

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

# **Cover Sheet**

# **Record of Proceeding**

**NOTE:** This is a permanent record of the U. S. 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 must 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 that must 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.





























REAL TRANSFER  
ALLSTON  
188 BRIGHTON AVE  
Phone: (617) 206-3230  
Fax: (617) 206-3253

SALES RECEIPT

Transaction # 52252  
Tran. Date: 12/21/2009  
Tran. Time: 9:59:00 AM  
Cashier: TSouza  
Register: 1

Item	Description	Amount
992	Service Provider: Metro PCS Customer Account: 8572517017 Customer Name: IBRAGIM TODASHEV Confirmation ID: QPAYWP111366761	\$57.85
990	Processing Fee	\$3.00
SubTotal:		\$60.85
Discount:		\$0.00
Tax:		\$0.00
Total:		\$60.85

Cash Tendered: \$61.00

Change Due: (\$0.15)

Return Policy: Accessories can not be returned if opened. Brand new accessories can be returned within 30 days of the purchase. Cell Phones must have less than 60 minutes talk time in order to exchange or return. International Calling credits are only good for 90 days.

Thank you for shopping with us!

01/20/10 14:55:10 57 52252 TSouza 01/20/10 14:55:10 57 52252 TSouza



COMMUNICABLE DISEASE CONTROL DIVISION

4/30/2009

To Whom It May Concern:

Ibragim Tordashev (9/22/1985) was evaluated at the Boston Public Health Commission (BPHC) Tuberculosis (TB) Clinic at Boston Medical Center. This individual has a positive TB skin test (TST), but has no symptoms of tuberculosis disease and no evidence of active TB on chest x-ray. S/he has been diagnosed with latent tuberculosis infection (LTBI).

Persons with LTBI are noninfectious, and from a public health perspective, have full clearance for all activities. This person should not be given another TB skin test, and a repeat chest x-ray is necessary only if symptoms of tuberculosis develop.

Please feel free to contact the Tuberculosis Clinic if you have any questions regarding this at 617-534-4875.

Sincerely,

(b) (6)

Boston Public Health Commission

(b) (6)

Evaluating clinician (initial): \_\_\_\_\_

TST date: 4/30/2009 TST size: 20 mm

Chest x-ray date: 4/30/2009

LTBIclearance

TB Clinic, 850 Harrison Ave., BMC Yawkey Bldg. 3rd Floor, Boston, MA 02118  
Tel: 617-534-4967 (Appointments) 617-534-4875 (Nurse Triage) Fax: 617-534-4976

20121241 014 00 20081017 042128 08 0469971 11141 13:00 11122 0461 040884-46376



# BOSTON MUNICIPAL COURT DEPARTMENT COMMONWEALTH OF MASSACHUSETTS

CENTRAL DIVISION

24 NEW CHARDON STREET  
BOSTON, MASSACHUSETTS 02114  
TELEPHONE # (617) 788-8600  
FAX # (617) 788-8465

Daniel J. Hogan  
Clerk Magistrate

## TENDER OF PLEA OR ADMISSION TO SUFFICIENT FACTS WAIVER OF RIGHTS

Defendant Ibragim Tolstov

Docket Number 100/CR001132

### SECTION I TENDER OF PLEA

Defendant in this case hereby tenders the following: PLEA OF GUILTY  ADMISSION TO FACTS SUFFICIENT  
FOR A FINDING OF GUILTY conditioned on the e dispositional terms indicated below. ( Include all proposed terms: guilty finding, finding of sufficient facts, continued without finding, dismissal, fine, costs, probation period and supervision terms, restitution amount including the identification of the recipient of restitution, and any sentence of incarceration, split sentence or suspended sentence, etc. Number each count and specify terms for each count separately.)

