEVE THAT THE LOCAL EXCHANGE PROVIDER OR THE INTEREXCHANGE CARRIER NAMED IN THE BILL IS NOT YOUR CHOSEN INTEREXCHANGE CARRIER, YOU MAY CONTACT: PUBLIC UTILITY COMMISSION OF TEXAS, OFFICE OF CUSTOMER PROTECTION, P.O. BOX 13326, AUSTIN, TEXAS 78711-3326, (512) 936-7120 OR IN TEXAS (TOLL FREE) 1-888-782-8477. HEARING AND SPEECH-IMPAIRED INDIVIDUALS WITH TEXT TELEPHONES (TTY) MAY CONTACT THE COMMISSION AT (512) 936-7136.

SPRINT



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CONTINUED ON BACK OF THIS PAGE THANK YOU FOR YOUR PROMPT PAYMENT



MCI

FOR QUESTIONS REGARDING YOUR MCI CHARGES CALL YOUR  
LOCAL BUSINESS OFFICE AS SHOWN ON PAGE ONE.

SUMMARY OF CURRENT CHARGES

LONG DISTANCE CALLS			SEE DETAIL	16.50
TAXES	FEDERAL	.50	1.03 SURCHARGE	.10
	COUNTY	.00		
	STATE			
	CITY			1.63

**TOTAL CURRENT CHARGES 18.13**

LONG DISTANCE CHARGES

BILL FROM 940-433-8482

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
1	SEP 29	08:45:30am	BOYD TX	(b)(6)				4.0	2.20
2	OCT 05	02:06:20pm	BOYD TX		15.0				4.18
3	OCT 06	09:03:34am	BOYD TX		5.0				2.38
4	OCT 06	03:32:57pm	BOYD TX		3.0				2.02
5	OCT 23	09:43:53am	BOYD TX		1.0				1.66
6	OCT 23	09:54:50am	BOYD TX		2.0				1.84
7	OCT 24	01:48:43pm	BOYD TX		7.0				2.22

SUBTOTAL FOR 940-433-8482 16.50

**TOTAL LONG DISTANCE CHARGES 16.50**

\*\*\*Rate Codes for Interstate and Intrastate Long Distance Calls

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card F = Call Forward
M = Multiple Rate Period	E = Evening	T = Discount	P = Person X = Conference
N = Night/Weekend	Y = Economy	S = Station	

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

R = When this symbol appears in the left margin, it indicates a toll call has been billed to your account after being investigated by a toll investigation group.



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CONTINUED ON BACK OF THIS PAGE THANK YOU FOR YOUR PROMPT PAYMENT



AT&T

CALL 1-800-222-0300 FOR BILLING INQUIRIES

SUMMARY OF CURRENT CHARGES

CHARGES AND CREDITS	OCT 26 1998	SEE DETAIL	9.73
LONG DISTANCE	OCT 26 1998	SEE DETAIL	200.13
TAXES	OCT 26 1998	SEE DETAIL	23.31

**TOTAL CURRENT CHARGES 233.17**

AT&T Invoice Charges For Period Ending OCT 26, 1998

CUSTOMER INFORMATION AREA

If you believe a telecommunications carrier has switched you without your authorization you may contact:  
 Public Utility Commission of Texas  
 Office of Consumer Affairs, P.O. Box 13326  
 Austin, Texas 78711-3326  
 (512) 936-7120 or in Texas (toll-free) 1-888-782-8477.  
 Hearing and speech-impaired individuals with text telephones (TTY) may contact the commission at (512) 936-7136.

CHARGES AND CREDITS

Universal Connectivity Charge			.93
For an explanation of this charge, please call 1-800-532-2021.			
Carrier Line Charge			.85
For an explanation of this charge, please call 1-800-532-2021.			
AT&T One Rate (R) Plus Plan			4.95
OCT 26 thru NOV 25			
AT&T One Rate (R) International Plan			3.00
OCT 26 thru NOV 25			

**TOTAL CHARGES AND CREDITS 9.73**

LONG DISTANCE CHARGES

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
<b>BILL FROM 940-433-5444</b>									
1	SEP 28	11:43:03AM	UK	(b)(6)			AY	1	.12
2	SEP 28	11:43:39AM	UK	(b)(6)			AY	3	.36
3	SEP 28	02:43:47PM	UK	(b)(6)			AY	1	.12
4	SEP 28	02:44:21PM	UK	(b)(6)			AY	8	.96
5	SEP 29	09:23:20AM	UK	(b)(6)			AY	3	.36
6	SEP 29	12:45:06PM	UK	(b)(6)			AY	2	.24



CONTINUED ON BACK OF THIS PAGE

THANK YOU FOR YOUR PROMPT PAYMENT





AT&T

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
7	SEP 29	04:15:09PM	UK	(b)(6)			AY	1	.12
8	SEP 29	04:15:40PM	UK	(b)(6)			AY	2	.24
9	SEP 30	11:49:22AM	UK	(b)(6)			AY	1	.12
10	SEP 30	11:49:56AM	UK	(b)(6)			AY	2	.24
11	SEP 30	01:17:21PM	UK	(b)(6)			AY	1	.12
12	SEP 30	01:18:21PM	UK	(b)(6)			AY	1	.12
13	OCT 05	11:41:49AM	JAPAN	(b)(6)			AY	2	.96
14	OCT 05	11:31:48PM	UK	(b)(6)			AY	3	.36
15	OCT 06	11:20:23AM	UK	(b)(6)			AY	2	.24
16	OCT 07	08:29:06AM	UK	(b)(6)			AY	2	.24
17	OCT 07	06:46:34PM	UK	(b)(6)			AY	2	.24
18	OCT 09	09:26:00AM	UK	(b)(6)			AY	6	.72
19	OCT 09	05:14:10PM	UK	(b)(6)			AY	2	.24
20	OCT 10	03:06:25PM	UK	(b)(6)			AY	2	.24
21	OCT 10	07:52:44PM	UK	(b)(6)			AY	5	.60
22	OCT 11	09:20:45AM	UK	(b)(6)			AY	1	.12
23	OCT 11	09:21:19AM	UK	(b)(6)			AY	2	.24
24	OCT 12	08:28:36AM	UK	(b)(6)			AY	2	.24
25	OCT 12	05:58:36PM	UK	(b)(6)			AY	2	.24
26	OCT 13	08:07:20AM	UK	(b)(6)			AY	2	.24
27	OCT 13	10:58:45AM	DALLAS	(b)(6)			AN	1	.15
28	OCT 13	11:00:29AM	DALLAS	(b)(6)			AN	1	.15
29	OCT 13	11:02:14AM	DALLAS	(b)(6)			AN	1	.15
30	OCT 13	11:03:29AM	DALLAS	(b)(6)			AN	3	.45
31	OCT 13	06:54:10PM	UK	(b)(6)			AY	2	.24
32	OCT 14	08:32:52AM	UK	(b)(6)			AY	3	.36
33	OCT 14	01:26:37PM	UK	(b)(6)			AY	2	.24
34	OCT 14	02:52:04PM	UK	(b)(6)			AY	4	.48
35	OCT 15	09:35:15AM	UK	(b)(6)			AY	2	.24
36	OCT 15	09:41:47PM	UK	(b)(6)			AY	2	.24
37	OCT 16	09:46:29AM	BEDFORD	(b)(6)			AN	2	.30
38	OCT 19	12:12:47AM	UK	(b)(6)			AY	2	.24
39	OCT 19	10:39:00AM	UK	(b)(6)			AY	3	.36
40	OCT 19	11:44:59PM	UK	(b)(6)			AY	4	.48
41	OCT 20	02:32:44PM	UK	(b)(6)			AY	1	.12
42	OCT 20	02:33:17PM	UK	(b)(6)			AY	3	.36
43	OCT 21	12:17:08AM	UK	(b)(6)			AY	3	.36
44	OCT 21	01:51:27PM	UK	(b)(6)			AY	1	.12
45	OCT 21	01:52:02PM	UK	(b)(6)			AY	2	.24
46	OCT 22	12:14:49AM	UK	(b)(6)			AY	2	.24
47	OCT 22	11:20:46AM	UK	(b)(6)			AY	6	.72
48	OCT 22	12:49:56PM	UK	(b)(6)			AY	1	.12
49	OCT 22	12:50:27PM	UK	(b)(6)			AY	2	.24
50	OCT 22	09:29:21PM	UK	(b)(6)			AY	3	.36
51	OCT 25	08:59:10PM	UK	(b)(6)			AY	3	.36
SUBTOTAL FOR 940-433-5444									.00



THANK YOU FOR YOUR PROMPT PAYMENT



AT&T

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT						
BILL FROM 940-433-8482				(b)(6)											
8	SEP 26	12:49:45PM	UK										AY	2	.24
9	SEP 26	01:17:21PM	UK										AY	21	2.52
10	SEP 26	02:09:31PM	SAN JOSE										AN	1	.10
11	SEP 26	02:28:28PM	MONTREAL										AY	17	2.04
12	SEP 27	12:59:43PM	SAN JOSE										AN	57	5.70
13	SEP 28	12:28:19PM	UK										AY	9	1.08
14	SEP 28	12:40:57PM	UK										AY	8	.96
15	SEP 28	12:58:50PM	SONOMA										AN	1	.10
16	SEP 28	03:34:12PM	UK										AY	8	.96
17	SEP 28	05:50:58PM	LEWISTON										AN	7	.70
18	SEP 29	12:50:45PM	QUINCY										AN	2	.20
19	SEP 30	12:01:38AM	LAREDO										AN	1	.15
20	SEP 30	01:33:12AM	LAREDO										AN	1	.15
21	SEP 30	10:45:16AM	BATTLE CR										AN	2	.20
22	SEP 30	01:19:52PM	UK										AY	51	6.12
23	OCT 02	06:29:48PM	KEARNY										AN	1	.10
24	OCT 03	12:46:33AM	TORONTO										AY	1	.12
25	OCT 03	12:49:01AM	TORONTO										AY	1	.12
26	OCT 03	12:49:47AM	TORONTO										AY	2	.24
27	OCT 03	11:31:01AM	TORONTO										AY	3	.36
28	OCT 03	05:44:36PM	IOLA										AN	2	.20
29	OCT 03	11:37:23PM	LAREDO										AN	113	16.95
30	OCT 05	03:17:16PM	SAN ANTON										AN	1	.15
31	OCT 05	09:11:52PM	LAREDO										AN	28	4.20
32	OCT 06	01:48:29PM	UK										AY	1	.12
33	OCT 06	02:01:16PM	HOUSTON										AN	10	1.50
34	OCT 06	09:47:08PM	LAREDO										AN	1	.15
35	OCT 06	11:54:21PM	LAREDO										AN	1	.15
36	OCT 07	01:37:36AM	LAREDO										AN	1	.15
37	OCT 07	08:50:11AM	LAREDO										AN	5	.75
38	OCT 07	02:29:46PM	UK										AY	36	4.32
39	OCT 09	08:05:52AM	LAREDO										AN	7	1.05
40	OCT 09	09:48:35AM	UK										AY	34	4.08
41	OCT 09	05:16:17PM	UK										AY	1	.12
42	OCT 09	05:43:59PM	UK										AY	1	.12
43	OCT 09	06:24:57PM	UK										AY	1	.12
44	OCT 10	08:11:52AM	LAREDO										AN	2	.30
45	OCT 10	09:09:53AM	LAREDO										AN	4	.60
46	OCT 10	01:27:20PM	UK										AY	1	.12
47	OCT 10	03:18:05PM	UK										AY	146	17.52
48	OCT 11	10:04:30AM	UK										AY	47	5.64
49	OCT 12	10:20:45AM	UK										AY	36	4.32
50	OCT 12	07:03:45PM	NANUET										AN	2	.20
51	OCT 12	07:06:25PM	POMPAN BO										AN	4	.40
52	OCT 13	03:30:25PM	UK										AY	35	4.20
53	OCT 16	02:45:42AM	UK										AY	1	.12
54	OCT 16	10:26:55AM	MEXICCY										AY	30	14.70
55	OCT 16	09:15:26PM	LAREDO										AN	45	6.75



AT&T

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
56	OCT 19	03:14:41PM	MONROE	(b)(6)			AN	1	.10
57	OCT 19	03:47:39PM	UK	(b)(6)			AY	1	.12
58	OCT 19	03:56:06PM	COSHOCTON	(b)(6)			AN	3	.30
59	OCT 19	03:59:27PM	UK	(b)(6)			AY	1	.12
60	OCT 19	08:22:11PM	REXFORD	(b)(6)			AN	4	.40
61	OCT 20	06:51:18AM	UK	(b)(6)			AY	3	.36
62	OCT 20	08:28:08AM	UK	(b)(6)			AY	76	9.12
63	OCT 20	11:26:23AM	WASHINGTON	(b)(6)			AN	2	.20
64	OCT 21	04:42:18PM	UK	(b)(6)			AY	27	3.24
65	OCT 21	09:09:57PM	MEXICCY FE	(b)(6)			AY	84	41.16
66	OCT 22	02:11:15PM	UK	(b)(6)			AY	27	3.24
67	OCT 23	12:04:43PM	CHICO	(b)(6)			AN	1	.15
68	OCT 25	02:10:45AM	LAREDO	(b)(6)			AN	100	15.00

SUBTOTAL FOR 940-433-8482 .00

BILL FROM 940-433-8483

1	OCT 12	08:37:07PM	HARTFORD	CT	(b)(6)		AN	1	.10
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SUBTOTAL FOR 940-433-8483 .00

- = AT&T One Rate (R) Plus Plan state-to-state
- Call - Charge not Included in Total
- = AT&T One Rate (R) Plus Plan in-state
- discounted call - charge not included in total
- = AT&T One Rate (R) International Plan

SUBTOTAL LONG DISTANCE CHARGES .00

OPTIONAL CALLING PLAN DETAIL

AT&T One Rate (R) Plus Plan Summary	
Direct Dialed Calls	58.35
Calling Card Calls	.00
Total AT&T One Rate (R) Plus Plan	58.35

AT&T One Rate (R) International Plan Summary	
International Discounted Calls 824 Mins	141.78
Calls Eligible for Discount 0.00 Disc @ 0%	
Total AT&T One Rate (R) International Plan	141.78

NOTE: You have saved 806.56 over regular AT&T Rates with AT&T One Rate (R) International Plan this month.

TOTAL LONG DISTANCE CHARGES 200.13



THANK YOU FOR YOUR PROMPT PAYMENT



AT&T

DETAIL OF TAXES

Federal Tax @ 3%	6.37
TX INFRASTRUCT. FUND REIMB.	2.62
Texas Poison Control Surcharge	.15
Texas 9-1-1 Surcharge	.15
State and Local Taxes	14.02
<b>TOTAL TAX</b>	<b>23.31</b>

\*\*\*Rate Codes for Interstate and Intrastate Long Distance Calls

		Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature	
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card	F = Call Forward	
M = Multiple Rate Period	E = Evening	T = Discount	P = Person	X = Conference	
	N = Night/Weekend	Y = Economy	S = Station		

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

R = When this symbol appears in the left margin, it indicates a toll call has been billed to your account after being investigated by a toll investigation group.



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THANK YOU FOR YOUR PROMPT PAYMENT

FOR QUESTIONS REGARDING YOUR TELCOM USA CHARGES CALL YOUR LOCAL BUSINESS OFFICE AS SHOWN ON PAGE ONE.

**SUMMARY OF CURRENT CHARGES**

LONG DISTANCE CALLS	SEE DETAIL	5.05
TAXES . . . FEDERAL .15 STATE	.32 COUNTY	.00
CITY .00		.47

**TOTAL CURRENT CHARGES 5.52**

**LONG DISTANCE CHARGES**

**BILL FROM 940-433-8482**

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
	69 SEP 29	03:55:34pm	BOYD TX	(b)(6)				3.0	5.05

**SUBTOTAL FOR 940-433-8482 5.05**

**TOTAL LONG DISTANCE CHARGES 5.05**

**\*\*\*Rate Codes for Interstate and Intrastate Long Distance Calls**

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature	
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card	F = Call Forward
M = Multiple Rate Period	E = Evening	T = Discount	P = Person	X = Conference
	N = Night/Weekend	Y = Economy	S = Station	

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

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99

CALL 1-800-879-4653 FOR BILLING INQUIRIES

**SUMMARY OF CURRENT CHARGES**

LONG DISTANCE CALLS SEE DETAIL 4.95  
TAXES . . . FEDERAL .00 SURCHARGE .04 .04

**TOTAL CURRENT CHARGES 4.99**

LONG DISTANCE CHARGES  
MISCELLANEOUS CHARGES/CREDITS

BILLED ON BEHALF OF	TEL ONE	REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
		1	SEP 30		I-NET SETUP						4.95

SUBTOTAL 4.95

SUBTOTAL 4.95

**TOTAL LONG DISTANCE CHARGES 4.95**

\*\*\*Rate Codes for Interstate and Intrastate-Long Distance Calls

Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature
A = Automatic Number Identification(ANI)	D = Day E = Evening	C = Calling Card P = Person X = Conference
M = Multiple Rate Period	N = Night/Weekend Y = Economy	S = Station

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

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LOCAL COMMUNICATIONS

PAGE 1  
940-433-8483 (240)  
OCTOBER 04, 1998

BUSINESS OFFICE NO. 1-800-488-7995

PREVIOUS CHARGES	PAYMENTS RECEIVED	ADJUSTMENTS	PAST DUE BALANCE	CURRENT CHARGES	PAYMENT DUE BY
211.73	211.73 <sub>c</sub>	3.92 <sub>c</sub>	3.92 <sub>c</sub>	380.34	OCT. 23, 1998

TOTAL AMOUNT DUE 376.42

*paid 10-24-98*

CARRIER SUMMARY

CARRIER	ADJUSTMENTS	CURRENT CHARGES
SPRINT LOCAL COMMUNICATIONS	.00	122.06
MCI	.00	11.89
AT&T	3.92 <sub>c</sub>	240.18
TELCOM USA	.00	6.21
<b>TOTALS</b>	<b>3.92<sub>c</sub></b>	<b>380.34</b>

SPRINT



CONTINUED ON BACK OF THIS PAGE THANK YOU FOR YOUR PROMPT PAYMENT



LOCAL COMMUNICATIONS

PAGE 2  
940-433-8483 (240)  
OCTOBER 04, 1998

OUR RECORDS INDICATE YOUR LOCAL TOLL CARRIER IS AT&T

OUR RECORDS INDICATE YOUR LONG DISTANCE CARRIER IS AT&T

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LOCAL COMMUNICATIONS

PAGE 3  
940-433-8483 (240)  
OCTOBER 04, 1998

GET SPRINT **CALLER ID** AND SEE WHO'S  
CALLING, THEN **ANSWER** THE PHONE  
**...OR NOT.**

To answer. Or not to answer. With Sprint Caller ID, you're sure to make the right choice.

That's because Caller ID shows you the caller's name and number before you even pick up the phone. So you can choose to answer right away, call back later or not at all.

**GET A FREE DISPLAY UNIT WHEN YOU ORDER SPRINT CALLER ID BEFORE OCTOBER 18, 1998. CALL TOLL FREE: 1-877-ID CALLER.**

[www.sprint.com](http://www.sprint.com)

Available in most areas. Restrictions apply.  
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EC9813



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THANK YOU FOR YOUR PROMPT PAYMENT



SUMMARY OF CURRENT CHARGES

LOCAL SERVICE		SEE DETAIL		93.67
OTHER SERVICE		SEE DETAIL		3.00
LONG DISTANCE CALLS		SEE DETAIL		25
FEDERAL END USER CHARGE				13.50
TAXES . . . FEDERAL	3.23	STATE	6.91	EMERGENCY 1.50
FRANCHISE	.00	COUNTY	.00	CITY .00
				11.64

TOTAL CURRENT CHARGES 122.06

LOCAL SERVICE  
LOCAL SERVICE FROM OCT 04 TO NOV 03

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
TELEPHONE NUMBER 940 433 5444			
ELC SURCHARGE	1	1.49	1.49
ACCESS LINE-1 PARTY	1	7.40	7.40
TELEPHONE NUMBER 940 433 8482			
ELC SURCHARGE	1	1.49	1.49
IWY CP METRO PLUS CALLING	1	30.00	30.00
CALLER ID W/NAME AND ACR	1	7.00	7.00
ACCESS LINE-1 PARTY	1	7.40	7.40
TELEPHONE NUMBER 940 433 8483			
ELC SURCHARGE	1	1.49	1.49
IWY CP METRO PLUS CALLING	1	30.00	30.00
ACCESS LINE-1 PARTY	1	7.40	7.40

LOCAL SERVICE BREAKDOWN BY OPTIONAL AND BASIC SERVICE

OPTIONAL SERVICE SUBTOTAL	67.00
ACCESS LINE SERVICE	22.20
OTHER BASIC SERVICE	4.47
BASIC SERVICE SUBTOTAL	26.67
TOTAL LOCAL SERVICE	93.67

OTHER SERVICE  
OTHER SERVICE FROM OCT 04 TO NOV 03

DESCRIPTION	QUANTITY	UNIT RATE	AMOUNT
TELEPHONE NUMBER 940 433 8483			
MAINTENANCE INSIDE WIRE	1	3.00	3.00
TOTAL OTHER SERVICE			3.00

SPRINT



THANK YOU FOR YOUR PROMPT PAYMENT



**LONG DISTANCE CHARGES**

**BILL FROM 940-433-8482**

REF DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
1 AUG 17	03:03:40pm	SANGER TX	(b)(6)			AD	1.0	.25

**SUBTOTAL FOR 940-433-8482 .25**

**TOTAL LONG DISTANCE CHARGES .25**

\*\*\*Rate Codes for Interstate and Intrastate Long Distance Calls

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature	
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card	F = Call Forward
M = Multiple Rate Period	E = Evening	T = Discount	P = Person	X = Conference
	N = Night/Weekend	Y = Economy	S = Station	

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

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**CUSTOMER INFORMATION**

FOR THE PROTECTION OF YOUR TELEPHONE RECORDS, PLEASE BE ADVISED THAT OUR CUSTOMER SERVICE REPRESENTATIVES CAN DISCUSS YOUR TELEPHONE BILL WITH ONLY THE PERSON OR PERSONS INDICATED BY THE NAME OR NAMES APPEARING ON YOUR BILL. IF YOU WISH TO UPDATE YOUR ACCOUNT, PLEASE CONTACT THE CALL CENTER AT THE TELEPHONE NUMBER LISTED IN THE FRONT OF YOUR SPRINT TELEPHONE DIRECTORY.

CALL SPRINT TOLL-FREE AT 1-800-788-3500 DURING THE HOURS OF 8:00 A.M. TO 6:00 P.M. MONDAY THROUGH FRIDAY AND 8 A.M. TO 5 P.M. SATURDAY.

IF YOU BELIEVE THAT THE LOCAL EXCHANGE PROVIDER OR THE INTEREXCHANGE CARRIER NAMED IN THE BILL IS NOT YOUR CHOSEN INTEREXCHANGE CARRIER, YOU MAY CONTACT: PUBLIC UTILITY COMMISSION OF TEXAS, OFFICE OF CUSTOMER PROTECTION, P.O. BOX 13326, AUSTIN, TEXAS 78711-3326, (512) 936-7120 OR IN TEXAS (TOLL FREE) 1-888-782-8477. HEARING AND SPEECH-IMPAIRED INDIVIDUALS WITH TEXT TELEPHONES (TTY) MAY CONTACT THE COMMISSION AT (512) 936-7136.

CALL TODAY FOR THE SPRINT SENSE LOCAL TOLL CALLING PLAN AND YOU COULD SAVE MORE THAN 40% ON YOUR LOCAL TOLL CALLS. PLUS, ONCE A YEAR YOU'LL RECEIVE A 10% CASH BACK BONUS. ALL JUST FOR STAYING WITH YOUR LOCAL PHONE COMPANY, SPRINT. CALL 1-800-416-6635 TODAY FOR THE SPRINT SENSE LOCAL TOLL CALLING PLAN.

SPRINT



CONTINUED ON BACK OF THIS PAGE THANK YOU FOR YOUR PROMPT PAYMENT



MCI

PAGE 7  
940-433-8483 (240)  
OCTOBER 04, 1998

FOR QUESTIONS REGARDING YOUR MCI CHARGES CALL YOUR  
LOCAL BUSINESS OFFICE AS SHOWN ON PAGE ONE.