#### DEFENDANT'S DISPOSITIONAL TERMS

(Check "yes" if Prosecution agrees - Check "no" if Prosecution disagrees)

COUNT A: 1 CWF 9 months 8/10/11  
YES  NO

COUNT B: 2 Dismissed YES  NO

Count 3 CWF 9 months YES  NO

COUNT C: 4 Responsible file YES  NO

Signature of Defense Counsel [Signature] Date 11/9/10

#### PROSECUTOR'S RECOMMENDATION

(Required if prosecutor disagrees with terms)

Signature of Prosecutor [Signature] Date 11/9/10

### SECTION II PLEA OR ADMISSION ACCEPTED BY THE COURT

The Court  ACCEPTS the tendered Plea or Admission on the defendant's terms set forth in Section I, and will impose sentence in accordance with said terms, subject to submission of defendant's written WAIVER (see Section IV on reverse of this form), completion of the required oral COLLOQUY, a determination that there is a FACTUAL BASIS for the Plea or Admission, and notice of ALIEN RIGHTS.

### SECTION III PLEA OR ADMISSION REJECTED BY THE COURT

The Court  REJECTS the defendant's dispositional terms set forth above and, in accordance with Mass. R. Crim. P. 12 (c)(6) has set forth to the defendant the dispositional terms it would find acceptable, which are:

### DEFENDANT'S DECISION IF COURT REJECTS TENDERED PLEA OR ADMISSION:

Defendant WITHDRAWS the tendered Plea or Admission.  
Defendant ACCEPTS terms set forth by the Court.

Signature of Defense Counsel ( if rejection decision made ) \_\_\_\_\_ Date \_\_\_\_\_

Judge [Signature]

Date 11/9/10

2012124131430 2901817 042128 28 05371 111412 17407 111312 Emp. 19/01/10

BOSTON MUNICIPAL COURT DEPARTMENT  
FOR CRIMINAL BUSINESS

NAME: BRAGIM TODASHEV

DOCKET: 10 CR 1132

OFFENSE: \_\_\_\_\_

NOV 09 2010

CRIME CODE ATTORNEY  
ROSSI  
LAWYER

Case #	11	Defendant Not In Court	Attorney	ROSSI
Date	10:47-10:55	ADA	MINGO	AGENCY PO
Defendant's name	DEMORES		Aliases	None
Defendant's address	[illegible]		Place of Birth	[illegible]
Defendant's date of birth	[illegible]		Defendant's occupation	[illegible]

Tender Of Plea Filed - Accepted / Rejected

COUNTS 1,3 EACH

CFFS - CWOFF

100 TO AUGUST 10, 2011 DM

COUNT 2 - DISMISSED

ALP

COUNT 4 - RESPONSIBLE

ROMISE

\$25 ASSESSMENT - DEFT WILL PAY ON 11/9/10

DEFENDANT PERMITTED

[Signature]

TO TRAVEL OUT OF STATE

NOV 9 2010

Check # 105 with Cash Recd for  
rent / utilities + CH 83 + CFFS

DEPOSIT RETURNED NOV - 9 2010 Chk # 3569 DM

NOV 29 2010

Check # 200 with Cash \$ 100 for P.S.C

MAR - 4 2011

Check # 200 with Cash \$ 110 for P.S.C

AUG 11 2011

Chk # 18

Fee tag 12:34

ADA [Signature] AFO RYAN

COUNTS 1,3

All fees pd.

EACH -

Dismissed

NOV 9 2010

DJA

Coyne [Signature]

DEFENDANT NAME  
IBRAGIM TODASHEV

PAGE  
1

DEFENDANT NAME AND ADDRESS  
**IBRAGIM TODASHEV**  
20 HARDING ST  
CAMBRIDGE, MA 02141

BIRTH DATE 09/22/1985	GENDER MALE	RACE WHITE	HEIGHT 5'10"
PCF NUMBER	WEIGHT 165	EYES BROWN	HAIR BROWN
POLICE DEPARTMENT BOSTON P.D. AREA A-1		OFFICER ID 95142	CC NUMBER 100077428
COMPLAINT DATE 02/12/2010	COMPLAINANT (b) (6)		
OFFENSE DATE 02/11/2010	PLACE OF OFFENSE 172 TREMONT ST		

TO ANY JUSTICE OR CLERK-MAGISTRATE OF THE  
BOSTON MUNICIPAL COURT DEPARTMENT

The within named and undersigned  
complainant, on behalf of the Commonwealth,  
on oath complains that on the date and at the  
location stated herein the defendant did commit  
the offense(s) listed below in the City of Boston  
and within the judicial district of the Boston  
Municipal Court Department.

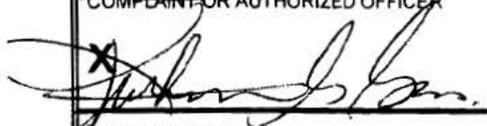
BOSTON MUNICIPAL COURT DEPARTMENT  
CENTRAL DIVISION, CRIMINAL BUSINESS  
EDWARD W. BROOKS COURTHOUSE  
24 NEW CHARDON STREET  
6TH FLOOR  
BOSTON, MA 02114  
(617) 788-8600

**1 272:053:F DISORDERLY CONDUCT C272 S53**

WAS A DISORDERLY PERSON, IN THAT HE OR SHE DID, WITH PURPOSE TO CAUSE PUBLIC INCONVENIENCE, ANNOYANCE OR ALARM, OR RECKLESSLY CREATING A RISK THEREOF, ENGAGE IN FIGHTING OR THREATENING, OR IN VIOLENT OR TUMULTUOUS BEHAVIOR, OR DID CREATE A HAZARDOUS OR PHYSICALLY OFFENSIVE CONDITION BY AN ACT THAT SERVED NO LEGITIMATE PURPOSE OF THE DEFENDANT, IN VIOLATION OF THE COMMON LAW AND G.L. C.272, S.53. (PENALTY: JAIL OR HOUSE OF CORRECTION NOT MORE THAN 6 MONTHS; OR NOT MORE THAN \$200; OR BOTH.)

**2 268:032B RESISTING ARREST C268 S32B**

BEING A PERSON, DID KNOWINGLY PREVENT OR ATTEMPT TO PREVENT A POLICE OFFICER, ACTING UNDER OFFICIAL AUTHORITY FROM EFFECTING AN ARREST OF THE ACTOR, OR ANOTHER, BY USE OR THREAT OF USE OF PHYSICAL FORCE OR VIOLENCE AGAINST THE OFFICER OR ANOTHER, OR THROUGH USE OF ANY OTHER MEANS WHICH CREATES A SUBSTANTIAL RISK OF CAUSING BODILY INJURY TO SUCH POLICE OFFICER OR ANOTHER, IN VIOLATION OF G.L. C.268, S.32B. (PENALTY: NOT MORE THAN TWO AND ONE-HALF YEARS; OR NOT MORE THAN \$500; OR BOTH.)

COMPLAINANT OR AUTHORIZED OFFICER 	SWORN TO BEFORE CLERK-MAGISTRATE/ASST. CLERK <input checked="" type="checkbox"/>	ON (DATE) 02/12/2010	ADDITIONAL COUNTS ATTACHED
CHIEF JUSTICE <b>Hon. Charles R. Johnson</b>	COURT ADDRESS BOSTON MUNICIPAL COURT CRIMINAL DIVISION 6TH FLOOR, 24 NEW CHARDON STREET, BOSTON, MA 02114		

201104101430 2301817 042128 23 0450971 111412 17:07 111312 Emp/Employee-5560367

**CRIMINAL COMPLAINT**

DOCKET NUMBER  
**105 CR001132**

**Trial Court of Massachusetts  
Boston Municipal Court Department**

DEFENDANT NAME  
**IBRAGIM TODASHEV**

PAGE  
**2**

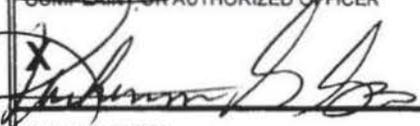
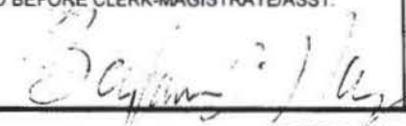
**3 090:024:0 RECKLESS OPERATION OF MOTOR VEHICLE C90 S24**