SUMMARY OF CURRENT CHARGES

LONG DISTANCE CALLS			SEE DETAIL		10.80
TAXES . FEDERAL	.33	STATE	.68	SURCHARGE	.08
COUNTY	.00	CITY	.00		1.09

**TOTAL CURRENT CHARGES 11.89**

LONG DISTANCE CHARGES

BILL FROM 940-433-8482

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
2	AUG 29	06:02:06pm	BOYD TX	(b)(6)				2.0	1.74
3	AUG 30	12:04:39am	BOYD TX					1.0	1.30
4	SEP 01	08:24:10pm	BOYD TX					1.0	1.33
5	SEP 13	02:04:08pm	BOYD TX					10.0	2.24
6	SEP 18	04:59:18pm	BOYD TX					1.0	1.66
7	SEP 18	09:11:43pm	BOYD TX					6.0	2.53

SUBTOTAL FOR 940-433-8482 10.80

TOTAL LONG DISTANCE CHARGES 10.80

\*\*\*Rate Codes for Interstate and Intrastate Long Distance Calls

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card F = Call Forward
M = Multiple Rate Period	E = Evening	T = Discount	P = Person X = Conference
N = Night/Weekend	Y = Economy	S = Station	

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

R = When this symbol appears in the left margin, it indicates a toll call has been billed to your account after being investigated by a toll investigation group.



CONTINUED ON BACK OF THIS PAGE

THANK YOU FOR YOUR PROMPT PAYMENT



AT&T

CALL 1-800-222-0300 FOR BILLING INQUIRIES

ADJUSTMENTS

TOLL SUMMARY ADJUSTMENT	09 01 98	3.92 <sub>ch</sub>
<b>TOTAL ADJUSTMENTS</b>		<b>3.92<sub>ch</sub></b>

SUMMARY OF CURRENT CHARGES

CHARGES AND CREDITS	SEP 26 1998 SEE DETAIL	-9.73
LONG DISTANCE	SEP 26 1998 SEE DETAIL	205.18
TAXES	SEP 26 1998 SEE DETAIL	25.27

**TOTAL CURRENT CHARGES 240.18**

AT&T Invoice Charges For Period Ending SEP 26, 1998

CUSTOMER INFORMATION AREA

If you believe a telecommunications carrier has switched you without your authorization you may contact:  
 Public Utility Commission of Texas  
 Office of Consumer Affairs, P.O. Box 13326  
 Austin, Texas 78711-3326  
 (512) 936-7120 or in Texas (toll-free) 1-888-782-8477.  
 Hearing and speech-impaired individuals with text telephones (TTY) may contact the commission at (512) 936-7136.

CHARGES AND CREDITS

Universal Connectivity Charge		93
For an explanation of this charge, please call 1 800 532-2021.		
Carrier Line Charge		85
For an explanation of this charge, please call 1 800 532-2021.		
AT&T One Rate (R) Plus Plan		4.95
SEP 26 thru OCT 25		
AT&T One Rate (R) International Plan		
SEP 26 thru OCT 25		3.00

**TOTAL CHARGES AND CREDITS 9.73**

LONG DISTANCE CHARGES

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
BILL FROM	940-433-5444								
	1 AUG 27	08:59:05AM	UK	(b)(6)			AY	3	.36





AT&T

PAGE 10  
940-433-8483 (240)  
OCTOBER 04, 1998

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
2	AUG 30	01:51:59PM	JAPAN	(b)(6)			AY	2	.96
3	AUG 30	05:06:22PM	UK	(b)(6)			AY	1	.12
4	AUG 30	05:07:11PM	UK	(b)(6)			AY	2	.24
5	SEP 01	10:45:28AM	UK	(b)(6)			AY	2	.24
6	SEP 07	11:15:31AM	UK	(b)(6)			AY	10	1.20
7	SEP 08	01:53:26PM	UK	(b)(6)			AY	1	.12
8	SEP 08	01:54:20PM	UK	(b)(6)			AY	2	.24
9	SEP 08	08:50:32PM	UK	(b)(6)			AY	5	.60
10	SEP 09	08:00:17AM	UK	(b)(6)			AY	1	.12
11	SEP 09	08:01:01AM	UK	(b)(6)			AY	2	.24
12	SEP 09	11:38:45AM	NETHERLAN	(b)(6)			AY	1	.29
13	SEP 09	11:47:09AM	NETHERLAN	(b)(6)			AY	1	.29
14	SEP 09	11:48:57AM	NETHERLAN	(b)(6)			AY	2	.58
15	SEP 09	05:29:34PM	UK	(b)(6)			AY	2	.24
16	SEP 10	08:02:57AM	UK	(b)(6)			AY	1	.12
17	SEP 10	08:03:41AM	UK	(b)(6)			AY	2	.24
18	SEP 12	11:14:33PM	UK	(b)(6)			AY	3	.36
19	SEP 13	09:42:01AM	UK	(b)(6)			AY	2	.24
20	SEP 13	07:00:31PM	UK	(b)(6)			AY	2	.24
21	SEP 14	02:18:48PM	UK	(b)(6)			AY	2	.24
22	SEP 15	09:37:21AM	UK	(b)(6)			AY	1	.12
23	SEP 15	09:38:08AM	UK	(b)(6)			AY	3	.36
24	SEP 15	09:46:16AM	JAPAN	(b)(6)			AY	2	.96
25	SEP 16	01:08:52PM	UK	(b)(6)			AY	1	.12
26	SEP 16	01:09:25PM	UK	(b)(6)			AY	3	.36
27	SEP 17	12:18:38AM	UK	(b)(6)			AY	2	.24
28	SEP 17	09:19:51PM	UK	(b)(6)			AY	2	.24
29	SEP 20	09:46:31AM	UK	(b)(6)			AY	5	.60
30	SEP 20	08:55:46PM	BEDFORD	(b)(6)			AN	3	.45
31	SEP 20	10:34:29PM	UK	(b)(6)			AY	2	.24
32	SEP 21	02:55:53PM	UK	(b)(6)			AY	1	.12
33	SEP 21	02:56:24PM	UK	(b)(6)			AY	1	.12
34	SEP 21	03:00:49PM	UK	(b)(6)			AY	2	.24
35	SEP 22	12:06:06PM	UK	(b)(6)			AY	2	.24
36	SEP 22	08:48:45PM	UK	(b)(6)			AY	2	.24
37	SEP 23	08:42:02AM	UK	(b)(6)			AY	3	.36
38	SEP 23	02:47:34PM	UK	(b)(6)			AY	1	.12
39	SEP 23	02:48:17PM	UK	(b)(6)			AY	2	.24
40	SEP 24	11:53:12AM	UK	(b)(6)			AY	1	.12
41	SEP 24	11:54:18AM	UK	(b)(6)			AY	2	.24
42	SEP 25	12:04:40AM	UK	(b)(6)			AY	2	.24

SUBTOTAL FOR 940-433-5444 .00

BILL FROM 940-433-8482

8	AUG 18	11:50:27AM	DIR ASST	TX	(b)(6)		AD		.95
9	AUG 18	02:04:24PM	DIR ASST	TX	(b)(6)		AD		.95
10	AUG 18	02:05:29PM	DIR ASST	TX	(b)(6)		AD		.95
11	AUG 18	02:06:50PM	DIR ASST	TX	(b)(6)		AD	1	.95



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Recycled Paper

THANK YOU FOR YOUR PROMPT PAYMENT



AT&T

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
-12	AUG 18	02:21:25PM	DIR ASST	(b)(6)			AD		.95
13	AUG 18	02:23:13PM	DIR ASST	(b)(6)			AD		.95
-14	AUG 18	02:30:44PM	DIR ASST	(b)(6)			AD		.95
-15	AUG 18	02:32:46PM	DIR ASST	(b)(6)			AD		.95
-16	AUG 18	02:37:19PM	DIR ASST	(b)(6)			AD		.95
-17	AUG 26	06:01:42PM	ACTON	(b)(6)			AY	1	.12
-18	AUG 26	07:55:15PM	SAN ANTONI	(b)(6)			AN	1	.10
-19	AUG 26	07:56:39PM	SAN ANTONI	(b)(6)			AN	1	.10
-20	AUG 27	09:45:46AM	UK	(b)(6)			AY	20	2.40
-21	AUG 27	10:18:50AM	SAN ANTONI	(b)(6)			AN	1	.10
-22	AUG 28	01:08:45PM	UK	(b)(6)			AY	18	2.16
-23	AUG 28	05:41:29PM	UK	(b)(6)			AY	19	2.28
-24	AUG 31	09:58:16AM	UK	(b)(6)			AY	41	4.92
-25	AUG 31	05:48:24PM	OAK PARK	(b)(6)			AN	6	.60
-26	AUG 31	06:07:24PM	OAK PARK	(b)(6)			AN	2	.20
-27	AUG 31	09:16:01PM	WINNIPEG	(b)(6)			AY	3	.36
-28	AUG 31	10:27:26PM	LAREDO	(b)(6)			AN	1	.10
-29	SEP 01	12:02:54AM	LAREDO	(b)(6)			AN	1	.15
-30	SEP 01	12:51:17AM	LAREDO	(b)(6)			AN	70	10.50
-31	SEP 01	02:05:59PM	DENVER	(b)(6)			AN	6	.60
-32	SEP 01	02:28:51PM	UK	(b)(6)			AY	41	4.92
-33	SEP 02	12:21:32AM	LAREDO	(b)(6)			AN	2	.30
-34	SEP 02	12:24:41AM	LAREDO	(b)(6)			AN	1	.15
-35	SEP 02	09:24:32AM	SANANTONIO	(b)(6)			AN	1	.15
-36	SEP 02	09:25:12AM	LAREDO	(b)(6)			AN	5	.75
-37	SEP 02	12:46:04PM	SALT LAKE	(b)(6)			AN	3	.30
-38	SEP 02	11:14:00PM	LAREDO	(b)(6)			AN	127	19.05
-39	SEP 03	03:08:35PM	AUSTIN	(b)(6)			AN	1	.15
-40	SEP 03	06:20:44PM	CLIFTON	(b)(6)			AN	2	.30
-41	SEP 04	09:44:19AM	CHICAGO	(b)(6)			AN	11	1.10
-42	SEP 04	10:01:10AM	SAN ANTONI	(b)(6)			AN	1	.15
-43	SEP 04	10:03:17AM	GURDON	(b)(6)			AN	1	.10
-44	SEP 04	10:45:03PM	LAREDO	(b)(6)			AN	15	2.25
-45	SEP 05	11:19:52PM	LAREDO	(b)(6)			AN	1	.15
-46	SEP 07	04:21:37PM	FTN CTY	(b)(6)			AN	1	.10
-47	SEP 07	11:07:16PM	LAREDO	(b)(6)			AN	1	.15
-48	SEP 08	03:00:11PM	UK	(b)(6)			AY	35	4.20
-49	SEP 08	03:44:10PM	SAN ANTONI	(b)(6)			AN	1	.15
-50	SEP 09	09:02:47AM	SAN ANTONI	(b)(6)			AN	1	.15
-51	SEP 09	02:07:59PM	SMYRNA	(b)(6)			AN	2	.20
-52	SEP 10	09:30:32AM	UK	(b)(6)			AY	23	2.76
-53	SEP 10	10:48:01AM	GREENWOOD	(b)(6)			AN	35	3.50
-54	SEP 10	12:00:25PM	CVNBLDWNPK	(b)(6)			AN	29	2.90
-55	SEP 10	11:45:42PM	LAREDO	(b)(6)			AN	1	.15
-56	SEP 11	06:43:32PM	VICTORIA	(b)(6)			AN	1	.15
-57	SEP 11	06:47:27PM	STCTNSTHLD	(b)(6)			AY	2	.24
-58	SEP 11	10:35:49PM	LAREDO	(b)(6)			AN	62	9.30
-59	SEP 12	12:05:14AM	LAREDO	(b)(6)			AN	88	13.20
-60	SEP 12	08:51:43PM	LAREDO	(b)(6)			AN	2	.30



AT&T

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
61	SEP 13	05:42:45PM	STAFFORD	(b)(6)			AN	5	.75
62	SEP 13	08:07:17PM	HOUSTON	(b)(6)			AN	1	.15
63	SEP 14	12:08:38AM	LAREDO	(b)(6)			AN	1	.15
64	SEP 14	03:11:25PM	REISTERSTN	(b)(6)			AN	3	.30
65	SEP 14	03:38:27PM	UK	(b)(6)			AY	30	3.60
66	SEP 14	08:08:45PM	W CHESTER	(b)(6)			AN	1	.10
67	SEP 14	11:14:43PM	LAREDO	(b)(6)			AN	17	2.55
68	SEP 14	11:35:53PM	LAREDO	(b)(6)			AN	59	8.85
69	SEP 15	11:19:54PM	MEXICCY FE	(b)(6)			AY	22	10.78
70	SEP 16	11:48:33AM	FALL RIVER	(b)(6)			AN	2	.20
71	SEP 16	02:15:21PM	UK	(b)(6)			AY	41	4.92
72	SEP 16	04:00:35PM	UK	(b)(6)			AY	1	.12
73	SEP 18	01:13:27PM	HOUSTON	(b)(6)			AN	1	.15
74	SEP 18	02:14:24PM	HOUSTON	(b)(6)			AN	11	1.65
75	SEP 18	06:35:33PM	BURBANK	(b)(6)			AN	1	.10
76	SEP 19	03:12:52AM	LAREDO	(b)(6)			AN	43	6.45
77	SEP 21	02:57:03PM	UK	(b)(6)			AY	3	.36
78	SEP 21	03:12:59PM	UK	(b)(6)			AY	74	8.88
79	SEP 22	12:41:00PM	MONROE	(b)(6)			AN	2	.20
80	SEP 22	02:04:08PM	UK	(b)(6)			AY	36	4.32
81	SEP 23	12:12:45AM	LAREDO	(b)(6)			AN	1	.15
82	SEP 23	01:34:54AM	LAREDO	(b)(6)			AN	35	5.25
83	SEP 23	08:23:19AM	UK	(b)(6)			AY	19	2.28
84	SEP 23	02:44:04PM	SAN ANTONI	(b)(6)			AN	1	.15
85	SEP 24	12:54:20AM	LAREDO	(b)(6)			AN	66	9.90
86	SEP 24	12:46:26PM	UK	(b)(6)			AY	28	3.36
87	SEP 24	06:37:37PM	FALL RIVER	(b)(6)			AN	2	.20
88	SEP 24	08:50:44PM	LKARROWHED	(b)(6)			AN	1	.15
89	SEP 25	01:00:27AM	LAREDO	(b)(6)			AN	63	9.45
90	SEP 25	10:29:23PM	SAN JOSE	(b)(6)			AN	1	.10

SUBTOTAL FOR 940-433-8482 8.55

REF	DATE	TIME	PLACE CALLED	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
BILL FROM 940-433-8483									
1	SEP 09	11:28:39PM	LAREDO TX	(b)(6)			AN	1	.15
2	SEP 21	02:52:20PM	LKARROWHED TX	(b)(6)			AN	34	5.10
3	SEP 25	02:50:30PM	WICHT FLS TX	(b)(6)			AN	4	.60

SUBTOTAL FOR 940-433-8483 .00

- = AT&T One Rate (R) Plus Plan state-to-state
- Call - Charge not Included in Total
- = AT&T One Rate (R) Plus Plan in-state
- discounted call - charge not included in total
- = AT&T One Rate (R) International Plan

SUBTOTAL LONG DISTANCE CHARGES 8.55





AT&T

**OPTIONAL CALLING PLAN DETAIL**

AT&T One Rate (R) Plus Plan Summary		
Direct Dialed Calls		120.85
Calling Card Calls		.00
Total AT&T One Rate (R) Plus Plan		<u>120.85</u>

AT&T One Rate (R) International Plan Summary		
International Discounted Calls	546 Mins	75.78
Calls Eligible for Discount	0.00 Disc @ 0%	
Total AT&T One Rate (R) International Plan		<u>75.78</u>

NOTE: You have saved 536.06 over regular AT&T Rates with AT&T One Rate (R) International Plan this month.

**TOTAL LONG DISTANCE CHARGES 205.18**

**DETAIL OF TAXES**

Federal Tax @ 3%	6.52
TX INFRASTRUCT. FUND REIMB.	2.69
Texas Poison Control Surcharge	.33
Texas 9-1-1 Surcharge	.33
State and Local Taxes	<u>15.40</u>

**TOTAL TAX 25.27**

\*\*\*Rate Codes for Interstate and Infrastate Long Distance Calls

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature	
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card	F = Call Forward
M = Multiple Rate Period	N = Night/Weekend	T = Discount	P = Person	X = Conference
		Y = Economy	S = Station	

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

R = When this symbol appears in the left margin, it indicates a toll call has been billed to your account after being investigated by a toll investigation group.



FOR QUESTIONS REGARDING YOUR TELECOM USA CHARGES CALL YOUR LOCAL BUSINESS OFFICE AS SHOWN ON PAGE ONE.

**SUMMARY OF CURRENT CHARGES**

LONG DISTANCE CALLS		SEE DETAIL	5.68
TAXES . . . FEDERAL	.17 STATE	.36 COUNTY	.00
	CITY		.53

<b>TOTAL CURRENT CHARGES</b>	<b>6.21</b>
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**LONG DISTANCE CHARGES**

**BILL FROM 940-433-8482**

REF DATE	TIME	PLACE CALLED	TX	NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
91 AUG 25	07:00:30pm	BOYD	TX	(h)(6)			AES	7.0	5.68

**SUBTOTAL FOR 940-433-8482** **5.68**

**TOTAL LONG DISTANCE CHARGES** **5.68**

**\*\*\*Rate Codes for Interstate and Intrastate Long Distance Calls**

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature
A = Automatic Number Identification(ANI)	D = Day	R = Standard	C = Calling Card F = Call Forward
M = Multiple Rate Period	E = Evening	T = Discount	P = Person X = Conference
	N = Night/Weekend	Y = Economy	S = Station

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

R = When this symbol appears in the left margin, it indicates a toll call has been billed to your account after being investigated by a toll investigation group.

A handwritten signature in black ink, consisting of a large, stylized loop on the left and a long, sweeping horizontal stroke extending to the right.

(Please type or print clearly)

3. File number (A number)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

**MAYHEW**

4. Sex

Male

Female

(First)

**PETER**

(Middle Initial)

**W**

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

**May 19, 1944**

2. (b)(6)

(Apt. number)

6. Country of birth

**United Kingdom**

(City)

**GRANBURY**

(State)

**TX**

(ZIP Code)

**7 6 0 4 9**

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

**May 18, 2001**

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

No apparent defect, disease, or disability.

The conditions listed below were found (check all boxes that apply).

**Class A Conditions**

Chancroid

Hansen's disease, infectious

Mental defect

Psychopathic personality

Chronic alcoholism

HIV infection

Mental retardation

Sexual deviation

Gonorrhea

Insanity

Narcotic drug addiction

Syphilis, infectious

Granuloma inguinale

Lymphogranuloma venereum

Previous occurrence of one or more attacks of insanity

Other physical defect, disease or disability (specify below).

**Class B Conditions**

Hansen's disease, not infectious  Tuberculosis, not active

**Examination for Tuberculosis - Tuberculin Skin Test**

Reaction \_\_\_\_\_ mm

No reaction  Not done

**Examination for Tuberculosis - Chest X-Ray Report**

Abnormal

Normal

Not done

Doctor's name (please print)

**Inayat I. Lalani M.D.**

Date read

**5-18-2001**

Doctor's name (please print)

**Inayat I. Lalani M.D.**

Date read

**Serologic Test for Syphilis**

Reactive Titer (confirmatory test performed)

Nonreactive

**Serologic Test for HIV Antibody**

Positive (confirmed by Western.biot)

Negative

Test Type

**RPR**

**5-18-2001**

Doctor's name (please print)

**Inayat I. Lalani M.D.**

Date read

Test Type

**HIV Antibody Test**

**5-18-2001**

Doctor's name (please print)

**Inayat I. Lalani M.D.**

Date read

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

Applicant is current for recommended age-specific immunizations.

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

REMARKS:

**Civil Surgeon Referral for Follow-up of Medical Condition**

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

**Follow-up Information:**

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

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

Doctor's signature

Date

**Applicant Certification:**

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

Signature

Date

**X Inayat I. Lalani M.D.**

**5/18/01**

**Civil Surgeon Certification:**

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

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

Doctor's signature

Date

**4255 Bryant Irvin Rd., Ste 102 Ft. Worth TX 76109**

*Inayat I. Lalani M.D.* **5/18/01**

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

693-1

**Medical Clearance Requirements  
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimated Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>**Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
<i>HIV Infection</i>	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.
<p><b>* Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.</b></p>		
<p><b>** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.</b></p>		

# CLINICAL PATHOLOGY LABORATORY

9200 Wall Street • Austin, Texas 78754  
512-873-1600 1-800-633-4757

Medicare Provider # CL0078  
CAP Accreditation #: 21525-01  
CLIA # 45D0505003

REPRINT

13762  
COUNTRY DAY CLINIC  
4255 BRYANT IRVIN RD #102  
FT WORTH, TX 76109

PATIENT NAME		PATIENT ID.		ROOM NUMBER	AGE	SEX	PHYSICIAN	
MAYHEW, PETER					57	U	INAYAT I LALANI	
PAGE	REQUISITION NO.	ACCESSION NO.	ID. NO.	COLLECTION DATE & TIME		LOG-IN-DATE	REPORT DATE	& TIME
1	E427347	F5664498		05/18/01 NO TIME		05/18/01	05/21/01	11:21A

TESTS REQUESTED

HIV-1, RPR

TEST	RESULTS		UNITS	EXPECTED RANGE
	OUT-OF RANGE	WITHIN RANGE		
RPR				
RPR			NONREACTIVE	NON-REACTIVE
HIV-1 AB SCREEN (EIA)			NONREACTIVE	NON-REACTIVE
<p>UNLESS OTHERWISE INDICATED, ALL TESTING PERFORMED AT CLINICAL PATHOLOGY LABORATORIES, INC. 9200 WALL ST AUSTIN, TX 78754 CLIA NUMBER 45D0505003 CAP ACCREDITATION NO. 21525-01</p> <p>*** FINAL REPORT ***</p>				

COPY PT 2

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

1. Applicant Identifying Information

Date of Birth

May 19, 1944

**MAYHEW PETER**

(Family) (Personal)

MALE Female

Passport # \_\_\_\_\_

Country United Kingdom

2. Immunization Record

Vaccine History Transferred from Written Record					Vaccine given	Completed series or fully immune (Check if Yes or write date lab test of if immune)	Waiver(s) to be requested from INS			
See attached copies of immunization records							Blanket			
					Not Medically Appropriate					
Vaccine	Date Recid Mo/Day/Yr	Date Recid Mo/Day/Yr	Date Recid Mo/Day/Yr	Date Recid Mo/Day/Yr	Date given by Civil Surgeon Mo/Day/Yr	Not appropriate age	Contra-diction	Insufficient time interval	Not full (flu) season	
DT/DTP						✓			////////	
Td	WAIVED VACCINE UNAVAILABLE								////////	
Polio (OPV/IPV)						✓			////////	
Mumps or (MMR)	}					✓			////////	
Mumps or (MMR)						✓			////////	
Rubella (MR or MMR)							✓		////////	
Hib							✓		////////	
Hepatitis B						✓			////////	
Varicella	Report clinical history of chicken pox at age 7					✓			////////	
Pneumococcal						✓			////////	
Influenza						✓			✓	

3. Results

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

4. Civil Surgeon's identifying Information

Civil Surgeon's Name: INAYAT I. LALANI M.D. FORT WORTH TX

Date: May 18, 2001

Civil Surgeon's Signature





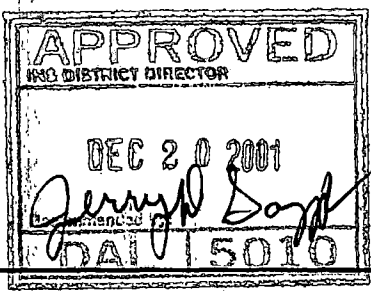
(b)(6)



(b)(6)

Peter W. MARINE  
DOB: 05/01/1944

**DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE USE ONLY**

Case ID#	Action Stamp 	Fee Stamp 4186 001 12/09/99 10:41 Petition was filed on 1-130 (priority date) 110.00
A#		
G-28 or Volag#		
Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	<input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pat. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved	
AM CON: _____		
Remarks:		

**A. Relationship**

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

2. Are you related by adoption?  Yes  No

3. Did you gain residence through adoption?  Yes  No

**B. Information about you**

1. Name (Family Name in CAPS) (First) (Middle)  
(b)(6)

2. Address (Number and Street) (Apartment Number)  
(b)(6)  
(Town or City) (State/Country) (ZIP/Postal Code)  
Boyd Texas 76023

3. Place of Birth (Town or City) (State/Country)  
(b)(6) USA

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

7. Other Names Used (including maiden name)  
(b)(6)

8. Date and Place of Present Marriage (if married)  
08/07/1999 Ft. Worth, Texas USA

9. Social Security Number (b)(6) 10. Alien Registration Number (if any) N/A

11. Names of Prior Husbands/Wives (b)(6) 12. Date(s) Marriage(s) Ended  
11/23/1998  
04/16/1993  
04/18/1978

**C. Information about your alien relative**

1. Name (Family Name in CAPS) (First) (Middle)  
MAYHEW Peter William

2. Address (Number and Street) (Apartment Number)  
(b)(6)  
(Town or City) (State/Country) (ZIP/Postal Code)  
Boyd Texas 76023

3. Place of Birth (Town or City) (State/Country)  
Kingston U.K.

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

7. Other Names Used (including maiden name)  
NONE

8. Date and Place of Present Marriage (if married)  
08/07/1999 Puerto Valle, Mex.

9. Social Security Number NONE 10. Alien Registration Number (if any) NONE

11. Names of Prior Husbands/Wives NONE 12. Date(s) Marriage(s) Ended  
NONE

13. If you are a U.S. citizen, complete the following:  
My citizenship was acquired through (check one)  
 Birth in the U.S.  
 Naturalization (Give number of certificate, date and place it was issued)  
N/A  
 Parents  
Have you obtained a certificate of citizenship in your own name?  
 Yes  No  
If "Yes", give number of certificate, date and place it was issued  
N/A

13. Has your relative ever been in the U.S.?  
 Yes  No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)  
VISITOR  
Arrival/Departure Record (I-94) Number Date Arrived (Month/Day/Year)  
913043075 05 11/20/1999  
Date authorized stay expired, or will expire as shown on Form I-94 or I-95  
01/21/2000

14a. If you are a lawful permanent resident alien, complete the following:  
Date and place of admission for, or adjustment to, lawful permanent residence, and class of admission: N/A

15. Name and Address of Present Employer (if any)  
Self-employed 69 Wheathead Lane, Keighly, England  
Date this employment began (Month/Day/Year)

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

16. Has your relative ever been under Immigration proceedings?  
 Yes  No Where N/A When N/A  
 Exclusion  Deportation  Rescission  Judicial Proceedings

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

**C. (continued) Information about your alien relative**

16. List Husband/wife and all children of your relative (If your relative is your husband/wife, list only his or her children).