DID OPERATE A MOTOR VEHICLE UPON A WAY, AS DEFINED IN G.L. C.90, S.1, OR IN A PLACE TO WHICH THE PUBLIC HAS A RIGHT OF ACCESS, OR IN A PLACE TO WHICH MEMBERS OF THE PUBLIC HAVE ACCESS AS INVITEES OR LICENSEES, RECKLESSLY, IN VIOLATION OF G.L. C.90, S.24(2)(A). (PENALTY: IMPRISONMENT FOR NOT LESS THAN 2 WEEKS, NOT MORE THAN 2 YEARS; OR NOT LESS THAN \$20, NOT MORE THAN \$200; OR BOTH; SUBSEQUENT OFFENSE MAY NOT BE FILED OR CONTINUED WITHOUT A FINDING EXCEPT UPON MOTION AND JUDGE'S CERTIFICATE THAT SUCH IS IN THE INTERESTS OF JUSTICE; RMV MAY REVOKE LICENSE FOR 60 DAYS OR, FOR SUBSEQUENT OFFENSES WITHIN 5 YEARS, FOR 1 YEAR; RMV MAY REVOKE REGISTRATION IF DEFENDANT IS OWNER OR HAS EXCLUSIVE CONTROL OF VEHICLE.)

**4 089:004A MARKED LANES VIOLATION C89 S4A**

NOTE: THIS IS A CIVIL MV INFRACTION, SET FORTH HERE FOR PROCEDURAL PURPOSES ONLY. WHILE OPERATING UPON A WAY THAT HAD BEEN DIVIDED INTO LANES: (1) DID FAIL TO SO DRIVE THAT HIS OR HER VEHICLE WAS ENTIRELY WITHIN A SINGLE LANE; OR (2) DID MOVE HIS OR HER VEHICLE FROM THE LANE IN WHICH HE OR SHE WAS DRIVING WITHOUT HAVING FIRST ASCERTAINED THAT SUCH MOVEMENT COULD BE MADE WITH SAFETY; OR (3) DID OPERATE HIS OR HER MOTORCYCLE AS PART OF MORE THAN ONE OTHER MOTORCYCLE; OR (4) DID FAIL TO OPERATE HIS OR HER MOTORCYCLE SINGLE FILE WHEN PASSING; OR (5) DID ON A MOTORCYCLE PASS ANOTHER MOTOR VEHICLE OTHER THAN ANOTHER MOTORCYCLE WITHIN THE SAME LANE IN VIOLATION OF G.L. C.89, S.4A. (CIVIL ASSESSMENT FROM S.5: \$100.)

01/21/2014 11:43:00 200817 042128 09 483971 111412 17:07 111212 Encl 09/05/14 - 09/08/14

COMPLAINT OR AUTHORIZED OFFICER 	SWORN TO BEFORE CLERK-MAGISTRATE/ASST. CLERK <input checked="" type="checkbox"/> 	ON (DATE)	ADDITIONAL COUNTS ATTACHED
CHIEF JUSTICE <b>Hon. Charles R. Johnson</b>	COURT ADDRESS <b>BOSTON MUNICIPAL COURT CRIMINAL DIVISION 6TH FLOOR, 24 NEW CHARDON STREET, BOSTON, MA 02114</b>		

























RF

Ministry of health

Health registry f. 259-u

MMU "1 GKB" (sign)

Confirm by Ministry of

name of hospital

of health RF.

NOO#1

**REFERENCE#546**

About partial disablement of student or school pupil

Given June 7<sup>th</sup> in 2005 MMU "1GKB"

Name of hospital

To student Todashev I.A. 20 years old

STU- 2<sup>nd</sup> year student

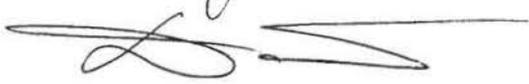
Diagnosis Incident injury

Exempt from classes

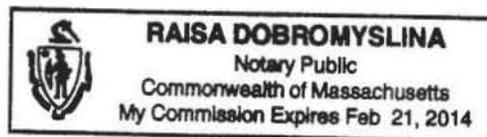
From	To	Sign of doctor and stamp
27.05.05.	June eights	sign

Recommended \_\_\_\_\_

Sign of doctor

*Teag*  
  
 Notary

Todashev Ibragim  
 08.21.08  
 Raisa Dobromyslina  
 08.21.08



РФ  
МИНИСТЕРСТВО ЗДРАВООХРАЩЕНИЯ

Здравоохр. учетн. ф. 295-у

Утверждена Министерством  
здравоохранения СССР  
16.VII.1954 г.