(Name)	(Relationship)	(Date of Birth)	(Country of Birth)
(b)(6)	Child	(b)(6)	USA
	Child		USA
	Child		USA
N/A			
N/A			
N/A			

17. Address in the United States where your relative intends to live

(Number and Street)	(Town or City)	(State)
(b)(6)	Boyd	Texas

18. Your relative's address abroad

(Number and Street)	(Town or City)	(Province)	(Country)	(Phone Number)
69 Wheathead Lane,	Keighly	England		

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

(Name)	(Number and Street)	(Town or City)	(Province)	(Country)

20. If filing for your husband/wife, give last address at which you both lived together:

(Name)	(Number and Street)	(Town or City)	(Province)	(Country)	From (Month) (Year)	To (Month) (Year)
	(b)(6)	Boyd	Texas		11/1999	present

21. Check the appropriate box below and give the information required for the box you checked:

- Your relative will apply for a visa abroad at the American Consulate in \_\_\_\_\_ (City) \_\_\_\_\_ (Country)
  - Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at Dallas, Texas (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country). If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in London (City) \_\_\_\_\_ (Country) England (Country).
- (Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

**D. Other Information**

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

NONE

2. Have you ever filed a petition for this or any other alien before?

Yes  No

If "Yes", give name, place and date of filing, and result.

N/A

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

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

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

(Signature) (b)(6) (Date) 12-9-99 (Phone Number) \_\_\_\_\_

**Signature of Person Preparing Form if Other than Above**

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

Jack G. Cameron Law Office of Jack G. Cameron

P.O. Box 1079, Ft. Worth, TX 76101-1079

Print Name \_\_\_\_\_ (Address) \_\_\_\_\_ (Signature) Jack G. Cameron (Date) 12/09/99

G-28 ID Number \_\_\_\_\_

Volag Number \_\_\_\_\_

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

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

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

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

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

<b>1. Name of Relative</b> (Family name in CAPS)	(First)	(Middle)	
MAYHEW	Peter	William	
<b>2. Other names used by relative</b> (Including maiden name)			
NONE			
<b>3. Country of Relative's birth</b>	<b>4. Date of Relative's Birth</b> (Month/Day/Year)		
U.K.	05/19/1944		
<b>5. Your Name</b> (Last name is CAPS) (First) (Middle)		<b>6. Your phone number</b>	
(b)(6)			

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

**CHECKLIST**

**Have you answered each question?**  
**Have you signed the petition?**  
**Have you enclosed:**

- The filing fee for each petition?
- Proof of your citizenship or lawful permanent residence?
- All required supporting documents for each petition?

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

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

Immigration and Naturalization Service

IN THE UNITED STATES

8101 N. STEMMONS FRWY. DALLAS, TX 75247

Name of Alien (First) (Middle) (Last) <b>Peter MAYHEW</b>			Date <b>12/09/1999</b>
			File Number <b>A.75.897.187</b>
Date of Birth (Month) (Day) (Year) <b>05/19/44</b>	Place of Birth (City or town) (State or province) (Country) <b>KINGSTON UNITED KINGDOM</b>		
U.S. Address (Ant. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code) <b>(b)(6) BOYD, TX 76023</b>			

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to December 8, 2000 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
- 

Remarks: **MULTIPLE ENTRIES - VALID UNTIL December 8, 2000.**

**SEE ATTACHED STATEMENT**

*William J. Harrington*  
**WILLIAM HARRINGTON, DISTRICT DIRECTOR**  
 (Signature of Immigration Officer)

**DALLAS, TX**  
 (Authorizing Office)

**PHOTOGRAPH**

**ARRIVAL STAMP**

**TO ALIEN**

U.S. Department of Justice  
Immigration and Naturalization Service

AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

8101 N. STEMMONS FREEWAY DALLAS, TX 75247

Name of Alien (First) (Middle) (Last) <b>Peter MAYHEW</b>	Date <b>03/26/2001</b>
Date of Birth (Month) (Day) (Year) <b>05/19/44</b>	Place of Birth (City or town) (State or province) (Country) <b>KINGSTON U.K. UNITED KINGDOM</b>
U.S. Address (Ant. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code) <b>(b)(6) BOYD, TX 76023</b>	File Number <b>A 75 897 187</b>

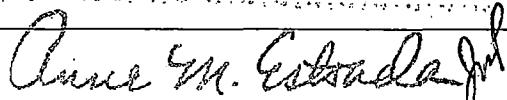
Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to March 26, 2002 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.

Remarks: MULTIPLE ENTRIES - VALID UNTIL March 26, 2002.

SEE ATTACHED STATEMENT

  
**ANNE M. ESTRADA, DISTRICT DIRECTOR**  
(Signature of Immigration Officer)

DALLAS, TX  
(Authorizing Office)



ARRIVAL STAMP

PAROLED until 26 MAR 2002

Purpose: Adjustment of Status

DAL 4/23/01 (Date) all (Officer)

IN THE MATTER OF:

Peter MAYHEW

§  
§  
§

EXHIBIT INDEX  
FOR PETITION FOR ALIEN RELATIVE AND CONCURRENT  
APPLICATION TO ADJUST STATUS

EXHIBIT:	SUMMARY
<p><b><u>U.S. CITIZENSHIP &amp; IDENTIFICATION OF PETITIONING SPOUSE:</u></b></p> <p>1. Birth certificate of (b)(6) (maiden name) n/k/a (b)(6)</p> <p>2. Texas Driver's License of (b)(6)</p>	<p>Proof of Petitioner's birth &amp; Petitioner's proof of U.S. citizenship ("USC")</p> <p>Further ID of USC Petitioner and Proof of Marriage showing married name and common address</p>
<p><b><u>IDENTIFICATION OF BENEFICIARY &amp; IMMIGRATION STATUS:</u></b></p> <p>3. Passport of Beneficiary from United Kingdom</p> <p>4. The current I-94 Arrival Departure Record of Beneficiary</p>	<p>Proof of Beneficiary's birth &amp; ID</p> <p>Proof of Beneficiary's entry with inspection into the United States and immigration status</p>
<p><b><u>EVIDENCE OF MARRIAGE:</u></b></p> <p>5. Marriage Certificate for parties with English translation.</p>	<p>Proof of marriage on 08/071999 between (b)(6) MAYHEW &amp; Beneficiary in Mexico</p>
<p>6. Termination of prior marriages of Petitioning USC spouse</p>	<p>Other proof of marriage - USC spouse's availability to marry based on Divorce Decree (s) from three (3) prior marriages of (b)(6) (b)(6)</p>

Index

<p>7. Photographs of couple</p>	<p>Other proof of marriage - Pictures of couple :</p> <p>A. 01/1999- USC Petitioner with Beneficiary at her house in Boyd, Texas;</p> <p>B. 05/1999-USC Petitioner with Beneficiary and USC Petitioner's 3 daughters from prior marriages (b)(6)</p> <p>(b)(6)</p> <p>in Dallas, Texas;</p> <p>C. 06/1999-USC Petitioner with Beneficiary and friends at Addison, Texas airport;</p> <p>D. &amp; E. 08/07/1999-Petitioning USC spouse &amp; Beneficiary during marriage ceremony in Puerto Vallarta, Mexico;</p> <p>F. &amp; G. 08/07/1999-Petitioning USC spouse &amp; Beneficiary during wedding reception in Puerto Vallarta, Mexico;</p> <p>H. 08/07/1999-After marriage ceremony Petitioning USC spouse &amp; Beneficiary nose for picture with children left to right (b)(6)</p> <p>(b)(6) from prior marriages;</p> <p>I. 08/09/1999 to 08/23/1999-Petitioning USC spouse &amp; Beneficiary during their honeymoon in Cancun Petitioning USC spouse &amp; Beneficiary during wedding reception in Puerto Vallarta, Mexico, Mexico</p>
<p>8. Travel itinerary &amp; airline receipts Petitioning USC spouse, Beneficiary &amp; USC Petitioner's 3 daughters for travel to their wedding in Puerto Vallarta, Mexico</p>	<p>Other proof of marriage - Travel itinerary &amp; airline receipts Petitioning USC spouse, Beneficiary &amp; USC Petitioner's 3 daughters for travel to their wedding in Puerto Vallarta, Mexico, in 08/1999.</p>
<p>9. Wedding Reservation for 08/07/1999 marriage</p>	<p>Other proof of marriage - Wedding Reservation for Petitioning USC spouse &amp; Beneficiary for their wedding in Puerto Vallarta, Mexico, on 08/07/1999.</p>
<p>10. Travel itinerary &amp; airline receipts Petitioning USC spouse &amp; Beneficiary for honeymoon travel to Cancun, Mexico</p>	<p>Other proof of marriage - Travel itinerary &amp; airline receipts Petitioning USC spouse &amp; Beneficiary for travel to their honeymoon in Cancun, Mexico, in 08/1999.</p>
<p>11. Hotel room for honeymoon in Cancun, Mexico</p>	<p>Other proof of marriage - Hotel room key copy at Allegro Resort for Petitioning USC spouse &amp; Beneficiary at their honeymoon in Cancun, Mexico, in 08/1999.</p>
<p>✓ Long distance telephone receipts for calls between Petitioning USC spouse &amp; Beneficiary</p>	<p>Other proof of marriage -Long distance telephone receipts for calls between Petitioning USC spouse &amp; Beneficiary from 10/1998 through 01/1999.</p>

Ct:79:9251exh1.ir



U.S. Department of Justice  
Immigration and Naturalization Service

*PR 097*  
AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

8101 N. STEMMONS FREEWAY DALLAS, TX 75247

Name of Alien (First) (Middle) (Last) <b>Peter MAYHEW</b>	Date <b>01/29/2001</b>
Date of Birth (Month) (Day) (Year) <b>05/19/44</b>	Place of Birth (City or town) (State or province) (Country) <b>KINGSTON UNITED KINGDOM</b>
U.S. Address (Ant. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code) <b>(b)(6) BOYD, TX 76023</b>	File Number <b>A 75 897 187</b>

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

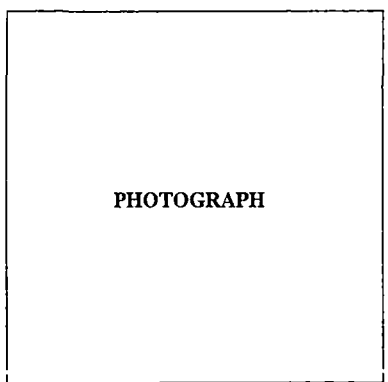
Presentation of the original of this document prior to January 28, 2002 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
- 

Remarks: MULTIPLE ENTRIES - VALID UNTIL January 28, 2002.  
  
SEE ATTACHED STATEMENT

*Anne M. Estrada*  
ANNE M. ESTRADA, DISTRICT DIRECTOR  
(Signature of Immigration Officer) *ASDAO*

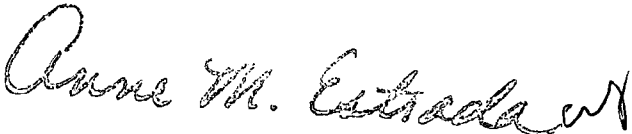
DALLAS, TX  
(Authorizing Office)



<b>Alien's Name</b> MAYHEW, PETER	<b>File Number</b> A75 897 187	<b>Date</b> 1/29/01
--------------------------------------	-----------------------------------	------------------------

**AUTHORIZATION:** The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon his or her prima facie eligibility, the holder of this document shall be paroled into the United States pursuant to the authority of Anne M. Estrada, District Director, Dallas, Texas. VALID FOR MULTIPLE APPLICATIONS FOR PAROLE INTO THE UNITED STATES.

**NOTICE TO APPLICANT:** Presentation of this authorization will permit you to resume your application for adjustment of status upon your return to the United States. If your adjustment application is denied, you will be subject to removal proceedings under section 235(b)(1) or 240 of the Act. If, after April 1, 1997, you were unlawfully present in the United States for more than 180 days before applying for adjustment of status, you may be found inadmissible under section 212(a)(9)(B)(i) of the Act when you return to the United States to resume the processing of your application. If you are found inadmissible, you will need to qualify for a waiver of inadmissibility in order for your adjustment of status application to be approved.

<b>Signature</b> 	<b>Title</b> District Director
---	-----------------------------------

JAN 08 2001

2001

**START HERE - Please Type or Print**

**Part 1. Information about you.**

Family Name MAYHEW	Given Name Peter	Middle Initial
Address - C/O		
Street # and Name (b)(6)	Apt. #	
City Boyd	State or Province Texas	
Country USA	Zip/Postal Code 76023	
Date of birth (month/day/year) 05/19/1944	Country of Birth U.K.	
Social Security #	A # A 75 897 187	

**Part 2. Application Type (check one).**

- a.  I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b.  I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c.  I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document
- d.  I am applying for an advance parole to allow me to return to the U.S. after temporary foreign travel.
- e.  I am outside the U.S. and am applying for an Advance Parole.
- f.  I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name	Given Name	Middle Initial
Date of birth (month/day/year)	Country of Birth	
Foreign Address - C/O		
Street # and Name	Apt. #	
City	State or Province	
Country	Zip/Postal Code	

**Part 3. Processing Information**

Date of Intended departure (Month/Day/Year) 01/02/1999	Expected length of trip multiple visits
Are you, or any person included in this application, now in exclusion or deportation proceedings <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name) N/A	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever been issued a Reentry Permit or Refugee Travel Document? <input type="checkbox"/> No <input type="checkbox"/> Yes, (give the following for the last document issued to you)	
Date Issued N/A	Disposition (attached, lost, etc) N/A

**FOR INS USE ONLY**

Returned 111 002 01 Rec'd 01 13:16 I-131	95.00
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant interviewed on	
Document Issued <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input checked="" type="checkbox"/> Multiple Advance Parole Validity to 1-28-02	
If Reentry Permit or Refugee Travel Document <input type="checkbox"/> Mail to Address in Part 2 <input type="checkbox"/> Mail to American Consulate <input type="checkbox"/> Mail to INS overseas office AT	
Remarks: Document hand delivered On _____ By _____	
Action Block <b>APPROVED</b> INS DISTRICT DIRECTOR JAN 29 2001 Recommended by [Signature] DAL 5016 [Signature]	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in Box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License # Texas 03675370	

**Part 3. Processing Information. (continued)**

Where do you want this travel document sent? (check one)

- a.  Address in Part 2. above
- b.  American Consulate at (give City and Country, below)
- c.  INS overseas office at (give City and Country, below)

City \_\_\_\_\_ Country \_\_\_\_\_

If you checked b. or c., above, give your overseas address:

**Part 4. Information about the Proposed Travel.**

Purpose of trip, If you need more room, continue on a separate sheet of paper	List the countries you intend to visit.
N/A	N/A

**Part 5. Complete only if applying for a Reentry Permit.**

Since becoming a permanent resident (or during the last five years, whichever is less) how much total time have you spent outside the United States?

<input type="checkbox"/> less than 6 months	<input type="checkbox"/> 2 to 3 years
<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 3 to 4 years
<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal tax return because you considered yourself to be a nonresident? (If yes, give details on a separate sheet of paper).

Yes  No

**Part 6. Complete only if applying for a Refugee Travel Document.**

Country from which you are a refugee or asylee:

If you answer yes to any of the following sheet of paper, explain on a separate sheet of paper.

Do you plan to travel to the above named country?  Yes  No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?  Yes  No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?  Yes  No

**Part 7. Complete only if applying for an Advance Parole.**

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?  1 trip  More than 1 trip  
If outside the U.S., at right give the U.S. consulate or INS office you wish notified if this application is approved.

**Part 8. Signature.** Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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

Signature Peter W Phayouan Date 11/27/00 Daytime Telephone # (b)(6)

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

**Part 9. Signature of person preparing form if other than above. (sign below)**

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

Signature [Signature] Print Your Name Jack G. Cameron Date 11/28/00 Daytime Telephone # 817-2799586  
Firm Name Law Office of Jack G. Cameron and Address P.O. Box 1079, Ft. Worth, TX 76101-1079 Daytime Telephone # 817-870-2656

**Addendum for Form I-131 MAYHEW, Peter**

**Addendum to I-131, Part 7, Advance Parole**

My mother, Constance MAYHEW, is 88 years old and is in poor health. I need to visit her because the doctors have told me she asks for me and is in poor health. I need to return to London, England for this reason. Plus, I have been invited to attend several Star War conventions outside the USA. Thank you.

Name of Alien (First) (Middle) (Last) <b>Peter MAYHEW</b>			Date <b>12/09/1999</b>
			File Number <b>A 75 897 187</b>
Date of Birth (Month) (Day) (Year) <b>05/19/44</b>	Place of Birth (City or town) (State or province) (Country) <b>KINGSTON UNITED KINGDOM</b>		
U.S. Address (Number and/or in care of) (City or town) (State) (ZIP Code) <b>(b)(6) BOYD, TX 76023</b>			

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to December 8, 2000 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

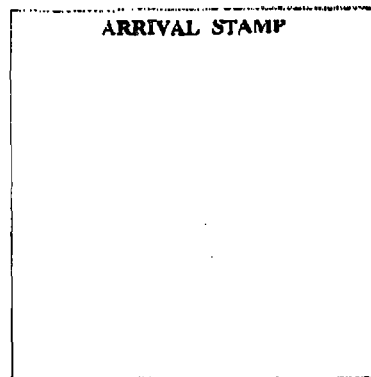
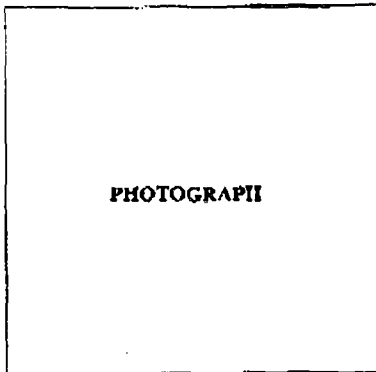
- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
- 

Remarks: **MULTIPLE ENTRIES - VALID UNTIL December 8, 2000.**

**SEE ATTACHED STATEMENT**

*William J. Harrington*  
**WILLIAM HARRINGTON, DISTRICT DIRECTOR**  
(Signature of Immigration Officer)

**DALLAS, TX**  
(Authorizing Office)



9251

I N S  
DISTRICT OFFICE  
DALLAS, TX.

12/09/99

\*\*0081\*\*

MAYHEW, PETER W. #

DOB. 5-19-44 #

I-765 100.00

I-485 220.00

I-130 110.00

I-131 95.00

SUBTTL 525.00

- 25.00

SUBTTL 550.00

CHECK 550.00

5 ITEMS

4186 001 10:42

THANK YOU

JACK G. CAMERON  
ATTORNEY-AT-LAW  
P. O. BOX 1079  
FORT WORTH, TEXAS 76101-1079  
(817) 870-2656  
Fax: (817) 870-0317

November 30, 2000

**Certified Mail No. 70993400001846788015**  
U. S. Immigration and Naturalization Service  
8101 N. Stemmons Freeway  
Dallas, Texas 75247

**Re: I-131 Application for Advance Parole  
I-765 Application for Employment Authorization-Renewal  
Name of Petitioner: Peter MAYHEW**

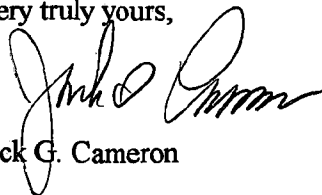
Dear Ladies & Gentlemen:

Please be advised that I represent Mr. Peter Mayhew in connection with the above I-131 Application for Advance Parole & I-765 Application for Employment Authorization-Renewal while his application for adjustment is pending. My original G-28 Notices of Entry of Appearance as Attorney are enclosed herein and were enclosed with the original filing.

My client has already requested his advance parole for multiple entries to England for at least 1 year for the purpose of visiting his family, especially his mother who has been ill for some time. **I have attached the original I-131 with the supporting documentation for your review.**

**Please review and approve the I-131 Application for issuance of an advance parole and set an appointment for Mr. Mayhew for his Employment Authorization Renewal.** Thanking you for your assistance in this matter, I am,

Very truly yours,



Jack G. Cameron

JGC:jc

cc: Mr. Mayhew  
CT:9214ADV3.INS



**NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE**

In re: Peter William MAYHEW	DATE //
	FILE No. A 75 897 187

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME Peter MAYHEW	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant	
	<input checked="" type="checkbox"/> Beneficiary	<input type="checkbox"/>	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	(b)(6) Boyd Texas 76023		
NAME	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant	
	<input type="checkbox"/> Beneficiary	<input type="checkbox"/>	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)			

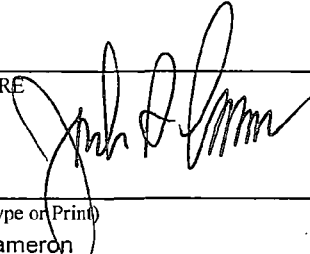
Check applicable Item(s) below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia  
Texas Texas Supreme Ct. and am not under a \_\_\_\_\_ (Name of Court) court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:

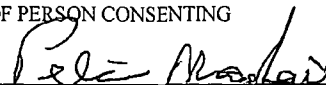
3. I am associated with \_\_\_\_\_ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)

4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS Law Office of Jack G. Cameron P.O. Box 1079 Ft. Worth TX 76101-1079
NAME (Type or Print) Jack G. Cameron	TELEPHONE NUMBER 817-870-2656 817-870-0317

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Jack G. Cameron (Name of Attorney or Representative)

THE ABOVE DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:  
ALL IMMIGRATION MATTERS.

NAME OF PERSON CONSENTING Peter W. MAYHEW	SIGNATURE OF PERSON CONSENTING 	DATE 11/22/00
--	--	------------------

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

**(OVER)**  
**\* I-131 Advana PAROLE \***  
**Renewal**

U.S. Department of Justice  
Immigration and Naturalization Service

8101 N. STEMMONS FREEWAY DALLAS, TX 75247

AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

Name of Alien (First) (Middle) (Last)	Date
<b>Peter MAYHEW</b>	03/26/2001
Date of Birth (Month) (Day) (Year)	File Number
05/19/44	A 75 897 187
Place of Birth (City or town) (State or province) (Country)	
KINGSTON U.K. UNITED KINGDOM	
U.S. Address (Apt. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code)	
(b)(6) BOYD, TX 76023	

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to March 26, 2002 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

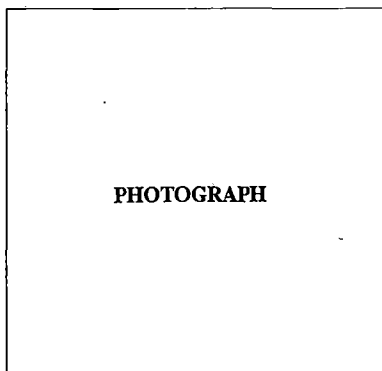
- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
- 

Remarks: MULTIPLE ENTRIES - VALID UNTIL March 26, 2002.

SEE ATTACHED STATEMENT

*Anne M. Estrada*  
ANNE M. ESTRADA, DISTRICT DIRECTOR  
(Signature of Immigration Officer)

DALLAS, TX  
(Authorizing Office)



U. S. Department of Justice

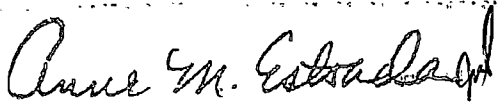
Immigration and Naturalization Service

Continuation Page for Form I-512

Alien's Name <b>MAYHEW, PETER</b>	File Number <b>A75897187</b>	Date <b>03/26/2001</b>
--------------------------------------	---------------------------------	---------------------------

**AUTHORIZATION:** The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon his or her prima facie eligibility, the holder of this document shall be paroled into the United States pursuant to the authority of ANNE M. ESTRADRA District Director, Dallas, Texas. **VALID FOR MULTIPLE APPLICATIONS FOR PAROLE INTO THE UNITED STATES.**

**NOTICE TO APPLICANT:** Presentation of this authorization will permit you to resume your application for adjustment of status upon your return to the United States. If your adjustment application is denied, you will be subject to removal proceedings under section 235(b)(1) or 240 of the Act. If, after April 1, 1997, you were unlawfully present in the United States for more than 180 days before applying for adjustment of status, you may be found inadmissible under section 212(a)(9)(B)(i) of the Act when you return to the United States to resume the processing of your application. If you are found inadmissible, you will need to qualify for a waiver of inadmissibility in order for your adjustment of status application to be approved.

Signature 	Title <b>District Director</b>
--	-----------------------------------

44097

U.S. Department of Justice  
Immigration and Naturalization Service

OMB No. 1115-0005  
Application for Travel Document

START HERE - Please Type or Print

Part 1. Information about you.

Family Name MAYHEW	Given Name Peter	Middle Initial
Address - C/O		
Street # and Name (b)(6)	Apt. #	
City Boyd	State or Province Texas	
Country USA	Zip/Postal Code 76023	
Date of birth (month/day/year) 05/19/1944	Country of Birth U.K.	
Social Security #	A # A 75 897 187	

Part 2. Application Type (check one).

- a.  I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b.  I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c.  I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document.
- d.  I am applying for an advance parole to allow me to return to the U.S. after temporary foreign travel.
- e.  I am outside the U.S. and am applying for an Advance Parole.
- f.  I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name	Given Name	Middle Initial
Date of birth (month/day/year)	Country of Birth	
Foreign Address - C/O		
Street # and Name	Apt. #	
City	State or Province	
Country	Zip/Postal Code	

Part 3. Processing Information

Date of intended departure (Month/Day/Year) 01/02/1999	Expected length of trip multiple visits
Are you, or any person included in this application, now in exclusion or deportation proceedings?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name) N/A	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever been issued a Reentry Permit or Refugee Travel Document?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, (give the following for the last document issued to you):	
Date issued N/A	Disposition (attached, lost, etc) N/A

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd 3141 001	03/26/01 14:21 I-131 95.00
<input type="checkbox"/> Applicant interviewed on	

Document Issued

- Reentry Permit
- Refugee Travel Document
- Single Advance Parole
- Multiple Advance Parole

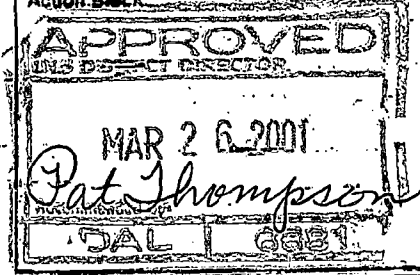
Validity to 3-26-02

If Reentry Permit or Refugee Travel Document

- Mail to Address in Part 2
- Mail to American Consulate
- Mail to INS overseas office

AT

Remarks:  
Document hand delivered  
On 3-26-01 By Pat



To Be Completed by Attorney or Representative, if any

Fill in Box if G-28 is attached to represent the applicant

ATTY State License #  
Texas 03675370

**Part 3. Processing Information. (continued)**

Where do you want this travel document sent? (check one)

- a.  Address in Part 2. above
- b.  American Consulate at (give City and Country, below)
- c.  INS overseas office at (give City and Country, below)

City \_\_\_\_\_ Country \_\_\_\_\_

If you checked b. or c., above, give your overseas address:

**Part 4. Information about the Proposed Travel.**

Purpose of trip, if you need more room, continue on a separate sheet of paper

List the countries you intend to visit.

N/A

N/A

**Part 5. Complete only if applying for a Reentry Permit.**

Since becoming a permanent resident (or during the last five years, whichever is less) how much total time have you spent outside the United States?

- less than 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 3 years
- 3 to 4 years
- more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal tax return because you considered yourself to be a nonresident? (If yes, give details on a separate sheet of paper).

- Yes
- No

**Part 6. Complete only if applying for a Refugee Travel Document.**

Country from which you are a refugee or asylee:

If you answer yes to any of the following sheet of paper, explain on a separate sheet of paper.

Do you plan to travel to the above named country?

- Yes
- No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

- Yes
- No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- Yes
- No

**Part 7. Complete only if applying for an Advance Parole.**

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

- 1 trip
- More than 1 trip

if outside the U.S., at right give the U.S. consulate or INS office you wish notified if this application is approved.

**Part 8. Signature.**

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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

Signature

*Peter W. Cameron*

Date

11/27/00

Day

(b)(6)

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

**Part 9. Signature of person preparing form if other than above. (sign below)**

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

Signature

*Jack G. Cameron*

Print Your Name

Jack G. Cameron

Date

11/28/00

Daytime Telephone #

817-870-2655

Firm Name and Address

Law Office of Jack G. Cameron  
P.O. Box 1079, Ft. Worth, TX 76101-1079

U.S. Department of Justice  
Immigration and Naturalization Service

AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

8101 N. STEMMONS FRWY. DALLAS, TX 75247

Name of Alien (First) (Middle) (Last)				Date
<b>Peter MAYHEW</b>				12/09/1999
				File Number
				A 75 897 187
Date of Birth (Month) (Day) (Year)		Place of Birth (City or town) (State or province)		(Country)
05/19/44		KINGSTON		UNITED KINGDOM
U.S. Address (Apartment number and/ or in care of)		(Number and street)	(City or town)	(State) (ZIP Code)
(b)(6)		BOYD, TX 76023		

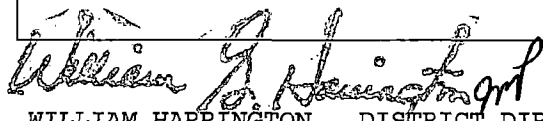
Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to December 8, 2000 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

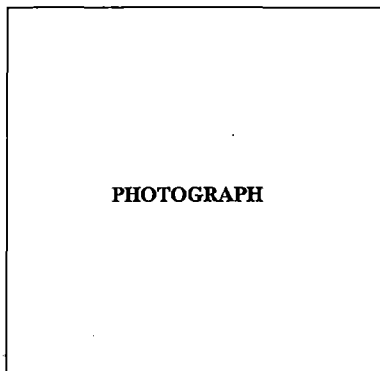
- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
- 

Remarks: MULTIPLE ENTRIES - VALID UNTIL December 8, 2000.

SEE ATTACHED STATEMENT

  
WILLIAM HARRINGTON, DISTRICT DIRECTOR  
(Signature of Immigration Officer)

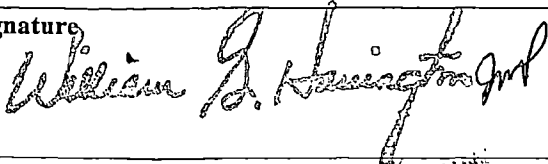
DALLAS, TX  
(Authorizing Office)



Alien's Name MAYHEW, Peter	File Number A75 897 187	Date 12/09/1999
-------------------------------	----------------------------	--------------------

**AUTHORIZATION:** The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon his or her prima facie eligibility, the holder of this document shall be paroled into the United States pursuant to the authority of William G. Harrington, District Director, Dallas, Texas. VALID FOR MULTIPLE APPLICATIONS FOR PAROLE INTO THE UNITED STATES.

**NOTICE TO APPLICANT:** Presentation of this authorization will permit you to resume your application for adjustment of status upon your return to the United States. If your adjustment application is denied, you will be subject to removal proceedings under section 235(b)(1) or 240 of the Act. If, after April 1, 1997, you were unlawfully present in the United States for more than 180 days before applying for adjustment of status, you may be found inadmissible under section 212(a)(9)(B)(i) of the Act when you return to the United States to resume the processing of your application. If you are found inadmissible, you will need to qualify for a waiver of inadmissibility in order for your adjustment of status application to be approved.

Signature 	Title District Director
--	----------------------------

**START HERE - Please Type or Print**

**Part 1. Information about you.**

Family Name MAYHEW	Given Name Peter	Middle Initial
Address - C/O		
Street # and Name (b)(6)	Apt. #	
City Boyd	State or Province Texas	
Country USA	Zip/Postal Code 76023	
Date of birth (month/day/year) 05/19/1944	Country of Birth U.K.	
Social Security # NONE	A # NONE	

**Part 2. Application Type (check one).**

- a.  I am a permanent resident or conditional resident of the United States and I am applying for a Reentry Permit.
- b.  I now hold U.S. refugee or asylee status and I am applying for a Refugee Travel Document.
- c.  I am a permanent resident as a direct result of refugee or asylee status, and am applying for a Refugee Travel Document.
- d.  I am applying for an advance parole to allow me to return to the U.S. after temporary foreign travel.
- e.  I am outside the U.S. and am applying for an Advance Parole.
- f.  I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name	Given Name	Middle Initial
Date of birth (month/day/year)	Country of Birth	
Foreign Address - C/O		
Street # and Name	Apt. #	
City	State or Province	
Country	Zip/Postal Code	

**Part 3. Processing Information**

Date of Intended departure (Month/Day/Year) 12/15/1999	Expected length of trip multiple visits
Are you, or any person included in this application, now in exclusion or deportation proceedings <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name) N/A	
If applying for an Advance Parole Document, skip to Part 7.	
Have you ever been issued a Reentry Permit or Refugee Travel Document? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, (give the following for the last document issued to you)	
Date Issued N/A	Disposition (attached, lost, etc) N/A

**FOR INS USE ONLY**

Returned	Receipt
Rescinded	Reloc Sent
Reloc Rec'd	Reloc Rec'd
<input type="checkbox"/> Applicant interviewed on	
Document Issued <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input checked="" type="checkbox"/> Multiple Advance Parole Validity to <u>4yr</u>	
If Reentry Permit or Refugee Travel Document <input type="checkbox"/> Mail to Address in Part 2 <input type="checkbox"/> Mail to American Consulate <input type="checkbox"/> Mail to INS overseas office AT	
Remarks: Document hand delivered On _____ By _____	
Action Block 	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in Box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License # Texas 03675370	

*MAIL TO ATTY of RECORD*

95.00



**Part 3. Processing Information. (continued)**

Where do you want this travel document sent? (check one)

- a.  Address in Part 2. above
- b.  American Consulate at (give City and Country, below)
- c.  INS overseas office at (give City and Country, below)

City \_\_\_\_\_ Country \_\_\_\_\_

If you checked b. or c., above, give your overseas address:

**Part 4. Information about the Proposed Travel.**

Purpose of trip, If you need more room, continue on a separate sheet of paper	List the countries you intend to visit
N/A	N/A

**Part 5. Complete only if applying for a Reentry Permit.**

Since becoming a permanent resident (or during the last five years, whichever is less) how much total time have you spent outside the United States?

- less than 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 3 years
- 3 to 4 years
- more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal tax return because you considered yourself to be a nonresident? (If yes, give details on a separate sheet of paper).

- Yes
- No

**Part 6. Complete only if applying for a Refugee Travel Document.**

Country from which you are a refugee or asylee:

If you answer yes to any of the following sheet of paper, explain on a separate sheet of paper.

Do you plan to travel to the above named country?

- Yes
- No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

- Yes
- No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- Yes
- No

**Part 7. Complete only if applying for an Advance Parole.**

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

- 1 trip
- More than 1 trip

If outside the U.S., at right give the U.S. consulate or INS office you wish notified if this application is approved.

**Part 8. Signature.**

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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

Signature *Perayla* Date 12/9/99 Daytime Telephone # \_\_\_\_\_

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

**Part 9. Signature of person preparing form if other than above. (sign below)**

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

Signature *Jack G. Cameron* Print Your Name Jack G. Cameron Date 12/09/99  
Firm Name Law Office of Jack G. Cameron Daytime Telephone # 817-870-2656  
and Address P.O. Box 1079, Ft. Worth, TX 76101-1079

PAGE WITHHELD PURSUANT TO (b)(6)

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PAGE WITHHELD PURSUANT TO (b)(6)

1. Surname / Efternavn / Name / Επώνυμο / Apellidos / Nom  
Slojme / Cognome / Naam / Απείδους / 101
2. Given names / Fornavne / Vornamen / Ονόμα / Nombre /  
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Nomes próprios
3. Nationality / Nationaliteit / Staatsangehörigkeit / Απογένεσις /  
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6. Sex / Køn / Geschlecht / Φύλο / Sexe / Qneas / Sesso /  
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Ημερομηνία εκδόσεως / Fecha de expedición /  
Datum van afgifte / Data de emissão
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Data di scadenza / De geldigheidsduur van dit paspoort  
eindigt op / Valido até
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Firma del titolare / Signature du titulaire / Sinú an tsealbhora /  
Firma del titolare / Handtekening van de houder /  
Assinatura do titular

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JAN 21 1996

ADMITTED  
UNTIL

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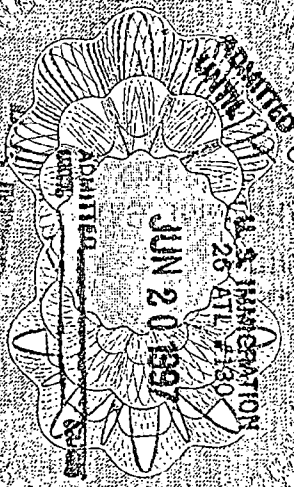
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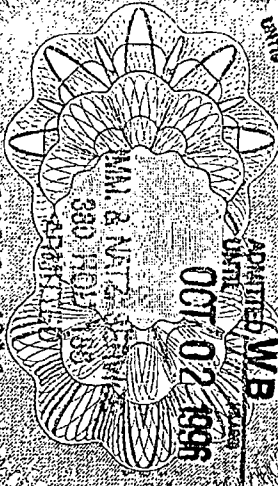
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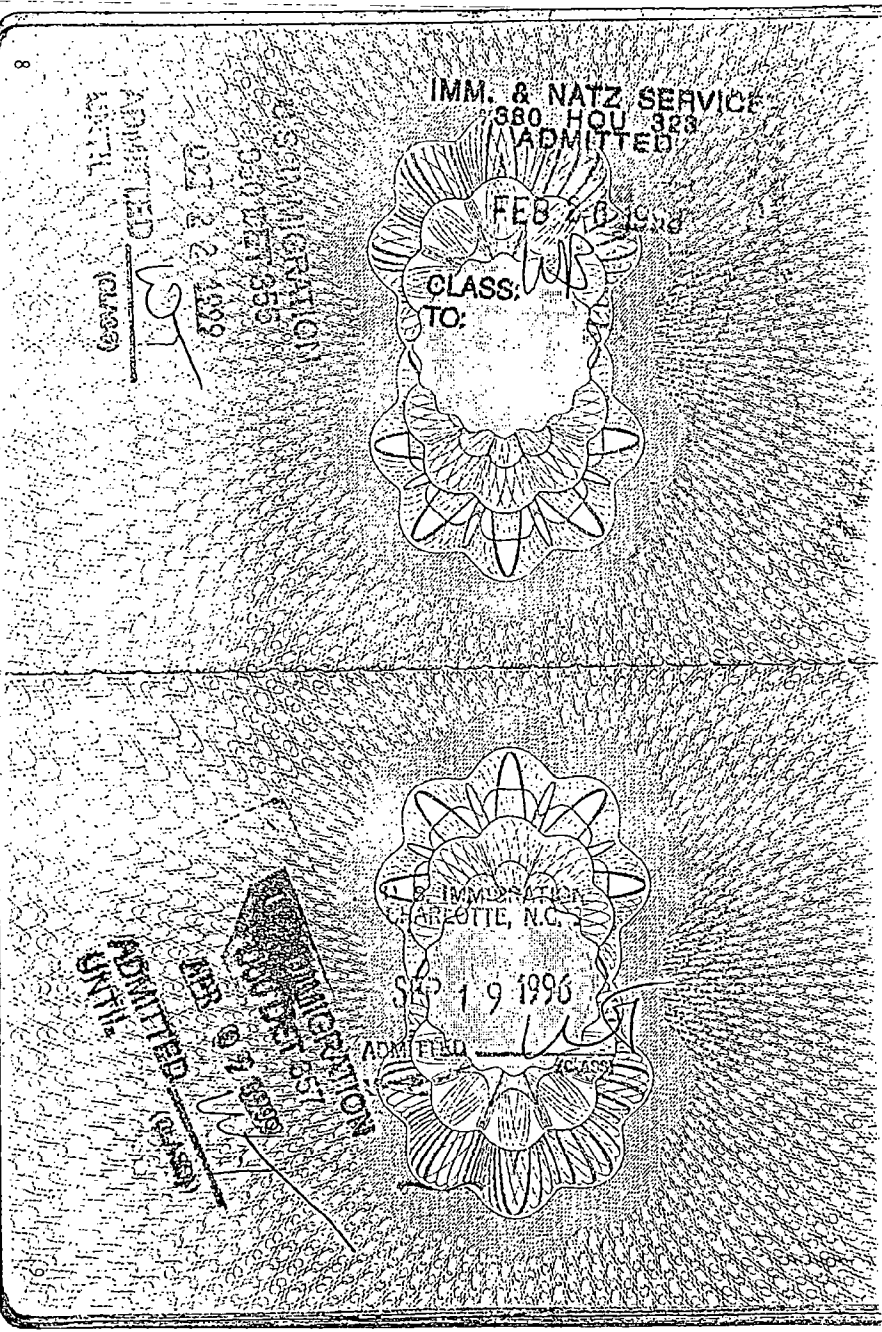
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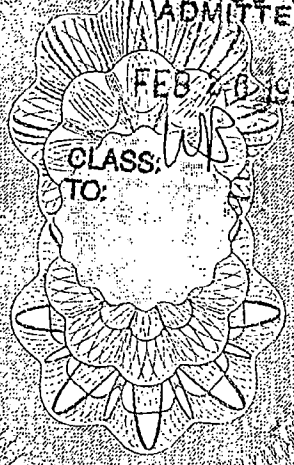
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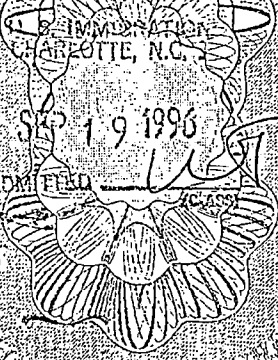
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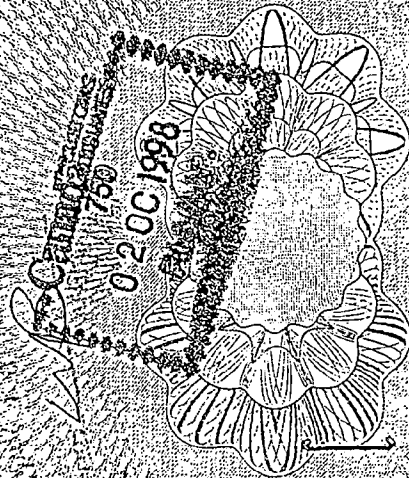


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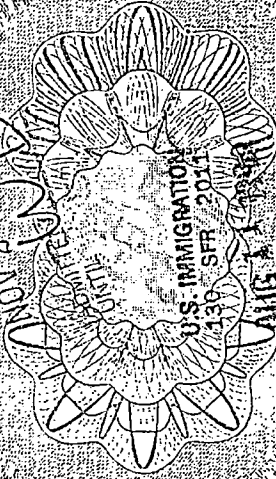
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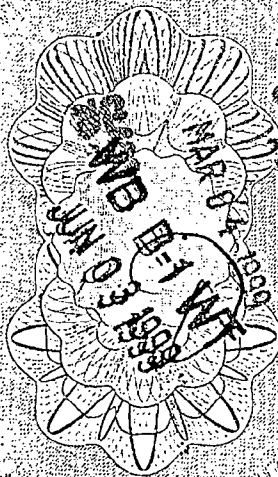


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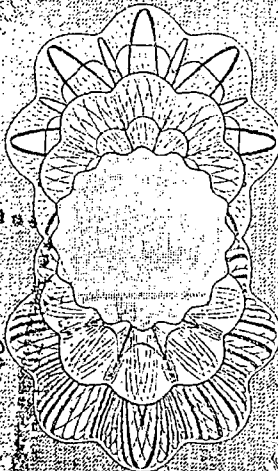


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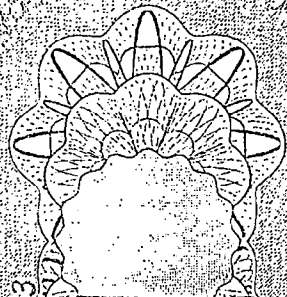


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COMMUNICATIONS SECTION  
FBI

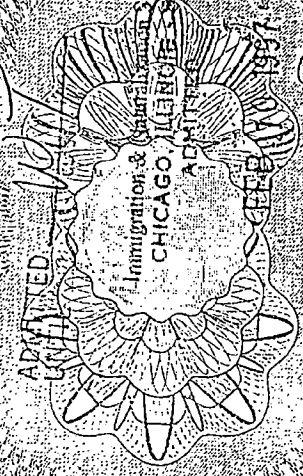
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0-256153



NOTICE TO IMMIGRATION  
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U.S. IMMIGRATION  
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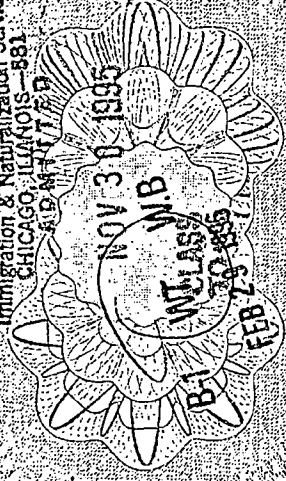
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REMARKS  
PASTA