*ММУ, 1ГКБ, г. Вроцлав*  
наименование лечебного учреждения

*№ 001-1* СПРАВКА № *546*

о временной нетрудоспособности студента, учащегося техникума или школы

выдана *7 июня 1955 г.* *ММУ, 1ГКБ*  
наименование лечебного учреждения

студенту, учащемуся *Поздешеву И.И. 20 лет*  
*СТУ - 2 курс*

(диагноз) *Бронхит хронический*

Освобожден от занятий

С какого числа  
месяца

По какое число включительно  
(число, месяц прописью)

Подпись врача  
и печать

*28.05.55*

*восемь июня*

*360*  
*Ф.И.В. Серов*

Рекомендовано

подпись врача

















RECEIPT NUMBER (b) (6)		CASE TYPE I-901 - Application	
RECEIVED DATE March 24, 2008	PRIORITY DATE	APPLICANT IBRAGIM TODASHEV	SEVIS ID: N0005110694
NOTICE March 24, 2008	PAGE 1 of 1	ASC CODE N/A	
IBRAGIM TODASHEV C/O COUNCIL FOR INTERNATIONAL EDUCATIONAL EX 300 FORE STREET PORTLAND, ME 04101		BF 0051	NOTICE TYPE: Receipt Notice  Amount Received: \$35.00

IBRAGIM TODASHEV

Your I-901 fee transmittal form has been received. Please notify us immediately if any of the above information is incorrect.

This fee payment is valid **only** for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3 or J-1 non-immigrant visa, or if you want to change your non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee.

Bring this receipt to the consulate as proof of payment of the SEVIS fee.

**Applicant Status: J-1****Receipt Copy: 01****Date of Birth: 09/22/1985****Amount Received: \$35.00****Program Number: P-3-04320**

I-901 Student/Exchange Visitor Processing Fee  
P.O. Box 970020  
St. Louis, MO 63197-0020  
Customer Service Telephone: 785-330-1048  
*This form issued by U.S. Immigration and Customs Enforcement*

Certificate of birth

parents:

Citizen Todashev ibragim

Abdubakievich

born on twenty two of September

nineteen-eighty five (1985)

place of birth: city, village

Lugovoe district Rovenskiy

region Saratov

country USCR

have been registered in the book

of birth on 1985 year October month

1th date under number 36.

(b) (6)

(b) (6)

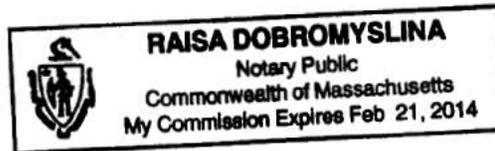
date of issue 1 october 1985

IBRAGIM TODASHEV  
*Thopy*

10.23.2008

*[Signature]*  
Notary

Raisa Dobromyslina



10.23.2008





УКРАИНА

СПРАВКА № 7754

Выдана гражданину Трушину А. А.

проживающему в городе Саратов

районе Левый 53-72 Саратовской области

в том, что он с 28 мая 1950 г.

по 4 июня 200 г. находился

на амбулаторном обследовании, где установлено:

Сотрудничает с центром спец. Версия

идет на работу, выполняет световые,

а также другие работы. Отличается регулярными

отсутствиями в работе. Вредности не имеет

В настоящее время рекомендуется

Продолжить работу с соблюдением

режимов и санитарно-гигиенических

мероприятий. Удаления не требуется.