Immigration & Naturalization Service  
CHICAGO, ILLINOIS 60611  
819-477-7100



ADMITTED  
UNITED STATES  
IMMIGRATION  
OFFICE  
NEW YORK  
100-5  
100-5

ADMITTED  
UNTIL

APR 23 1999

U.S. IMMIGRATION  
2005 DAL 2501



U.S. IMMIGRATION  
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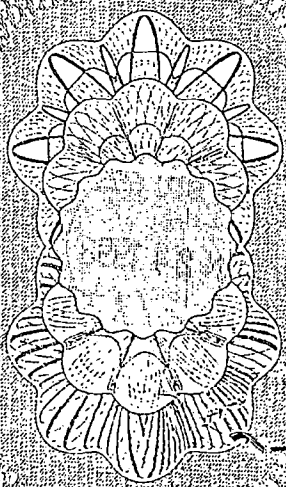
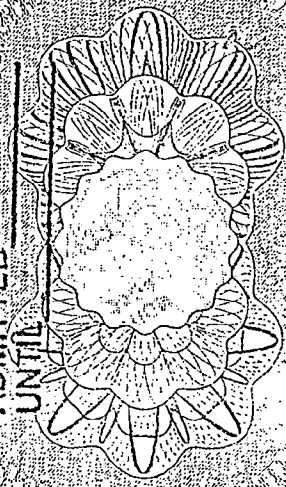
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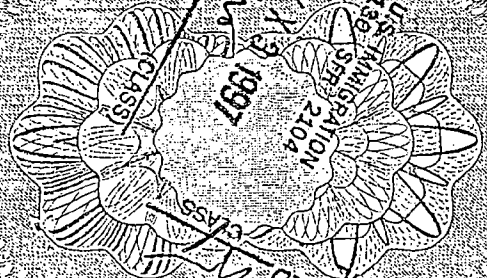
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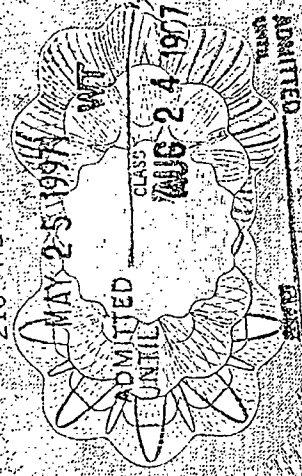
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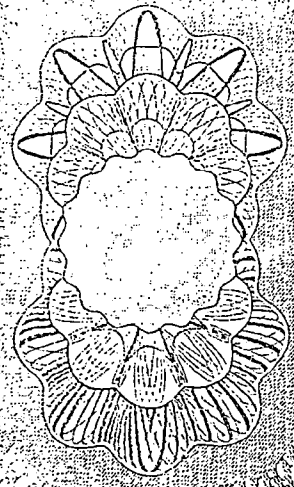


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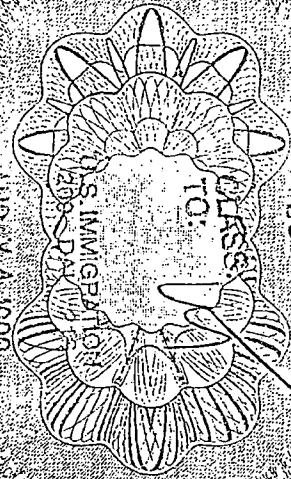
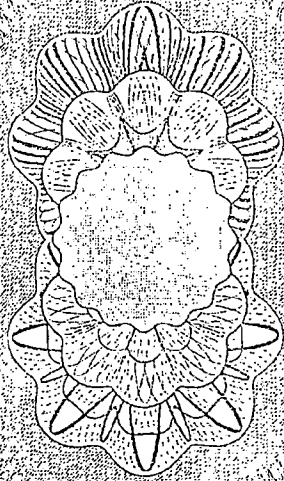


MAY 15 1997

U. S. IMMIGRATION  
210 NEW 312







IMMIGRATION SERVICE  
580 HOU/121  
ADMITTED  
JUL 7 8 1996

PLEASE  
TO:  
U.S. IMMIGRATION  
INSPECTION  
1208 P.H.

APR 17 1999

UNITED STATES DEPARTMENT OF JUSTICE



**UNITED STATES OF MEXICO  
CIVIL REGISTRY**

**MARRIAGE CERTIFICATE**

Office - 2  
Book No. - 01  
Certificate No. (b)(6)  
District - Valle de Banderas  
Entry Date - August 7, 1999  
Municipality - Bahía de Banderas  
Federal District - Nayarit

**PARTIES**

Name: Peter W. Mayhew  
Place of Birth: Kin Gston, England  
Age: 55 years  
Date of Birth: May 19, 1944  
Nationality: British  
Address: 69 Wheat Head Lane, Yorkshire, England  
Occupation: Actor

Name: (b)(6)  
Place of Birth: (b)(6) U.S.A.  
Age: 45 years  
Date of Birth: (b)(6)  
Nationality: U.S.A.  
Address: (b)(6), Texas, U.S.A.  
Occupation: Own Business

**PARENTS OF THE GROOM**

Name of the Father: Walter Mayhew  
Nationality: British  
Occupation: Deceased  
Name of the Mother: Constance Mayhew  
Nationality: British  
Occupation: Homemaker  
Address: \*\*\*\*\*

**PARENTS OF THE BRIDE**

Name of the Father: (b)(6)  
Nationality: U.S.A.  
Occupation: Retired

Name of the Mother: (b)(6)  
Nationality: U.S.A  
Occupation: Homemaker  
Address: U.S.A

WITNESSES

Name: (b)(6)  
Nationality: U.S.A.  
Age: 45 years  
Address: (b)(6) Texas, U.S.A.  
Relationship: None  
Marital Status: Married  
Occupation: Home Artist

Name: (b)(6)  
Nationality: U.S.A.  
Age: 25 years  
Address: (b)(6) Texas, U.S.A.  
Relationship: Daughter  
Marital Status: Single  
Occupation: Employee

Name: (b)(6)  
Nationality: U.S.A.  
Age: 64 years  
Address: (b)(6) Texas, U.S.A.  
Relationship: None  
Marital Status: Married  
Occupation: Contractor

Name: (b)(6)  
Nationality: Dominican  
Age: 33 years  
Address: Nuevo Vallarta Bahía de Banderas  
Relationship: None  
Marital Status: Single  
Occupation: Guest Services

This marriage contract is subject to the regulations of: Conjugal Partnership

[Fingerprint of the Groom]

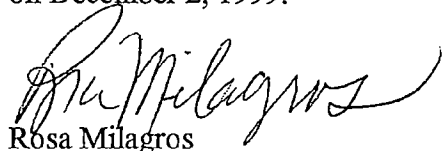
[Signatures of all parties]

[Official seal of the Civil Registry Bahía de Banderas, Nayarit]

After all the legal questioning and requirements have been satisfied without any obstacle and having expressed the desire from both contracting parties; I declare them united in matrimony in the name of the Law and Society. Once completed the act, the Marriage License has been signed by the contracting parties, their parents and witnesses. The Certificate has been completed and I authorize and certify it with my signature.

Officer No. 2 of the Bureau of Vital Statistics – Marcelino González León  
[Signature]

I certify that this is a true translation of the Spanish language document presented to me on December 2, 1999.



Rosa Milagros  
Professional Translator  
A-1 Translators  
2805 Summertree Lane  
Colleyville, Texas 76034  
Tel. (817) 354-4048

Signed and sworn before me this 3<sup>rd</sup> day of December 1999.

Commission Expires August 2, 2000

Notary John A. Aul



ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL

EL...
CLAVE UNICA DE REGISTRO DE POBLACION
ELLA...

ACTA DE MATRIMONIO

OFICIALIA 02 LIBRO No. 01 ACTA No. (b)(6) LOCALIDAD VALLE DE BANDERAS FECHA DE REGISTRO 07 08 9
MUNICIPIO BAHIA DE BANDERAS ENTIDAD FEDERATIVA NAYARIT

NOMBRE DEL CONTRAYENTE PETER W. MAYHEW
LUGAR DE NACIMIENTO KIN GSTON INGLATERRA
EDAD 55 ANOS FECHA DE NACIMIENTO 19 DE MAYO DE 1944 NACIONALIDAD BRITANICA
DOMICILIO HABITUAL 69 WHEAT HEAD YORKSHIRE INGLATERRA ACTOR

NOMBRE DE LA CONTRAYENTE (b)(6)
LUGAR DE NACIMIENTO (b)(6) TEXAS
EDAD 45 ANOS FECHA DE NACIMIENTO 24 DE OCTUBRE DE 1953 NACIONALIDAD U.S.A.
DOMICILIO HABITUAL (b)(6) TEXAS U.S.A. EMPLEADA INDEPEN

PADRES DEL CONTRAYENTE
NOMBRE DEL PADRE WALTER MAYHEW
OCUPACION (FUNDADOR)
NOMBRE DE LA MADRE CONSTANCE MAYHEW
OCUPACION HOGAR
DOMICILIO(S) (b)(6) TEXAS U.S.A.

PADRES DE LA CONTRAYENTE
NOMBRE DEL PADRE (b)(6)
OCUPACION (b)(6)
NOMBRE DE LA MADRE HOGAR
OCUPACION U.S.A.
DOMICILIO(S) (b)(6) TEXAS U.S.A.
GOS DE LOS CONTRAYENTES
NOMBRE (b)(6) NACIONALIDAD U.S.A. EDAD 45
DOMICILIO (b)(6) TEXAS U.S.A. PARENTESCO NINGUNA
ESTADO CIVIL CASADA OCUPACION HOGAR ARTISTA
NOMBRE (b)(6) NACIONALIDAD U.S.A. EDAD 25
DOMICILIO (b)(6) BOYD TEXAS U.S.A. PARENTESCO HIJA
ESTADO CIVIL SOLTERA OCUPACION EMPLEADA
NOMBRE (b)(6) NACIONALIDAD U.S.A. EDAD 64
DOMICILIO NORTH TEXAS U.S.A. PARENTESCO NINGUNA
ESTADO CIVIL CASADO OCUPACION CON TRACTOR
NOMBRE (b)(6) NACIONALIDAD DOMINICANA EDAD 33
DOMICILIO NUEVO VALLARTA BAHIA DE BANDERAS PARENTESCO NINGUNA
ESTADO CIVIL SOLTERO OCUPACION SERVICIO A HUESPEDES

NOMBRE(S) DE LA(S) PERSONA(S) QUE DA(N) SU CONSENTIMIENTO POR MINORIA DE EDAD DEL(LOS) CONTRAYENTE(S)
AUTORIZACION DE LA SECRETARIA DE GOBERNACION EN EL CASO DE CONTRAYENTE(S) EXTRANJERO(S)

ESTE CONTRATO DE MATRIMONIO ESTA SUJETO AL REGIMEN DE SOCIEDAD CONYUGAL
LA PRESENTE TIENE LAS ANOTACIONES SIGUIENTES

HUELLA DIGITAL DEL CONTRAYENTE EL (b)(6) CONTRAYENTE
(b)(6)

HABIENDO INTERROGADO A LOS CONTRAYENTES EN LOS TERMINOS DE LA LEY Y ANTE LA SOCIEDAD UNIDOS EN MATRIMONIO Y SU CONTRATO...
EL C. OFICIAL No. 02 DEL REGISTRO CIVIL
MARCELINO GONZALEZ LEON INTERESADO FIRMA

SEAL DE LA OFICINA DEL REGISTRO CIVIL
H. AYUNTAMIENTO CONSTITUCIONAL BAHIA DE BANDERAS NAYARIT
REGISTRO CIVIL

**UNITED STATES OF MEXICO  
CIVIL REGISTRY**

**MARRIAGE CERTIFICATE**

Office - 2

Book No. - 01

Certificate No. (b)(6)

District - Valle de Banderas

Entry Date - August 7, 1999

Municipality - Bahía de Banderas

Federal District - Nayarit

**PARTIES**

Name: Peter W. Mayhew

Place of Birth: Kin Gston, England

Age: 55 years

Date of Birth: May 19, 1944

Nationality: British

Address: 69 Wheat Head Lane, Yorkshire, England

Occupation: Actor

Name: (b)(6)

Place of Birth: (b)(6) Texas, U.S.A.

Age: 45 years

Date of Birth: (b)(6)

Nationality: U.S.A.

Address: (b)(6) Texas, U.S.A.

Occupation: Own Business

**PARENTS OF THE GROOM**

Name of the Father: Walter Mayhew

Nationality: British

Occupation: Deceased

Name of the Mother: Constance Mayhew

Nationality: British

Occupation: Homemaker

Address: \*\*\*\*\*

**PARENTS OF THE BRIDE**

Name of the Father: (b)(6)

Nationality: U.S.A.

Occupation: Retired

Name of the Mother: (b)(6)  
Nationality: U.S.A  
Occupation: Homemaker  
Address: U.S.A

WITNESSES

Name: (b)(6)  
Nationality: U.S.A.  
Age: 45 years  
Address: (b)(6), Texas, U.S.A.  
Relationship: None  
Marital Status: Married  
Occupation: Home Artist

Name: (b)(6)  
Nationality: U.S.A.  
Age: 25 years  
Address: (b)(6) Texas, U.S.A.  
Relationship: Daughter  
Marital Status: Single  
Occupation: Employee

Name: (b)(6)  
Nationality: U.S.A.  
Age: 64 years  
Address: (b)(6), Texas, U.S.A.  
Relationship: None  
Marital Status: Married  
Occupation: Contractor

Name: (b)(6)  
Nationality: Dominican  
Age: 33 years  
Address: Nuevo Vallarta Bahía de Banderas  
Relationship: None  
Marital Status: Single  
Occupation: Guest Services

This marriage contract is subject to the regulations of: Conjugal Partnership

[Fingerprint of the Groom]

[Signatures of all parties]

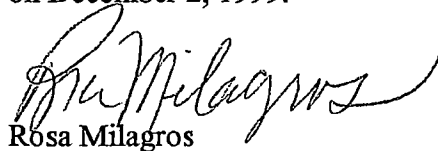
[Official seal of the Civil Registry Bahía de Banderas, Nayarit]



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Officer No. 2 of the Bureau of Vital Statistics – Marcelino González León  
[Signature]

I certify that this is a true translation of the Spanish language document presented to me on December 2, 1999.



Rosa Milagros  
Professional Translator  
A-1 Translators  
2805 Summertree Lane  
Colleyville, Texas 76034  
Tel. (817) 354-4048

Signed and sworn before me this 3<sup>rd</sup> day of December 1999.

Commission Expires August 2, 2000

Notary John A. Adel



ESTADOS UNIDOS MEXICANOS  
REGISTRO CIVIL

CLAVE UNICA DE REGISTRO DE POBLACION  
CLAVE UNICA DE REGISTRO DE POBLACION  
ACTA DE MATRIMONIO

OFICIALIA 02 LIBRO No. 01 ACTA No. (b)(6) LOCALIDAD VALLE DE BANDERAS FECHA DE REGISTRO 07 08 99  
MUNICIPIO BAHIA DE BANDERAS ENTIDAD FEDERATIVA NAYARIT

NOMBRE DEL CONTRAYENTE PETER W. MAYHEW  
LUGAR DE NACIMIENTO KIN GSTON INGLATERRA  
EDAD 55 AÑOS FECHA DE NACIMIENTO 19 DE MAYO DE 1944 NACIONALIDAD BRITANICA  
DOMICILIO HABITUAL 69 WHEAT HEAD YORKSHIRE INGLATERRA OCUPIACION ACTOR

NOMBRE DE LA CONTRAYENTE (b)(6)  
LUGAR DE NACIMIENTO (b)(6) U.S.A.  
EDAD 45 AÑOS FECHA DE NACIMIENTO (b)(6) NACIONALIDAD U.S.A.  
DOMICILIO HABITUAL (b)(6) TEXAS U.S.A. OCUPIACION EMPLEADA INDEPEN.

PADRES DEL CONTRAYENTE  
NOMBRE DEL PADRE WALTER MAYHEW NACIONALIDAD INGLESA  
OCUPACION FONDADOR  
NOMBRE DE LA MADRE CONSTANCA MAYHEW NACIONALIDAD INGLESA  
OCUPACION HOGAR

PADRES DE LA CONTRAYENTE  
NOMBRE DEL PADRE (b)(6) JONES NACIONALIDAD U.S.A.  
OCUPACION (b)(6)  
NOMBRE DE LA MADRE (b)(6) NACIONALIDAD U.S.A.  
OCUPACION HOGAR

HIJOS DE LOS CONTRAYENTES  
NOMBRE (b)(6) NACIONALIDAD U.S.A. EDAD 45  
DOMICILIO (b)(6) TEXAS U.S.A. PARENTESCO NINGUNA  
ESTADO CIVIL CASADA OCUPIACION HOGAR-ARTISTA  
NOMBRE (b)(6) NACIONALIDAD U.S.A. EDAD 25  
DOMICILIO (b)(6) TEXAS U.S.A. PARENTESCO HIJA  
ESTADO CIVIL EMPLEADA NACIONALIDAD U.S.A. EDAD 64  
DOMICILIO (b)(6) TEXAS U.S.A. PARENTESCO NINGUNA  
ESTADO CIVIL (b)(6) OCUPIACION CON TRACTOR NACIONALIDAD DOMINICANA EDAD 33  
DOMICILIO BUEVO VALLARTA BAHIA DE BANDERAS NACIONALIDAD NINGUNA  
ESTADO CIVIL SOLTERO OCUPIACION SERVICIO A HUESPEDES

NOMBRE(S) DE LA(S) PERSONA(S) QUE DAN SU CONSENTIMIENTO POR MINORIA DE EDAD DEL(LOS) CONTRAYENTE(S)  
AUTORIZACION DE LA SECRETARIA DE GOBERNACION EN EL CASO DE CONTRAYENTE(S) EXTRANJERO(S)

ESTE CONTRATO DE MATRIMONIO ESTA SUJETO AL REGIMEN DE: SOCIEDAD CONYUGAL  
LA PRESENTE TIENE LAS ANOTACIONES SIGUIENTES:

HUELLA DIGITAL DEL CONTRAYENTE EL (b)(6) CONTRAYENTE (b)(6)  
(b)(6)

SECRETARIA DE GOBIERNO FEDERAL  
REGISTRO CIVIL  
ESTADOS UNIDOS MEXICANOS  
NAYARIT  
BAHIA DE BANDERAS  
REGISTRO CIVIL

HABIENDO INTERROGADO A LOS CONTRAYENTES EN LOS TERMINOS QUE LA LEY ORDENA Y NO EXISTIENDO IMPEDIMENTO LEGAL O HABIENDO SIDO DISPENSADO EL EXISTENTE PARA LA CELEBRACION DEL MATRIMONIO, LOS DECLARO EN NOMBRE DE LA LEY Y ANTE LA SOCIEDAD UNIDOS EN MATRIMONIO Y SU CONTRATO MATRIMONIAL PERFECTO Y LEGITIMO PARA TODOS LOS EFECTOS LEGALES, PREVIA LECTURA QUE DIJÓ EL MISMO, LO RATIFICA Y FIRMAN EN UNION DEL SUSCRITO QUIENES EN EL INTERVIERON Y SABEN HACERLO, Y QUIEN NO, IMPRIMEN SU HUELLA DIGITAL, DOY FE.  
EL C. OFICIAL No. 02 DEL REGISTRO CIVIL  
MARCELINO GONZALEZ LEON INTERESADO  
NOMBRE FIRMA





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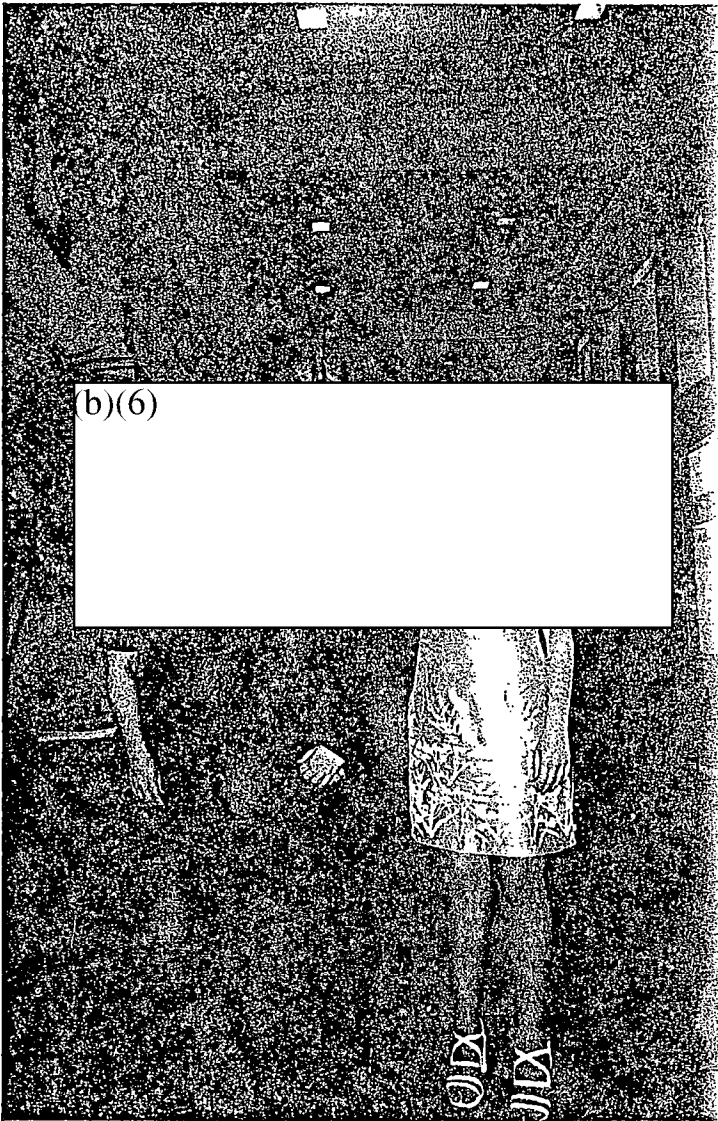


PAGE WITHHELD PURSUANT TO (b)(6)



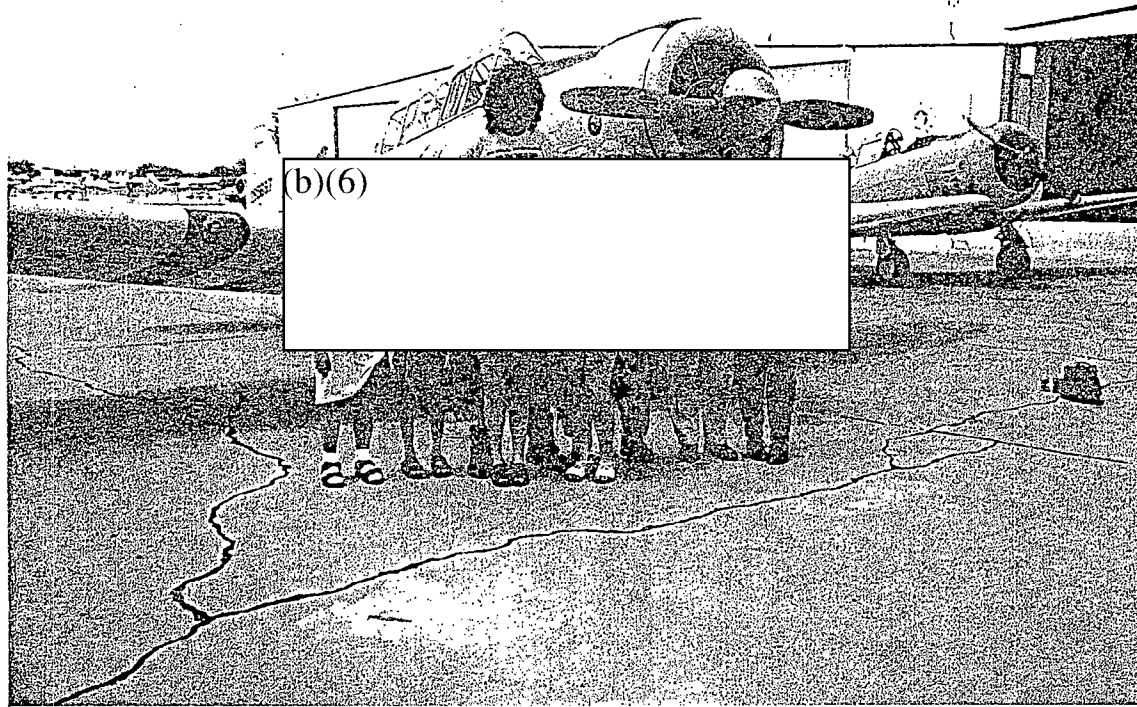
(b)(6)

A.



B.





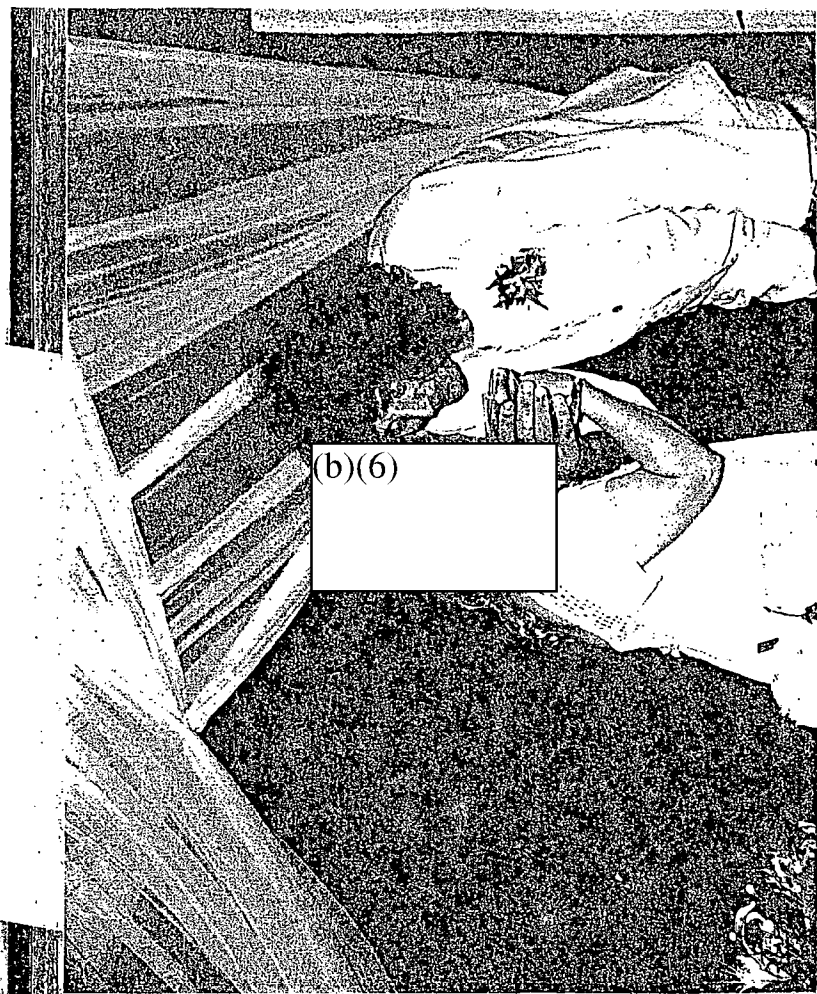
C.



A

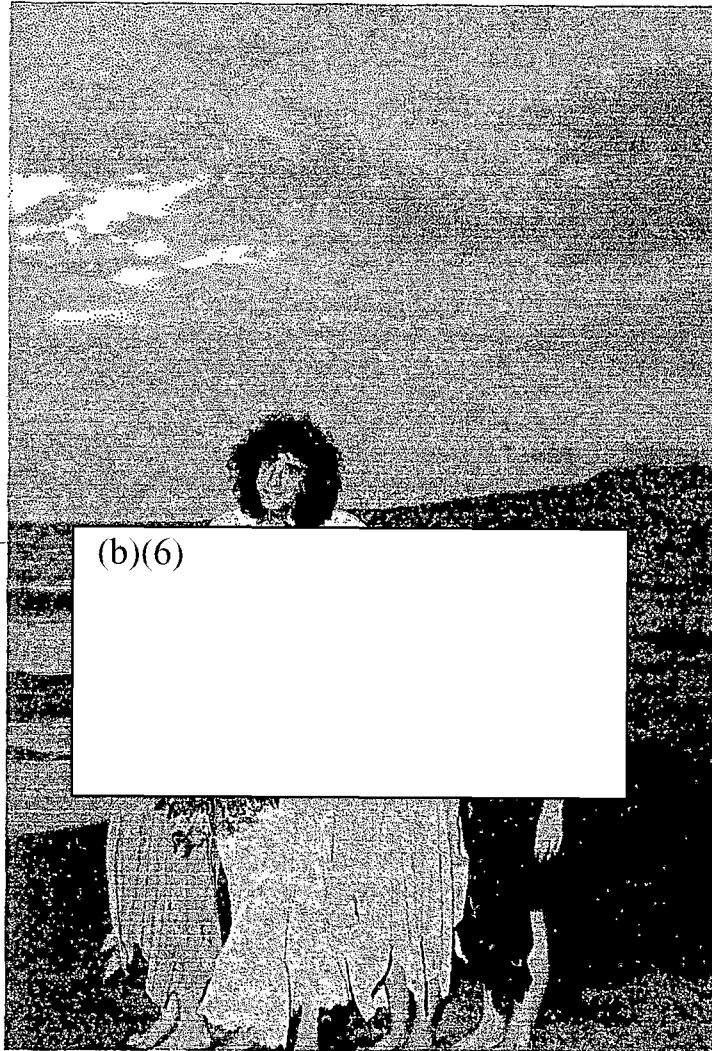
TH

G



A





(b)(6)

H.



I

A075897187  
A075897187

A075897187  
A075897187

SSC\*000857370  
DAL



04/25/2005 A075897187 SSC

PETER W MAYHEW  
(b)(6)  
GRANBURY TX 76049

N-400  
SSC

LAW OFFICE OF JACK G CAMERON P C  
• P O BOX 1079  
FORT WORTH TX 76101

All were  
Natzid, but  
no notice  
found.

Needs  
notice

N-400 Adjudication Processing Worksheet

A# 075897187

INTERVIEW	Initials	Date	Remarks
Appeared for interview	RR	SEP 16 2005	No show on _____ (Date) _____ (Initials and Current Date) (I-551 S/R)
A-file present at time of initial interview	RR	SEP 16 2005	(T-file) (Current 9504 interfiled) (9101 interfiled & reviewed)

OFFICER	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Met § 312 requirements at initial interview	RR	SEP 16 2005	(UUE) (USE) (UWE) (URE) (LOK) (55/15) (50/20) (65/20)
Appeared for Re-Exam			No show on: _____ (Date) _____ (Initials and Current Date)
Met § 312 requirements at Re-Exam			
If applicable, met § 312(b) disability exceptions			(N-14)
Established physical presence/residence	RR	SEP 16 2005	(N-14)
Established good moral character	RR	SEP 16 2005	(N-14) (See Sworn Statement) (G-325B processed) (Criminal Record in File)
Established attachment to Constitution (Modified oath or oath waiver, circle notation in remarks)	RR	SEP 16 2005	(N-14) (oath waived per PL 106-448) (Religious Objection)
Met other eligibility requirements (put reason(s) in remarks)	RR	SEP 16 2005	(N-14) (319a) (319b) (328) (329) (See Sworn Statement-ARC)
Recommendation, if supervisory review required 1 <sup>ST</sup> <input type="checkbox"/> (CRIMINAL) and/or			CIRCLE RECOMMENDATION: (GRANT) (DENY) (WITHDRAW)
<input type="checkbox"/> (T-FILE) and/or If necessary, enter 2 <sup>ND</sup>			
Recommendation, if supervisory review required 1 <sup>ST</sup> <input type="checkbox"/> (DISABILITY) If necessary, enter 2 <sup>ND</sup>			CIRCLE RECOMMENDATION: (DENY) (WITHDRAW) (DENY) (WITHDRAW)
<b>SUPERVISORY CONCURRENCE WITH OFFICER'S RECOMMENDATION</b>	<b>Initials</b>	<b>Date</b>	<b>Remarks (Indicate non-concurrence issue(s) within remarks)</b>

OFFICER	Initials	Date	Remarks (Circle decision)
Indicate decision under remarks	RR	SEP 16 2005	(GRANTED) (DENIED) (WITHDRAWN)

Reverified Doreen Poy 9/29/05 2<sup>nd</sup> Reverification if required \_\_\_\_\_  
 (Reverifier's Signature/Date) (Reverifier's Signature/Date)

QA Performed \_\_\_\_\_  
 (QA Analyst/Evaluator Signature/Date)

No Errors Found / Error(s) Found – QA Checklist in File  
 (Circle Finding)



A# 075 897 187

FBI Name Check	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
		SEP 16 2005	
FBI Fingerprint Check (b)(7)(c) (b)(7)(e)			
FD-258 Control #: <input type="text"/>			(Waived-75 and over) (Waived-ASC) _____
Process Date: 6-22-05		8-15-05	(Rap Sheet Interfiled) (FTA/RFE-Not Received)
FD-258 Control #: _____			(2 <sup>nd</sup> Unclassifiable) (Rap Sheet Interfiled) (FTA/RFE-Not Received)
Process Date: _____			

MANUAL REQUESTS/RAFACS REQUESTS	Initials	Date	Remarks (Only circle standard annotations when and if applicable)
Initial search request was made (RAFACS)			
If necessary, 2 <sup>nd</sup> search request was made (RAFACS - 30 calendar days)			
If necessary, 3 <sup>rd</sup> search request was made (RAFACS - 30 calendar days)			
Manual search request initiated (circle one)			(New Added) (No Record Found)
Final Status of A-file (circle one)			(Received) (Not Received) (New Added) (Not Found)

A-FILE PROCESSING	Initials	Date	Remarks
A-file relates to applicant	2300197	05.11.05	

T-FILE PROCESSING	Initials	Date	Remarks
CIS documentation of lawful status and requisite file transfer requests is in T-file (9101 and 9504 CIS screen prints)			

# Record of IBIS Query (ROIQ)

A Number or  
Receipt Number:

075897187

Form Type:

N-400

No.	Name (Person/business)	DOB	Batch Number/Date	IBIS OK	IBIS DNR	IBIS Ref.
1	MAYHEW, PETER	05/19/44		(b)(7)(c) (b)(7)(e)		
<b>Category</b>			<input checked="" type="checkbox"/> M <input type="checkbox"/> F			
<input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D			2nd Check			
<input type="checkbox"/> Resolution Memorandum Completed			3rd Check			

No.	Name (Person/business)	DOB	Batch Number/Date	IBIS OK	IBIS DNR	IBIS Ref.
2						
<b>Category</b>			<input type="checkbox"/> M <input type="checkbox"/> F			
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D			2nd Check			
<input type="checkbox"/> Resolution Memorandum Completed			3rd Check			

No.	Name (Person/business)	DOB	Batch Number/Date	IBIS OK	IBIS DNR	IBIS Ref.
3						
<b>Category</b>			<input type="checkbox"/> M <input type="checkbox"/> F			
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D			2nd Check			
<input type="checkbox"/> Resolution Memorandum Completed			3rd Check			

No.	Name (Person/business)	DOB	Batch Number/Date	IBIS OK	IBIS DNR	IBIS Ref.
4						
<b>Category</b>			<input type="checkbox"/> M <input type="checkbox"/> F			
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D			2nd Check			
<input type="checkbox"/> Resolution Memorandum Completed			3rd Check			

No.	Name (Person/business)	DOB	Batch Number/Date	IBIS OK	IBIS DNR	IBIS Ref.
5						
<b>Category</b>			<input type="checkbox"/> M <input type="checkbox"/> F			
<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D			2nd Check			
<input type="checkbox"/> Resolution Memorandum Completed			3rd Check			

A-Applicant  
B-Beneficiary

P-Petitioner  
D-Derivative/  
Household Member

M-Male  
F-Female

IBIS OK - No match for search criteria listed  
IBIS DNR - Match exists but does not relate to queried subject  
IBIS REF - Case referred for resolution of positive result(s)

NCXDTL1

IMMIGRATION AND NATURALIZATION SERVICE  
FBI NAME CHECK RESPONSE

09/16/2005  
07:25:00

SEARCH CRITERIA:

CIDN : A075897187  
A-NUMBER : 075897187  
NAME (L/F) : MAYHEW

ORI: USINSHQ0Z

PETER WILLIAM

DATE OF BIRTH : 05/19/1944  
NC REQUEST SENT: 05/03/2005  
PLACE OF BIRTH : UKI

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b)(7)(e)  
DATE PROCESSED BY FBI: 06/16/2005  
DATE/TIME LOADED AT INS: 06/27/2005 12:28:10

FBI NAME: MAYHEW, PETER WILLIAM

FBI DATE OF BIRTH: 05/19/1944

PF6  
PRIOR SCREEN

PF8  
LOGOFF

SEARCH CRITERIA: ANUM = 075-897-187

CIDN : A075897187  
A-NUMBER : 075-897-187 FORM#: N400  
NAME (L/F/M) : MAYHEW PETER WILLIAM

DATE OF BIRTH : 05/19/1944  
FP REQUEST SENT: 06/22/2005  
PLACE OF BIRTH : EN  
TCN: A075897187200506220905  
TCR: IFCS0002000003566618

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b)(7)(e)  
DATE PROCESSED BY FBI: 06/22/2005 CONTROL NO: (b)(7)(e)  
RESP PROCESSED BY LAN: 06/22/2005 FBI NUMBER:  
RESP PROCESSED BY M/F: 07/06/2005 PCN :  
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8  
PG FWD PG BWD PRIOR SCREEN LOGOFF

CIMIDN  
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE  
CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

08/15/05  
13:38:50

ID # (A/AA/AB/C/DA): A75897187  
(DL/FB/FP/I/PP/SS/TD)

A#: 075897187

DOB: 05191944

LAST: MAYHEW  
FIRST: PETER  
MIDDLE: W  
ALIASES:

NATZ DATE:  
COURT:  
LOCATION:

SEX: M POE: DAL COB: UK DOE: 12202001  
FCO: SSC COA: IR6 COC: UK FTC: 05052005 FATHER: WALTER  
PFCO: NRC SFCO: DFO: 12131999 BIN: MOTHER: CONSTANCE

SSN:  
I-94 ADM #:  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

CONSOLIDATED A-NOS

--OTHER INFORMATION--  
EADS-X CARD-X

OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#  
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY  
PF9 EAD PF11 EOIR

3300363

UNITED STATES DEPARTMENT OF HOMELAND SECURITY

CITIZENSHIP AND IMMIGRATION SERVICES

# COVER SHEET

# RECORD OF PROCEEDING

This is a permanent record of the Citizenship and Immigration Services. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose.

## INSTRUCTIONS

1. Place a separate cover sheet on the top of each Record of Proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.
4. See AM 2710 for detailed instructions.

Memorandum

U.S. IMMIGRATION & NATURALIZATION SERVICE

Subject I-181 processing or other grant of permanent residence

Date December 20, 2001

To Texas Service Center

From Dallas District Office

Asylum I-181 (NSC only)

Other

Check one:

Attached are one or more copy 2 of form I-181 for processing

Attached is an approved adjustment or other new grant of permanent residence, or a family group of approved cases rubber banded together, for post-approval processing and card production.

Check here if the approved case(s) have I-864 Affidavit(s) of Support to be data entered, and then enter below the A# and the number of affidavits in that file

A	075	-	897	-	187	#	1	A	-	-	#	_____
A	-	-	-	-	-	#	_____	A	-	-	#	_____
A	-	-	-	-	-	#	_____	A	-	-	#	_____
A	-	-	-	-	-	#	_____	A	-	-	#	_____

Attached is an approved removal of conditions case, or family group of approved cases rubber-banded together, for post-approval processing and card production.

JERRY SAPP

SIGNATURE





6  
STANDARD FORM  
PURCHASING GROUP

Peter W. MATHIAS

DOB: 05/19/1944

# I-551 OR I-586 CARD DATA COLLECTION FORM

## TRANSACTION 1 — INITIAL CARD (Use the Other Side For All Other Transactions)

FORM I-89 (Rev. 2/25/86) N SIDE 1  
U.S. DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

1. CARD TYPE: 1.  REGULAR I-551 2.  COMMUTER I-551 3.  MEXICAN I-586 4.  CANADIAN I-586

A 75897187

DEC 20 2001

2. ALIEN NUMBER

3. DATE OF THIS I-89

4. NAME (LAST/FIRST/MIDDLE)

CONSTANCE

5. MOTHER'S FIRST NAME

WALTER

6. FATHER'S FIRST NAME

7. DOB (MM/DD/YY)

8. COB

9. CITY/TOWN/VILLAGE OF BIRTH

10. CITY OF RESIDENCE WHEN APPLYING FOR THIS STATUS

11. CITY OF DESTINATION AT TIME OF ORIGINAL ADMISSION

12. LOCATION OF CONSULATE (OR INS OFFICE WHERE ADJUSTED)

13. POE/POI

14. CLASS

15. ADM/ADJ DATE (MM/DD/YY)

16. AMC

17. OTHER FP

18. WAIVER/REASON

FP

SIG

PHOTO

19. IN CARE OF

20. NUMBER AND STREET (APT NO. IF APPLICABLE)

21. CITY

22. STATE

23. ZIP CODE



25. CERTIFICATION

I certify, based upon all available information, that this applicant is entitled to the immigration document for which this application has been made.

J. D. SAPP

26. STAMPED OR PRINTED NAME OF OFFICER

27. OFFICER'S SIGNATURE



DAL

28. LOC CODE

A 75897187

29. ALIEN NUMBER

Peter Mandlow



SEARCH CRITERIA: ANUM = 075897187

CIDN : A075897187  
A-NUMBER : 075897187  
NAME (L/F/M) : MAYHEW

FORM#: I485  
PETER  
W

ORI: (SC) TXINSWANZ (LOC) TXINSDL00

DATE OF BIRTH : 05/19/1944  
FP REQUEST SENT: 05/17/2001  
PLACE OF BIRTH : EN

TCN: A075897187200105171032  
TCR: IFCS0004000009578487

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESCRIPTION : (b)(7)(e)  
DATE PROCESSED BY FBI : 05/17/2001  
RESPONSE PROCESSED BY LAN: 05/17/2001  
RESPONSE PROCESSED BY M/F: 05/18/2001  
REJECT DESCRIPTION :

CONTROL NO: (b)(7)(e)  
FNU :  
PCN :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8  
PG FWD PG BWD PRIOR SCREEN LOGOFF

U. S. IMMIGRATION AND NATURALIZATION  
8101 N. STEMMONS FREEWAY  
DALLAS, TEXAS 75247

PETER MAYHEW

(b)(6)  
BOYD, TX 76023

FILE NUMBER: A 75 897 187  
DATE: 12/10/2001

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

OFFICE LOCATION: 8101 N. STEMMONS FREEWAY, LOBBY  
DALLAS, TX 75247

DATE AND TIME: 12/20/2001  
2 : 00 PM

OFFICER: 9 OFFICER

REASON FOR APPOINTMENT: APPLICATION FOR ADJUSTMENT OF STATUS

**THIS INTERVIEW WILL BE VIDEO TAPED.**

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

- THIS LETTER, YOUR PASSPORT, YOUR I-94 (ARRIVAL/DEPARTURE FORM), IF ANY, BIRTH CERTIFICATE, PHOTO I.D.
- CURRENT MEDICAL EXAM RESULTS, FORM I-693, WITH SUPPLEMENT I-693 TO VERIFY THAT YOUR IMMUNIZATIONS ARE CURRENT.
- THE MEDICAL FORMS MUST BE COMPLETED BY AN APPROVED IMMIGRATION DOCTOR OR FACILITY FROM THE ATTACHED LIST.
- A CURRENT LETTER OF EMPLOYMENT FOR YOU AND/OR YOUR SPOUSE SHOWING RATE OF PAY AND HOURS PER WEEK.
- PERSON PETITIONING FOR YOU MUST BE PRESENT AT THE INTERVIEW WITH PHOTO I.D.
- IF SPOUSE PETITIONED, BRING DOCUMENTS AND COPIES TO PROVE A VALID MARRIAGE, I.E., LEASES, MORTGAGE, BIRTH CERTIFICATES OF CHILDREN.
- FORM I-864(AFFIDAVIT OF SUPPORT) MUST BE SUBMITTED WITH THE INCOME TAX RETURNS FOR THE PAST THREE YEARS FROM ALL SPONSORS.

If you are unable to keep this appointment, please return this letter to this office with an explanation. Failure to keep this appointment and to bring the required documents will delay your case and may result in the denial of your application. If you do not speak English, a person (not a family member), who can act as an interpreter, should accompany you to the Immigration interview. Please do not bring small children to the interview unless there is a specific application filed for them.

ATTORNEY NOTIFIED: JACK G. CAMERON

**WAIVED INTERVIEW WORK SHEET**

**Circle Item Needed**

**File Number:** 75 897 187

G-325 - APPLICANT       OK     NOT OK    WHY: \_\_\_\_\_  
G-325 - SPOUSE/CHILD     OK     NOT OK    WHY: \_\_\_\_\_

I-130 I-797 SPOUSE - B/C ~~M/C~~ CHILD-B/C DIV/DEC, NATZ CERT, I-551  
I-130 I-797 PARENT - B/C M/C - PARENT, B/C NATZ CERT, I-551  
I-130 I-797 CHILD/STEP CHILD - B/C/CHILD, M/C PARENT, NATZ.CERT, I-551  
I-130 OTHER: \_\_\_\_\_, DOCUMENTS B/C of applicant

MEDICAL       NOT OK: NOT SIGNED / DATED / VARICELLA TB / TD /  
MMR / HIV / PREGNANT  
OTHER: \_\_\_\_\_

I-864 :      OK    NOT REVIEWED     NOT OK: INSUFFICIENT INCOME,  
SIGNATURE, WRONG SPONSER, NO TAX, JOB LETTER,  
OTHER: for 1999 + 2000

I-864A      OK    NOT REVIEWED      NOT OK; NEED ONE  
OTHER: \_\_\_\_\_

I-485:       NOT REVIEWED    LEGAL ENTRY, I-485A,  
 NOT OK    INCOMPLETE    ADDRESS PHOTO I.D. VISA AVAIL.  
OTHER: \_\_\_\_\_

FBI      

(b)(7)(e)

NOTES, MISC ITEMS OF CONCERN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEARCH CRITERIA: ANUM = 075897187

CIDN : A075897187 ORI: (SC) TXINSWANZ (LOC) TXINSDL00  
A-NUMBER : 075897187 FORM#: I485  
NAME (L/F/M): MAYHEW PETER W

DATE OF BIRTH : 05/19/1944 TCN: A075897187200105171032  
FP REQUEST SENT: 05/17/2001 TCR:  
PLACE OF BIRTH : EN

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESCRIPTION : (b)(7)(e) CONTROL NO: (b)(7)(e)  
DATE PROCESSED BY FBI : 05/17/2001 FNU :  
RESPONSE PROCESSED BY LAN: 05/17/2001 PCN :  
RESPONSE PROCESSED BY M/F: 05/18/2001  
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8  
PG FWD PG BWD PRIOR SCREEN LOGOFF

Vertical text artifacts or bleed-through from the reverse side of the page, appearing as faint, illegible characters.

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

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

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

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

Name (Last—Surname—Family) (First—Given) (Middle Initial)  
MAYHEW Peter

Taxpayer Identification Number . . . . . NONE

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

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

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

**Paperwork Reduction Act Notice—**We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.  
The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the Internal Revenue Service, Washington, DC 20224. Attention: IRS Reports Clearance Officer, T:FP, and Office of Management and Budget, Paperwork Reduction Project (1545-1065) Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of the Immigration and Naturalization Service.**

Remarks  
N/A



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

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

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

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

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

MAYHEW

Peter

Taxpayer Identification Number ..... NONE

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

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

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

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

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Remarks  
N/A

U.S. Department of Justice  
Immigration and Naturalization Service

AUTHORIZATION FOR PAROLE OF AN ALIEN  
INTO THE UNITED STATES

8101 N. STEMMONS FREEWAY DALLAS, TX 75247

Name of Alien (First) (Middle) (Last) <b>Peter MAYHEW</b>			Date <b>03/26/2001</b>
Date of Birth (Month) (Day) (Year) <b>05/19/44</b>			File Number <b>A 75 897 187</b>
Place of Birth (City or town) (State or province) <b>KINGSTON U.K.</b>		(Country) <b>UNITED KINGDOM</b>	
U.S. Address (Apt. number and/ or in care of) (Number and street) (City or town) (State) (ZIP Code) <b>(b)(6) BOYD, TX 76023</b>			

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to March 26, 2002 will authorize an immigration officer at a port of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

- as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
- 

Remarks: MULTIPLE ENTRIES - VALID UNTIL March 26, 2002.