Зав. отделением

Лечащий врач

*[Signature]*

*[Signature]*

ДАННЫЕ КЛИНИЧЕСКОГО АНАЛИЗА

I. Крови 27.10.05

Данные рентг  
исслед

27.10

Роз	Hb	Эритроциты	Лейкоциты	Ф о р м у л а								Примечание			
				Б	Э	М	Ю	П	С	Л	М				
27	130	4,2	7,4		3				3	1	1	1	1	1	0,8

Результат не а/б

II. Мочи 27.10.05

Уд. вес	Белок	Сахар	Соли	Эпителий	Прочие данные
1015	отр	отр	-	мелко	от-моча мелко 1-3 шт

Патогистолог

27.10.05

III. Цитологического исследования:

отр

отр

отр

IV. Биохимического анализа:

отр

отр



RF

Ministry of health

Health registry f. 259-u

MMU "1 GKB" (sign)

Confirm by Ministry of

name of hospital

of health RF.

NOO#1

**REFERENCE#546**

About partial disablement of student or school pupil

Given

June 7<sup>th</sup>

in 2005

MMU "1GKB"

Name of hospital

To student

Todashev I.A. 20 years old

STU- 2<sup>nd</sup> year student

Diagnosis

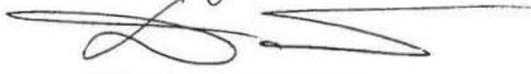
Incident injury

Exempt from classes

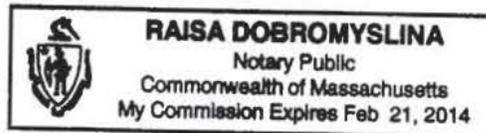
From	To	Sign of doctor and stamp
27.05.05.	June eights	sign

Recommended \_\_\_\_\_

Sign of doctor

*Teag*  
  
 \_\_\_\_\_  
 Notary

Todashev IBRAGIM  
 08.21.08  
 Raisa Dobromyslina  
 08.21.08



РФ  
МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ

Здравоохр. учетн. ф. 295-у  
Утверждена Министерством  
здравоохранения СССР  
16.VII.1954 г.

*ММУ, 1 ПТКБ г. Вроцлав*  
наименование лечебного учреждения

*№ 001-1* СПРАВКА № *546*

о временной нетрудоспособности студента, учащегося техникума или школы

выдана *5 июня 2005 г.* *ММУ, 1 ПТКБ*  
наименование лечебного учреждения

студенту, учащемуся *Тучешеву И.А. 20 лет*

диагноз *СГЧ - 2 стадия*  
*Воспаление желудка*

Освобожден от занятий

С какого числа  
месяца

По какое число включительно  
(число, месяц прописью)

Подпись врача  
и печать

*28.05.05*

*восемь июня*

*363*  
*Врач Серов*

Рекомендовано

подпись врача

М.П. Вольская типография. Заказ №7.

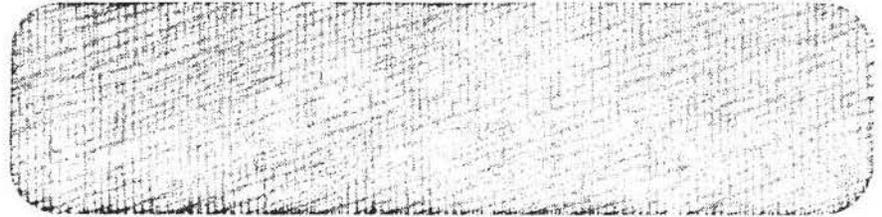
*Original seen 2008-11-19*  
*10/23/08*  
*Jan*



**EMERGI CARE**  
MEDICAL CENTER

4800 S. Apopka-Vineland Road  
Orlando, FL 32819  
(407) 876-5555

FOZ Immigration Office



EMERGENCY CARE MEDICAL CENTER  
4880 S. APOLLO BLVD  
ORLANDO, FL 32816  
(407) 878-4585

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY

\$5.65  
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V414536



PS00001035014

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From Law Office of Chad M. Brandt  
5575 S. Semoran Blvd Suite 5015  
Orlando, FL 32822

TO USCIS  
P.O. Box 660867  
Dallas, TX 75266

Label 228, January 2008

FEE WAIVER



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FEE WAIVER



PS00 1035014

EP14F-P-PP  
OD: 12.5 x 9.5

SANITIZED EVERY DAY AND  
NEED NO DISINFECTANT SOLUTIONS

TAIL STRAP

100% POLYESTER

100% Polyester

IBRAHIM A. TODRA SHEH

Do not open!