SEE ATTACHED STATEMENT

*Anne M. Estrada*  
ANNE M. ESTRADA, DISTRICT DIRECTOR  
(Signature of Immigration Officer)

PAROLED until <b>26 March</b>	
Purpose: Adjustment of Status	
DAL <b>2/6/01</b> (Port) (Date)	<b>4077</b> (Officer)
DALLAS, TX (Authorizing Office)	



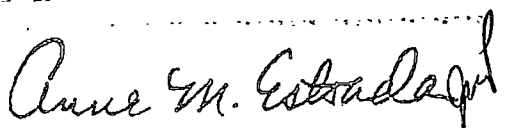
ARRIVAL STAMP

PAROLED until <b>26 March 2002</b>	
Purpose: Adjustment of Status	
DAL <b>4/23/01</b> (Port) (Date)	<b>ast</b> (Officer)

Alien's Name MAYHEW,PETER	File Number A75897187	Date 03/26/2001
------------------------------	--------------------------	--------------------

**AUTHORIZATION:** The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon his or her prima facie eligibility, the holder of this document shall be paroled into the United States pursuant to the authority of ANNE M. ESTRADRA District Director, Dallas, Texas. VALID FOR MULTIPLE APPLICATIONS FOR PAROLE INTO THE UNITED STATES.

**NOTICE TO APPLICANT:** Presentation of this authorization will permit you to resume your application for adjustment of status upon your return to the United States. If your adjustment application is denied, you will be subject to removal proceedings under section 235(b)(1) or 240 of the Act. If, after April 1, 1997, you were unlawfully present in the United States for more than 180 days before applying for adjustment of status, you may be found inadmissible under section 212(a)(9)(B)(i) of the Act when you return to the United States to resume the processing of your application. If you are found inadmissible, you will need to qualify for a waiver of inadmissibility in order for your adjustment of status application to be approved.

Signature 	Title District Director
--	----------------------------

U.S. Department of Justice

U. S. Immigration And Naturalization  
8101 N. Stemmons Freeway  
Dallas, Texas 75247

03/26/2001

Peter MAYHEW

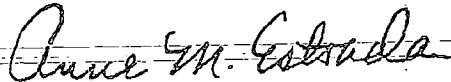
(b)(6)  
BOYD, TX 76023

Peter MAYHEW:

Enclosed you will find the original and two copies of Form I-512 approved on behalf of yourself.

Present this document prior to March 26, 2002 to an Immigration Officer at a port of entry in the United States to permit you to re-enter the United States.

Sincerely,



ANNE M. ESTRADA  
DISTRICT DIRECTOR

Enc.

MATHEW  
POLKER  
5/19/1971





PA 057

U.S. Department of Justice  
Immigration and Naturalization Service  
P.O. BOX 560566  
Dallas, TX 75356-0566

NAME AND ADDRESS OF APPLICANT:

NAME OF PETITIONER:

• Peter Mathew  
• (b)(6)  
• Boyd, TX 76023

DATE: 4-30-2001  
FILE NO.: 75897187

IN ORDER TO FINALIZE THE PROCESSING OF YOUR APPLICATION, YOU MUST SUBMIT **THIS NOTICE** AND THE FOLLOWING ITEMS WITHIN THE NEXT **30 DAYS** TO THE ADDRESS SHOWN AT THE TOP OF THIS PAGE **(DO NOT DELIVER IN PERSON)**:

- 1) **COPIES OF DOCUMENTS THAT PROVE A VALID MARRIAGE, SUCH AS BIRTH CERTIFICATES OF CHILDREN, LEASE AGREEMENTS, UTILITY BILLS, MORTGAGE AGREEMENTS, BANK STATEMENTS, HEALTH/LIFE/AUTOMOBILE INSURANCE POLICIES, AUTOMOBILE TITLES AND REGISTRATION, AND ANY OTHER DOCUMENTS THAT WILL SUBSTANTIATE THE VALIDITY OF YOUR MARRIAGE. (FOR SPOUSES ONLY)**
- 2) COMPLETE THE ENCLOSED I-864, AFFIDAVIT OF SUPPORT, ACCORDING TO THE INSTRUCTIONS PROVIDED WITH THE FORM. **COPIES OF THE LAST THREE YEARS OF INCOME TAX RETURNS ARE REQUIRED.**
- 3) YOU MUST OBTAIN A NEW I-693, MEDICAL EXAM AND THE SUPPLEMENT I-693, IMMUNIZATION RECORD. YOU MUST OBTAIN THE MEDICAL FROM ONE OF THE DOCTORS ON THE LIST THAT IS PROVIDED.

- 4) **PETITIONER: SUBMIT A COPY OF YOUR I-551, RESIDENT ALIEN CARD, OR A COPY OF YOUR NATURALIZATION CERTIFICATE. IF YOU BECAME A CITIZEN OF THE UNITED STATES AFTER YOU FILED THE I-130, PETITION FOR ALIEN RELATIVE, A SEPARATE I-130, PETITION FOR ALIEN, MUST BE SUBMITTED FOR EACH FAMILY MEMBER. A FEE OF \$110.00 MUST ACCOMPANY EACH FORM I-130, PETITION FOR ALIEN RELATIVE. IF YOU HAVE ALREADY FILED A SEPARATE I-130, PETITION FOR ALIEN RELATIVE, FOR EACH FAMILY MEMBER, YOU DO NOT HAVE TO FILE THE I-130 AGAIN.**
- 5) **YOU MUST OBTAIN FINGERPRINTS. GO TO THE APPLICATION SUPPORT CENTER THAT IS CLOSER TO YOUR HOME IN ORDER TO OBTAIN FINGERPRINTS. IF YOU ARE 14 YEARS OF AGE AND UNDER 76 YEARS OF AGE, FINGERPRINTS ARE REQUIRED. LOOK AT THE ATTACHED LIST OF FINGERPRINT LOCATIONS FOR YOUR SCHEDULED DATE AND TIME. THE HOURS OF OPERATION ARE LISTED. YOU ARE REQUIRED TO BRING A PHOTO I.D. SUCH AS A PASSPORT, STATE ISSUED DRIVER'S LICENSE/L.D. YOU MUST TAKE PAGES 1, 2, AND 3 TO THE FINGERPRINT LOCATION.**
- 6) **YOU MUST OBTAIN TWO (2) NEW COLOR PHOTOGRAPHS. THESE PHOTOS MUST BE GLOSSY WITH A WHITE BACKGROUND, AND MUST BE UNRETOUCHED OR UNMOUNTED. THE DIMENSIONS OF THE FACIAL IMAGE SHOULD BE ABOUT 1 INCH FROM THE CHIN TO THE TOP OF HAIR OR HEAD, SHOWN IN ¾ FRONTAL VIEW WITH THE RIGHT EAR VISIBLE. USING A SOFT PENCIL OR FELT TIP PEN, PRINT YOUR NAME AND "A" NUMBER, IF KNOWN ON THE BACK OF EACH PHOTO. YOU SHOULD SHOW THESE INSTRUCTIONS TO THE PHOTOGRAPHER WHO TAKES THE PICTURES.**

SINCERELY,

*Anne M. Estrada*

ANNE M. ESTRADA  
DISTRICT DIRECTOR



U.S. Department of Justice  
Immigration and Naturalization Service  
P.O. BOX 560566  
Dallas, TX 75356-0566

NAME AND ADDRESS OF APPLICANT:

NAME OF PETITIONER:

*Peter Mayhew*

(b)(6)

*Boyd, TX 76023*

DATE: *4-30-2001*

FILE NO.: *75897187*

IN ORDER TO FINALIZE THE PROCESSING OF YOUR APPLICATION, YOU MUST SUBMIT **THIS NOTICE** AND THE FOLLOWING ITEMS WITHIN THE NEXT **30 DAYS** TO THE ADDRESS SHOWN AT THE TOP OF THIS PAGE (**DO NOT DELIVER IN PERSON**):

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SINCERELY,

*Anne M. Estrada*

ANNE M. ESTRADA  
DISTRICT DIRECTOR

Name: Peter Mayhew  
DOB: 5.19.44  
Form Number: 25897187  
A Number: 2485

**APPLICATION SUPPORT CENTERS**

APPLICATION SUPPORT CENTER  
3701 W. NORTHWEST HWY., SUITE 211  
DALLAS, TEXAS 75220  
(NEAR WEINERS DEPARTMENT STORE)  
HOURS OF OPERATION: TUESDAY-SATURDAY  
8:00 A.M. TO 4:00 P.M.

APPLICATION SUPPORT CENTER  
4200 S. FREEWAY, SUITE 1309  
FORT WORTH, TEXAS 76115  
(INSIDE THE FORT WORTH TOWN CENTER MALL)  
HOURS OF OPERATION: TUESDAY-SATURDAY  
8:00 A.M. TO 4:00 P.M.

APPLICATION SUPPORT CENTER  
3502 SLIDE ROAD, SUITE A24  
LUBBOCK, TEXAS 79414  
HOURS OF OPERATION: TUESDAY-SATURDAY  
8:00 A.M. TO 4:00 P.M.

DATE OF FINGERPRINT APPOINTMENT: 5-17-2001

TIME OF FINGERPRINT APPOINTMENT: 10:00am

**JACK G. CAMERON**  
**ATTORNEY-AT-LAW**  
P. O. BOX 1079  
FORT WORTH, TEXAS 76101-1079  
(817) 870-2656  
Fax: (817) 870-0317

May 30, 2001

**Certified Mail No. 7000 1670 0012 7167 8782**

**U. S. Immigration and Naturalization Service**  
Dallas District Office  
P.O. Box 560566  
Dallas, Texas 75356-0566

Re:	<b>Name of Foreign National:</b>	Peter MAYHEW
	<b>A#:</b>	75-897-187
	<b>Forms(s):</b>	I-864

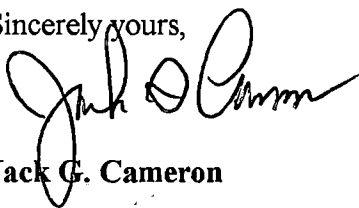
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Dear Ladies & Gentlemen:

As requested in your letter dated April 30,2001, please find enclosed the documents for the processing of the above referenced immigration application(s).

If you have any further questions or need for further documentation, please contact me. Thank you.

Sincerely yours,



**Jack G. Cameron**

ct: 9251foreignINS

**Addendum for Form I-131    MAYHEW, Peter**

**Addendum to I-131, Part 7, Advance Parole**

My mother, Constance MAYHEW, is 87 years old and is in poor health. I need to visit her because the doctors have told me she asks for me and is in poor health. I need to return to London, England for this reason. I have enclosed a copy of a statement from my mother's doctor and nursing home explaining the medical condition and the need for me to travel to the U.K. as soon as possible. Thank you.

---

Dr W Barclay, Dr K Arora, Dr A Marossy  
Violet Lane Medical Practice  
231 Violet Lane  
Croydon CR0 4HN.  
Telephone: 0181 688 0333  
Fax: 0181 688 9707

06 December 1999  
US Immigration and Naturalization Service  
8101 N. Stemmons Freeway  
Dallas, Texas 75247

To Whom It May Concern:  
Re: CONSTANCE MAYHEW DOB 11/04/1912

Constance Mayhew has been a patient of mine since 2<sup>nd</sup> February 1989. Her health is outlined as follows:

Constance was diagnosed with rheumatic fever during her teens. She now has severe breathing problems and her heart has weakened from the rheumatic fever. She is 87 years of age and has bronchitis, which has now become chronic and severe, causing her to become short of breath on minimal exertion. She has had operations for bilateral cataracts; right eye operation in 1998.

She has arthritis in her hips and extremities, and also suffers from a chronic hiatus hernia, which is controlled by medication.

Mrs. Mayhew has severe problems with hearing making communication difficult for her. She has problems carrying on a normal phone conversation and communicates better face-to-face.

She has recently suffered with chest pains which are symptomatic of her general health problems which necessitate the need for constant care and monitoring of her health. She also suffers from depression and mild confusion.

Mrs. Mayhew has a good relationship with her son, Peter and his regular visits contribute to easing her depression and strengthen her overall will. She will greatly benefit from his continued regular visits and I feel that he should visit her as soon as possible. In view of her fragile health, it would be advisable for him to visit her frequently.

Her condition is stable and not expected to improve.

She is currently in a full-care nursing home with staff physicians and needs to have full nursing care in her condition.

Yours Sincerely



Dr K. Arora





**Royal Masonic Benevolent Institution**  
Meeting the needs of older Freemasons and their dependants

Registered Charity No: 207360

7<sup>th</sup> December 1999.

James Terry Court,  
51 Warham Road,  
South Croydon,  
Surrey CR2 6LH  
Telephone: 0181-688 1745  
Facsimile: 0181-688 0587

U.S. Immigration & Naturalization Service  
8101 N. Stemmons Freeway  
Dallas  
Texas 75247  
USA

To Whom it may concern

Mrs. Constance Mayhew has been a resident patient of our home since 27<sup>th</sup> November 1996.

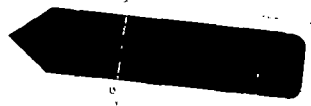
She suffers from Anoxia, causing cerebral ischaemic attacks. Her doctors have given us a guarded prognosis and we do not expect improvement.

This residential nursing home is a full care facility with trained staff on duty 24 hours per day.

Mrs Mayhew only has her two sons, Peter and (b)(6) Mayhew. Mr. Peter Mayhew is the one who takes care of his mother and she asks for him when she is lucid. We would suggest that all family members visit Mrs. Mayhew as soon as possible, given her frail and serious medical condition.

Yours sincerely

Gillian Khalighi  
Home Manager





lungs for exchange of gases (as in pneumonia) or inadequate respiratory movements.

*a., hypokinetic.* A., stagnant, q.v.

*a., stagnant.* Anoxia due to insufficient peripheral circulation, as occurs in cardiac failure, shock, arterial spasm, and thrombosis.

**anoxic** (än-òks'ik) [Pert. to or caused by a general lack of oxygen, and characterized by a generally subnormal oxygen tension of the blood.

**ansa** (än'sä) [L., a handle]. (pl. *ansae*) [NA] In anatomy; any structure in the form of a loop or arc.

*a. cervicalis.* [NA] Formerly called ansa hypoglossi. A nerve loop in the neck formed by fibers from the first three cervical nerves.

*a. hypoglossi.* [NA] A. cervicalis, q.v.

*a. lenticularis.* [NA] Tortuous fiber tract from the globus pallidus, extending around the internal capsule, to the ventral thalamic nucleus.

*a. nervorum spinalium.* [NA] Connecting loops of nerve fibers between the anterior spinal nerves.

*a. peduncularis.* [NA] Complex fiber tract from the anterior temporal lobe, extending around the internal capsule, to the mediodorsal thalamic nucleus.

*a. sacralis.* Nerve loop connecting the sympathetic trunk with the coccygeal ganglion.

*a. subclavia.* [NA] Nerve loop that passes anterior and inferior to the subclavian artery, connecting the middle and inferior cervical sympathetic ganglia.

**A.N.S.I.** *American National Standards Institute.*

**ansiform** (än'si-form) [L. *ansa*, a handle, + *forma*, shape]. Shaped like a loop.

**ant-** [Gr.]. Prefix denoting opposed to, counteracting, against.

**Antabuse** (än'tä-büs''). Proprietary name for disulfiram. Administered orally in treatment of alcoholism. Ingestion of alcohol following taking of drug causes severe reactions including nausea and vomiting and may endanger the life of the patient. SEE: *Poisons and Poisoning in Appendix.*

**antacid** (än'täs'id) [Gr. *anti*, against, + L. *acidum*, acid]. An agent that neutralizes acidity, esp. in digestive tract.

Ex.: aluminum hydroxide; magnesium oxide.

**antagonism** (än-täg'ò-nizm'') [Gr. *antagonizein*, to struggle against]. Mutual opposition or contrary action, as between muscles or medicines.

*a., bacterial.* The inhibition of one bacterial organism by another.

**antagonist** (än-täg'ò-nist). That which counteracts the action of something else, as a

muscle or drug. Opposite of synergist.

*a., dental.* The tooth in the opposite arch with which a tooth occludes in function.

*a., muscular.* A muscle that opposes the action of the prime mover and produces a smooth movement by balancing the opposite forces.

*a., narcotic.* A drug that prevents or reverses the action of a narcotic. SEE: *nalorphine.*

**antalgic** (änt-äl-jé'sik) [Gr. *anti*, against, + *algos*, pain]. A drug that relieves pain. SYN: *analgesic; anodyne.*

**antalgic** (änt-äl'jik). Analgesic, q.v.

**antalkaline** (änt-äl'kä-lin, -lin) [Gr. + *alkaline*]. An agent that neutralizes alkalinity.

**antaphrodisiac** (änt'äf-rò-diz'è-äk) [Gr. + *aphrodisiakos*, sexual]. An agent that depresses sexual desire. SYN: *anaphrodisiac.*

**antarthritic** (änt'är-thrít'ik) [Gr. + *arthritikos*, gouty]. Remedy for gout and arthritis.

**antasthenic** (änt'äs-thén'ik) [Gr. + *asthenia*, weakness]. 1. Relieving weakness; strengthening, invigorating. 2. Agent that strengthens, relieves weakness.

**antasthmatic** (änt'äz-mät'ik) [Gr. + *asthma*, panting]. 1. Preventing or relieving asthma. 2. Agent that prevents or relieves an asthma attack.

**antatrophic** (änt'ä-tró-fik) [Gr. + *atrophia*, atrophy]. Preventing or curing atrophy.

**antazoline-phosphate** (än-täz'ò-lèn). USP. An antihistamine used in dilute solution to treat allergic conjunctivitis. A component of the trade name preparation Vasocon-A.

**ante-** [L.]. Prefix meaning before.

**antebrachium** (än'tè-brä'kè-üm) [L. *ante*, before, + *brachium*, arm]. [NA] The forearm.

**antecardium** (än'tè-kär'dè-üm) [Gr. + *kardia*, heart]. The area on the anterior surface of the body overlying the heart and the lower part of the thorax. SYN: *precordium; precordium.*

**antecedent** (än'tè-sé'dènt) [L. *antecedere*, to precede]. Something that comes before something else, a precursor.

*a., plasma thromboplastin.* ABBR: PTA. Blood coagulation factor XI. SYN: *Christmas factor.* SEE: *coagulation factors.*

**ante cibum** (än'tè sè'büm) [L.]. ABBR: *ac*. Used in prescription writing to indicate before meals.

**antecubital** (än'tè-kù'bít-äl) [Gr. + *cubitum*, elbow]. In front of the elbow, at the bend of the elbow.

**antecubital fossa.** Triangular area lying anterior to and below the elbow, bounded medially by the pronator teres and laterally by the brachioradialis muscles. SYN: *cubital fossa.*

**ante-curvature** (än'tè-kür'vä-tür'') [Gr. + *curvatura*, curvature].



of reflexes. The spread of a reflex by increasing number of motor units upon increasing the strength of the stimulus is irrational. Contrary to what is reasonable; logical; i.e., irrational behavior is conduct that cannot be explained by normal reasoning.

irreducible (ir'ra-dū'si-bl) [L: in-, not; ducere, back, + ducere, to lead]: Not capable of being reduced or made smaller, as a fracture or dislocation.

irrelevant (ir' + relevans, raising): Inappropriate or unrelated to that which is asked or being discussed.

irrespirable (ir'rē-spi'rā-bl) [ir-, not; respirare, to breathe again]: Unfit for breathing as a gas, or incapable of being breathed.

irreversible. Not being possible to reverse. Irrigate [L: in-, into, + rigare, to irrigate; water]: To wash out with a fluid.

irrigation. The cleansing of a canal by flowing with water or other fluids; the washing of a wound: SYN: lavage. SEE: lavage.

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irrigation. The cleansing of a canal by flowing with water or other fluids; the washing of a wound: SYN: lavage. SEE: lavage.

irritability. [L: irritabilis, irritable]. 1. Excitability. 2. Ability to respond in a specific way to a change in environment, a property of all living tissue. 3. Condition in which a person, organ, or a part responds excessively to a stimulus. 4. Quick response to annoyance; impatience.

irritability, muscular. Normal response of muscle to a stimulus.

irritability, nervous. Response of nerve to stimulus.

irritable. 1. Capable of reacting to a stimulus. 2. Sensitive to stimuli.

irritant. An agent that, when used locally, produces more or less local inflammatory reaction. Anything that induces or gives rise to irritation; such as iodine.

irritant poisons. These include a large number of poisons of great variety, not including the corrosive acids or alkalies. They cause pain in the mouth, esophagus, and stomach; nausea; vomiting; great thirst; abdominal cramping; bloody diarrhea; diminished urine.

TREAT: SEE: individual poisons in Poisons and Poisoning in Appendix.

irritation [L: irritatio]. 1. Reaction to that which is irritating. It is important to distinguish between irritation and sensitization.

For example, a substance contacting the skin may cause no irritation when initially applied but can cause a sensitization reaction that will not become obvious until the material is applied the second time. 2. Extreme reaction to pain or pathological conditions. 3. Normal response to stimulus of a nerve or muscle.

irritation, spinal. A neurasthenic condition characterized by tenderness along the spinal column, numbness and tingling in the limbs, and susceptibility to fatigue.

irritation, sympathetic. The response of an organ to irritation in another organ.

irritative. Pert. to that which causes irritation.

ischemia (is'kē-mē-ā) [Gr: ischein, to hold back, + haima, blood]. Local and temporary deficiency of blood supply due to obstruction of the circulation to a part.

ischial, intestinal. SEE: angina, intestinal.

ischial, myocardial. Insufficient blood supply to the heart muscle.

ischiasis (is'kē'sis). Suppression of a discharge, esp. a normal one.

ischia (is'kē-ā) [L]. Pl. of ischium.

ischiac, ischiadic (is'kē-āk, is'kē-ād'ik): Ischiatic, sciatic.

ischial (is'kē-āl) [Gr: ischion, hip]. Pert. to the ischium.

ischialgia (is'kē-āl'jē-ā) [isch-, + algos, pain]. Neuralgic pain in the hip. SYN: sciatica.

ischiatric (is'kē-āt'ik) [Gr: ischion, hip]. Pert. to the ischium or hip bone. SYN: ischiac; ischiadic, sciatic.

ischiatitis (is'kē-ā-ti'tis) [isch-, + itis, inflammation]. Sciatic nerve inflammation.

ischidrosis (is'ki-ōrō'sis) [Gr: ischein, to hold back, + hidrosis, sweat]. Suppression of perspiration.

ischio- [Gr: ischion, hip]. Prefix pert. to the ischium.

ischioanal (is'kē-ō-ā'nāl) [isch-, + L: anus, anus]. Concerning the ischium and anus.

ischioanal bulb (is'kē-ō-būl'bār) [isch-, + L: bulb, bulb]. Rel. to the ischium and urethral bulb.

ischiocapsular (is'kē-ō-kāp'sū-lār) [isch-, + L: capsula, capsule]. Concerning the ischium and capsule of the hip.

ischiocavernosus (is'kē-ō-kā'ver-nō'sūs) [isch-, + L: cavernosus, cavernous]. A muscle extending from the ischium to the penis or clitoris and assisting in their erection.

ischiocele (is'kē-ō-sēl) [isch-, + kele, tumor, swelling]. Hernia through the sciatic notch.

ischiococcygeus (is'kē-ō-kōk-sū'jē-ūs) [isch-, + kokkx, coccyx]. 1. Coccygeus muscle. 2. Posterior portion of the levator ani.

ischiodynia (is'kē-ō-dīn'ē-ā) [isch-, + odyne, pain]. Pain in the ischium.

ischiofemoral (is'kē-ō-fēm'or-āl) [isch-, + L: femur, thigh]. Rel. to the ischium and femur.

ischiofibular (is'kē-ō-fīb'ū-lār) [isch-, + L: fibula, pin]. Rel. to the ischium and fibula.

ischiohebotomy (is'kē-ō-hē-bōt'ō-mē) [isch-, + hebe, pubes, + tome, incision]. Surgical division of the ascending ramus of the pubes and the ischiopubic ramus. SYN: ischiopubiotomy.

ischioneuralgia (is'kē-ō-nū-rāl'jē-ā) [isch-, + neuron, nerve, + algos, pain]. Neuralgic pain in the hip. SYN: sciatica.

ischionitis (is'kē-ō-ni'tis) [isch-, + itis, inflammation]. Inflammation of the tuberosity of the ischium.

ischiopubic (is'kē-ō-pū'bik) [isch-, + L: pubes, the pubes]. Rel. to the ischium and pubes.

ischiopubiotomy (is'kē-ō-pū'be-ōt'ō-mē). Ischiohebotomy.

ischioirectal (is'kē-ō-rēk'tāl) [isch-, + L: rectus, straight]. Pert. to the ischium and rectum.

ischioirectal abscess. Collection of pus in fatty tissue on either side of the rectum.

ischiosacral (is'kē-ō-sā'krāl) [isch-, + L: sacralis, pert. to the sacrum]. Concerning the ischium and sacrum.

ischio vaginal (is'kē-ō-vāj'i-nāl) [isch-, + L: vagina, sheath]. Concerning the ischium and vagina.

ischium (is'kē-ūm) [Gr: ischion, hip]. (pl. ischia)

**ATTORNEY-AT-LAW**  
**JACK G. CAMERON**  
P.O. Box 1078  
FORT WORTH, TEXAS 76101-1078  
(817) 870-2656  
Fax: (817) 870-0317

March 19, 2001

FAX 817-579-7490

Mr. Peter Mayhew  
Mrs. (b)(6) Mayhew  
(b)(6)  
Boyd, TX 76023

**RE: RENEWAL OF ADVANCE PAROLE**  
Peter MAYHEW

*A75897187*  
*PA097*  
*issued*  
*1/29/01 - 1/28/02*

Dear Peter & Angie:

As discussed, Peter will need to show the Immigration & Naturalization Service ("INS") a family emergency for the advance parole to be approved before April 6, 2001. Due to no fault of your own, the INS has a backlog of these types of cases and according to the INS-Dallas District Office Progress Report, this office is now interviewing I-131 Advance Parole cases filed in 09/2000. When we started preparing and filing the renewal for the I-131 in 11/2000, I had no idea the backlog would be this long and did not highlight the medical condition of your mother. Therefore, I suggest a letter from the treating physician of your mother to show the medical emergency and need for you to travel to England by April, 2001.

At your request, the following is a detailed explanation of the history regarding your request for your I-131 Advance Parole:

1. 12/09/1999 The original I-485 Adjustment and I-131 Advance Parole Applications were filed with INS;
2. 12/09/1999 Original I-512 Advance Parole issued for multiple entries through 12/08/2000;
3. 11/30/2000 Renewal of I-131 Advance Parole Application mailed to the INS;
4. 01/13/2001 INS receipt for fees in the Renewal I-131 Advance Parole;

Enclosed are copies of the filing receipts for your Applications for Adjustment & Renewal I-131 Advance Parole. If you should have any questions, please do not hesitate to call my office.

Sincerely yours,

Jack G. Cameron

CT:92511et3.rep

Peter and (b)(6) Mayhew  
(b)(6)  
Granbury, Texas 76049  
(b)(6)

To: Charlie Stenholm  
17<sup>th</sup> Congressional District

Dear Mr. Stenholm,

I am writing you in regards to matter of great importance to my family. I wish to preface my request by saying that I was a high school student reporting for the Jack County Herald working for Mabel Claire McGee when you ran for your first term in office and I have resided in the 17<sup>th</sup> Congressional District all of my life. My name is (b)(6).

Two years ago, on the happiest day of my life, I married an Englishman named Peter. I would like to tell you a little bit about him. He is a minor celebrity. You may have seen him portray Chewbacca the Wookiee in the Star Wars Trilogy, one of our most beloved children's classic movies in modern times. Peter is a large man, standing 7 foot 4 inches tall, so he is very visible in a crowd. Lucasfilm recently referred to him as their best "at large" ambassador. He wasn't born a Texan, but he got here nevertheless. Peter makes personal appearances and signs autographs and does some tv and radio. We travel a lot. I decided to include this description of my husband in order to assure you that he is not in any way a threat to anyone, he is rather, a gentle giant. He is 56 years old and this is his first marriage.

I am writing you to ask your help with a problem that we have acquired in dealing with the INS (Immigration and Naturalization). We have been going through the naturalization process with our lawyer since Peter moved to America and we have done everything "by the book" and have engaged the services of an Immigration lawyer to assist us. But, Peter's mom is 89 years old and has numerous health problems (see attached documentation). Her name is Constance and she resides in a nursing home in South Croydon, London, England. Connie (as we call her) is going deaf, in addition to her other numerous health problems, and we can no longer call her on the phone because she can't hear us. We write her letters and visit her as often as possible. We would bring her here to live with us if we could, but she is not well enough to travel. We sent the documents to our lawyer for renewal of Peter's travel documents in November of last year. The INS, through no fault of ours, did not begin processing of his documents until January of this year. We are now informed, as our travel date approaches to visit mom, that the INS is now processing travel papers that were filed in September of last year. When we filed those papers the processing time was less than three months, but we allowed an extra 6 weeks lead time to be sure that we would have his Advance Parole Papers in a timely

manner. We have done everything on our part in a timely manner and followed all of the rules in order to be able to visit with mom. It is important that Peter be able to spend time with her and we have set aside a week in April to do just that. We are now in a position of having to apply for Emergency Travel Documents in order to fulfill our family obligations. We have received cooperation from her doctor and from the staff at the nursing home who know how important Peter's visits are to his mom. We need your help to get our travel papers in time for us to travel to England on April 9<sup>th</sup>. It is no stretch of the facts that mother is seriously ill and will not get better. She is very sick, depressed and misses Peter very much. They have been very close all of their lives.

I have had all of the appropriate paperwork prepared by my lawyer, Jack Cameron, and it has been filed with the INS to ask them to approve the travel documents in time for our trip. We have purchased tickets and reserved a hotel room for a week and we have no other plans except to spend time with mom. As she puts it... "Peter's visits put her over the moon". It is wrong to let government red tape keep families apart. Our Congressmen are our advocates in times like these and I ask that you take time out of your busy schedule to help keep our family together.

We ask you to make an inquiry about Peter's travel documents to the INS office in Dallas. Please ask them to approve his Advance Parole Papers right away so that we may travel on the 9<sup>th</sup> of April. This can't wait, because mother is very sick. I can't tell you more than that, because I am not familiar with the procedure. This may seem trivial, considering the weight of government issues that you must deal with, but it is of paramount importance to us.

Thank You Very Much, in advance for your help,

Peter and (b)(6) Mayhew

JACK G. CAMERON  
ATTORNEY-AT-LAW  
P.O. BOX 1079  
FT. WORTH, TX 76101  
(817) 870-2658  
(817) 870-0317 FAX

AIR/DALLAS DISTRICT OFFICE STATUS INQUIRY REQUEST  
1ST INQUIRY 214 [REDACTED]

- 1. Date: MARCH 19, 2001
- 2. Name of Alien: Peter MAYHEW
- 3. "A" Number: 75 897 187
- 4. DOB of Applicant: OS 04/19/1944
- 5. Place of Birth: UNITED KINGDOM
- 6. Form #: I-131 Advance Parole **EMERGENCY**
- 7. Date Case Filed: 12/09/1999
- 8. INS Officer/Examiner (if known): N/A
- 9. Brief Statement of the Problem:

I represent Mr. Mayhew in connection with this I-131 Advance Parole matter. MR. MAYHEW HAS AN EMERGENCY TO RETURN TO ENGLAND TO BE WITH HIS 87 YEAR OLD MOTHER WHO IS IN POOR HEALTH. THE MAILING & INS RECEIPTS ARE ATTACHED HERETO (mailed 11/30/00 & received by INS on 01/13/01).

Please inform my office of when Mr. Mayhew's advance parole may be obtained from the Dallas District Office.

Thank you for your cooperation.

COMMENTS:

ot:9251inq1.ddd.adv

**FAXED**  
3/19/01 @ 3:52 pm CST

I N S  
DISTRICT OFFICE  
DALLAS, TX.

01/13/01

\*\*0052\*\*

MAYHEW PETER W

A75897187 #

I-131 95.00

I-765 100.00

SUBTTL 195.00

195.00

CHECK 95.00

CHECK 100.00

CHANGE 0.00

2 ITEMS

6666 111 002 13:16

THANK YOU

03/20/2001 11:26

8175797490

ANG

PAGE 05

FAX SENT BY : 0181688

DRS. BARCLAY/PTNS

03-20/01 11:26

PG: 2

Dr W Barclay, Dr K Arora, Dr A Marossy  
Violet Lane Medical Practice  
231 Violet Lane  
Croydon CR0 4HN  
Telephone: 0181 688 0333  
Fax: 0181 688 9707

14. 3. 2001

To Whom It May Concern:  
Re: CONSTANCE MAYHEW DOB 11/04/1912

Constance Mayhew has been a patient of mine since 2<sup>nd</sup> February 1989. Her health is outlined as follows:

Constance was diagnosed with rheumatic fever during her teens. She now has severe breathing problems and her heart has weakened from the rheumatic fever. She is 87 years of age and has bronchitis, which has now become chronic and severe, causing her to become short of breath on minimal exertion. She has had operations for bilateral cataracts; right eye operation in 1998.

She has arthritis in her hips and extremities, and also suffers from a chronic hiatal hernia, which is controlled by medication.

Mrs. Mayhew has severe problems with hearing making communication difficult for her. She has problems carrying on a normal phone conversation and communicates better face-to-face.

She has recently suffered with chest pains which are symptomatic of her general health problems which necessitate the need for constant care and monitoring of her health. She also suffers from depression and mild confusion.

Mrs. Mayhew has a good relationship with her son, Peter and his regular visits contribute to easing her depression and strengthen her overall will. She will greatly benefit from his continued regular visits and I feel that he should visit her as soon as possible. In view of her fragile health, it would be advisable for him to visit her frequently.

Her condition is stable and not expected to improve.

She is currently in a full-care nursing home with staff physicians and needs to have full nursing care in her condition.

Yours Sincerely



Dr K. Arora



**Royal Masonic Benevolent Institution**  
Meeting the needs of older Freemasons and their dependants

Registered Charity No: 207360

James Terry Court,  
51 Weyham Road,  
South Croydon,  
Surrey CR2 6LH  
Telephone: 020 8688 1745  
Facsimile: 020 8688 0587

19<sup>th</sup> March 2001.

U.S. Immigration & Naturalization Service  
8101 N. Stemmons Freeway  
Dallas Texas 75247  
USA

To whom it may concern

Mrs Constance Mayhew has been a resident patient of our home since 27<sup>th</sup> November 1986.

She suffers from Anoxia, causing cerebral ischaemic attacks. Her doctors have given us a guarded prognosis and we do not expect improvement.

This residential nursing home is a full care facility with trained staff on duty 24 hours per day.

Mrs Mayhew only has her two sons, Peter and (b)(6) Mayhew. Mr Peter Mayhew is the one who takes care of this mother and she asks for him when she is lucid. We would suggest that all family members visit Mrs Mayhew as soon as possible, given her frail and serious medical condition.

Yours sincerely

Gillian Khalghi  
Home Manager



(Family name) <b>MAYHEW</b>	(First name) <b>Peter</b>	(Middle name) <b>William</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>05/19/1944</b>	NATIONALITY <b>U.K.</b>	FILE NUMBER <b>A- NONE</b>			
ALL OTHER NAMES USED (including names by previous marriages) <b>NONE</b>			CITY AND COUNTRY OF BIRTH <b>Kingston U.K.</b>		SOCIAL SECURITY NO. (if any) <b>NONE</b>				
FATHER <b>MAYHEW</b>	FAMILY NAME <b>Walter</b>	FIRST NAME <b>1909</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>London, England</b>	CITY AND COUNTRY OF RESIDENCE <b>Deceased 1998</b>					
MOTHER (Maiden name) <b>YEATS</b>	FAMILY NAME <b>Constance</b>	FIRST NAME <b>1914</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>London, England</b>	CITY AND COUNTRY OF RESIDENCE <b>London England</b>					
HUSBAND (if none, so state)	FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH <b>USA TX</b>	DATE OF MARRIAGE <b>08/07/1999</b>	PLACE OF MARRIAGE <b>Puerta Valle, Mex.</b>			
<b>(b)(6)</b>									
FORMER HUSBANDS OR WIVES (if none, so state)									
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE					
<b>NONE</b>									
<b>NONE</b>									
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST									
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR	
<b>(b)(6)</b>				<b>Boyd</b>	<b>Texas</b>	<b>USA</b>	<b>11 1999</b>	<b>PRESENT TIME</b>	
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>	<b>04 1987</b>	<b>11 1999</b>	
<b>N/A</b>									
<b>N/A</b>									
<b>N/A</b>									
<b>N/A</b>									
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR									
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR	
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>	<b>04 1987</b>	<b>11 1999</b>	
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE,) LIST PRESENT EMPLOYMENT FIRST									
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		MONTH	YEAR	MONTH	YEAR
<b>Self-employed 69 Wheathead Lane, Keighly, England</b>				<b>Actor</b>		<b>04</b>	<b>1987</b>	<b>PRESENT TIME</b>	
<b>N/A</b>									
<b>N/A</b>									
<b>N/A</b>									
<b>N/A</b>									
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>									
<b>SEE ABOVE</b>									
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:				SIGNATURE OF APPLICANT			DATE		
<input type="checkbox"/> NATURALIZATION				<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT			<input type="checkbox"/> OTHER (SPECIFY):		
				<i>Peter Mayheo</i>			<b>12/9/98</b>		
<b>Are all copies legible? <input checked="" type="checkbox"/> Yes</b>				If your native alphabet is other than roman letters, write your name in your native alphabet here:					

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

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

COMPLETE THIS BOX (Family Name)	(Given name)	(Middle name)	(Alien registration number)
<b>MAYHEW</b>	<b>Peter</b>	<b>William</b>	<b>NONE</b>

(Family name) <b>MAYHEW</b>	(First name) <b>Peter</b>	(Middle name) <b>William</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>05/19/1944</b>	NATIONALITY <b>U.K.</b>	FILE NUMBER <b>A- NONE</b>		
ALL OTHER NAMES USED (Including names by previous marriages) <b>NONE</b>			CITY AND COUNTRY OF BIRTH <b>Kingston U.K.</b>		SOCIAL SECURITY NO. (if any) <b>NONE</b>			
FATHER <b>MAYHEW</b>		FIRST NAME <b>Walter</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>1909 London, England</b>	CITY AND COUNTRY OF RESIDENCE <b>Deceased 1998 London England</b>				
MOTHER (Maiden name) <b>YEATS</b>		FIRST NAME <b>Constance</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>1914 London, England</b>	CITY AND COUNTRY OF RESIDENCE <b>London England</b>				
HUSBAND (if none, so state)	FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE		
<b>(b)(6)</b>					<b>08/07/1999</b>	<b>Puerta Valle, Mex.</b>		
FORMER HUSBANDS OR WIVES (if none, so state)								
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE				
<b>NONE</b>								
<b>NONE</b>								
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST								
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
<b>(b)(6)</b>				<b>Boyd</b>	<b>Texas</b>	<b>USA</b>	<b>11 1999</b>	<b>PRESENT TIME</b>
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>	<b>04 1987</b>	<b>11 1999</b>
<b>N/A</b>								
<b>N/A</b>								
<b>N/A</b>								
<b>N/A</b>								
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR								
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>	<b>04 1987</b>	<b>11 1999</b>
APPLICANT'S EMPLOYMENT LAST FIVE YEARS, (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST								
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		FROM MONTH YEAR	TO MONTH YEAR	
<b>Self-employed 69 Wheathead Lane, Keighly, England</b>				<b>Actor</b>		<b>04 1987</b>	<b>PRESENT TIME</b>	
<b>N/A</b>								
<b>N/A</b>								
<b>N/A</b>								
<b>N/A</b>								
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>								
<b>SEE ABOVE</b>								
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE			
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):			<i>Peter Mayhew</i>		<b>12/09/99</b>			
<b>Are all copies legible? <input checked="" type="checkbox"/> Yes</b>			If your native alphabet is other than roman letters, write your name in your native alphabet here:					

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

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

COMPLETE THIS BOX (Family Name)	(Given name)	(Middle name)	(Alien registration number)
<b>MAYHEW</b>	<b>Peter</b>	<b>William</b>	<b>NONE</b>
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE: TYPE OF CASE: DATE:
Form G-325 A (Rev. 10-1-82)			(2) Rec Br.

(Family name) <b>MAYHEW</b>	(First name) <b>Peter</b>	(Middle name) <b>William</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>05/19/1944</b>	NATIONALITY <b>U.K.</b>	FILE NUMBER <b>A. NONE</b>
ALL OTHER NAMES USED (including names by previous marriages) <b>NONE</b>			CITY AND COUNTRY OF BIRTH <b>Kingston U.K.</b>		SOCIAL SECURITY NO. (if any) <b>NONE</b>	
FATHER <b>MAYHEW</b>		FIRST NAME <b>Walter</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>1909 London, England</b>	CITY AND COUNTRY OF RESIDENCE <b>Deceased 1998 London England</b>		
MOTHER (Maiden name) <b>YEATS</b>		FIRST NAME <b>Constance</b>	DATE, CITY AND COUNTRY OF BIRTH <b>1914 London, England</b>			
HUSBAND (if none, so state) <b>(b)(6)</b>		FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE <b>08/07/1999</b>
FORMER HUSBANDS OR WIVES (if none, so state)		FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE
<b>NONE</b>						
<b>NONE</b>						
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST						
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY
<b>(b)(6)</b>				<b>Boyd</b>	<b>Texas</b>	<b>USA</b>
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>
N/A						
N/A						
N/A						
N/A						
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		MONTH
<b>Self-employed 69 Wheathead Lane, Keighly, England</b>				<b>Actor</b>		<b>04</b>
						<b>1987</b>
N/A						
N/A						
N/A						
N/A						
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>						
<b>SEE ABOVE</b>						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION			<i>Peter Mayhe</i>		<b>12/9/99</b>	
<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT						
<input type="checkbox"/> OTHER (SPECIFY):						
<b>Are all copies legible? <input checked="" type="checkbox"/> Yes</b>			If your native alphabet is other than roman letters, write your name in your native alphabet here:			

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

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

COMPLETE THIS BOX (Family Name)	(Given name)	(Middle name)	(Alien registration number)
<b>MAYHEW</b>	<b>Peter</b>	<b>William</b>	<b>NONE</b>
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325 A (Rev. 10-1-82) <b>(3) C.</b>			

(Family name) <b>MAYHEW</b>	(First name) <b>Peter</b>	(Middle name) <b>William</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>05/19/1944</b>	NATIONALITY <b>U.K.</b>	FILE NUMBER <b>A- NONE</b>
ALL OTHER NAMES USED (Including names by previous marriages) <b>NONE</b>			CITY AND COUNTRY OF BIRTH <b>Kingston U.K.</b>		SOCIAL SECURITY NO. (If any) <b>NONE</b>	
FATHER <b>MAYHEW</b>		FIRST NAME <b>Walter</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>1909 London, England</b>		CITY AND COUNTRY OF RESIDENCE <b>Deceased 1998 London England</b>	
MOTHER (Maiden name) <b>YEATS</b>		FIRST NAME <b>Constance</b>	DATE, CITY AND COUNTRY OF BIRTH (if known) <b>1914 London, England</b>		CITY AND COUNTRY OF RESIDENCE <b>London England</b>	
HUSBAND (if none, so state)		FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE
<b>(b)(6)</b>						<b>08/07/1999</b>
FORMER HUSBANDS OR WIVES (if none, so state)		FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE AND PLACE OF TERMINATION OF MARRIAGE
<b>NONE</b>						
<b>NONE</b>						
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST						
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY
<b>(b)(6)</b>				<b>Boyd</b>	<b>Texas</b>	<b>USA</b>
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>
N/A						
N/A						
N/A						
N/A						
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY
<b>69 Wheathead Lane</b>				<b>Keighly</b>	<b>West Yorkshire</b>	<b>England</b>
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		DATE
<b>Self-employed 69 Wheathead Lane, Keighly, England</b>				<b>Actor</b>		<b>04 1987</b>
N/A						
N/A						
N/A						
N/A						
Show below last occupation abroad if not shown above. (Include all information requested above.)						
<b>SEE ABOVE</b>						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:				SIGNATURE OF APPLICANT		DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT				<i>Peter MayheW</i>		<b>12/9/99</b>
<input type="checkbox"/> OTHER (SPECIFY):						
<b>Are all copies legible? <input checked="" type="checkbox"/> Yes</b>						
				If your native alphabet is other than roman letters, write your name in your native alphabet here:		

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

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

COMPLETE THIS BOX (Family Name)	(Given name)	(Middle name)	(Alien registration number)
<b>MAYHEW</b>	<b>Peter</b>	<b>William</b>	<b>NONE</b>
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325 A (Rev. 10-1-82) (4) Consul			

(b)(6)

PAGE WITHHELD PURSUANT TO (b)(6)

PAGE WITHHELD PURSUANT TO (b)(6)

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Departure Number

677523981 09

Immigration and  
Naturalization Service

I-94  
Departure Record

PAROLED until 26 March  
 Purpose: Adjustment  
 of Status  
 DAL 12-16-01 4077  
 (Port) (Date) (Officer)

14. Family Name

MAYHEW

First (Given) Name

PETER

16. Birth Date (Day/Mo/Yr)

19-05-44

17. Country of Citizenship

UK

See Other Side

STAPLE HERE

**Warning** - A nonimmigrant who accepts unauthorized employment is subject to deportation.

**Important** - Retain this permit in your possession; *you must surrender it when you leave the U.S.* Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

**Surrender this permit when you leave the U.S.:**

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 **prior to surrendering this permit.**

**Record of Changes**

A 25 897 187

**Port:**

**Departure Record**

**Date:**

**Carrier:**

**Flight #/Ship Name:**

Addendum to G-325A

(b)(6)

A 75 897 187

485/1306

CL1834 A075 897 187  
LOCATION: NRC CL 1834  
FILE ROOM NUMBER 2 LLL  
ROW CL SHELF 1834 - CL1834  
SEND TO: SSC NATIONAL RECORDS CENTER  
External Requests  
ALIEN NAME: MAYHEW, PETER  
PRIORITY:  
P/A: N400RC  
REQ DATE: 4/28/2005  
PRINT DATE: 4/28/2005

1 of 1  
2nd Print

SSC

1-7



NR.	FCO	Date	Initials	Vert.	Date	Initials
2	2000837370		Jan 19		05. 11. 05	
CI	FCO	Date	Initials	Vert.	Date	Initials
CI	FCO	Date	Initials	Vert.	Date	Initials
CI	FCO	Date	Initials	Vert.	Date	Initials
FTI	By FCO		To FCO		Date	Initials
FTC	By FCO		Charged FCO		Date	Initials
FTI	By FCO		To FCO		Date	Initials
FTC	By FCO		Charged FCO		Date	Initials
FTI	By FCO		To FCO		Date	Initials
FTC	By FCO		Charged FCO		Date	Initials
CONS A			Into A		At FCO	
Date			Initials			

A75 897 187



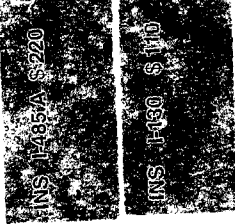


A75897167



DFL 04/25/2005 SSC 000851370 NT

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3114



INS 14857A \$220

INS F150 \$110