Ibragim Todashev  
30 Harding Street  
Cambridge MA 02141



7009 0080 0000 6886 4596

Fee  
Not  
Included

001978 25



US Dept of Homeland Security  
USCIS- Texas Service Center  
P.O. Box 852211  
Mesquite, TX 75185-2211



1295RB  
R016510

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1540-0047

Welcome to the United States

63114352118

I-94 Arrival/Departure Record - Instructions

This form must be completed by all persons except U.S. Citizens, returning resident aliens, aliens with immigrant visas, and Canadian Citizens visiting or in transit. Type or print legibly with pen in ALL CAPITAL LETTERS. Use English. Do not write on the back of this form.

This form is in two parts. Please complete both the Arrival Record (Items 1 through 13) and the Departure Record (Items 14 through 17).

When all items are completed, present this form to the CBP Officer.

Item 7 - If you are entering the United States by land, enter **LAND** in this space. If you are entering the United States by ship, enter **SEA** in this space.

Cap Form I-94 (10/04)

OMB No. 1651-0111

Arrival Record	
A89 908 389	
1. Family Name	TODASHEV
2. First (Given) Name	Ibragim A.
3. Country of Citizenship	Russia
4. Passport Number	
5. Airline and Flight Number	
6. Country Where You Live	
7. City Where You Live	
8. City Where Visa was Issued	
9. Date Issued (Day/Mo/Yr)	22/9/85
10. Sex (Male or Female)	Male
11. Birth Date (Day/Mo/Yr)	22/9/85
12. United States (Number and Street)	68 Carroll St, Watertown, MA 02472

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION DELIVERY

1. Article Addressed to: Ibragim A. Todashev  
68 Carroll St  
Watertown, MA 02472

2. Article Number: 7008 1830 0001 1044 3224

3. Service Type:  Certified Mail  Express Mail  Registered  Insured Mail  Return Receipt for Merchandise  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

5. Signature: *Ibragim*

6. Date of Delivery: JAN 03 2009

7. Received by (Printed Name): Ibragim Todashev

8. Is delivery address different from item 1?  Yes  No

9. If YES, enter delivery address below:

10. Attach this card to the back of the mailpiece, or on the front if space permits.

11. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.

12. Attach this card to the back of the mailpiece, or on the front if space permits.

13. Form 3811, February 2004

14. Docketing Return Receipt 102595-02-44-1540



U.S. POSTAGE  
PAID  
CAMBRIDGE, MA  
02138  
NO. 21 - US  
AMOUNT  
**\$5.45**  
00038684-08



United States Postal Service®  
**DELIVERY CONFIRMATION™**



0308 1400 0001 0547 5538

Expéditeur



From *Todashev Ibragim*  
*39 CARY AVENUE N 13*  
*ZIP 02150*

*589*

**TO** *USINS' Vermont Service*  
*Center Attn: Asylum*  
*75 Lower Water Street*  
*St. Albans, VT 05479 - 0589*

Country of Destination: /Pays de destination:





SEP 02 08 AMOUNT \$7.50 00045711-07

PLEASE PRES!

0000

05479

7008 0150 0002 2021 0444

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE. **CERTIFIED MAIL™**



7008 0150 0002 2021 0444



From/Expéditeur:



From *Tedasher Ibrahimi*  
*39 Cary Avenue #13*  
*zip 02150*

**TO** *U.S. Citizenship and Immigration Services*  
*Vermont Service center*  
*75 Lower Welden Street*  
*ST. ALBANS, VT 05479-0001*

*SEP 02 08*  
*SEP 02 08*  
*SEP 02 08*





0000

05-479

PLEASE PRES!

7008 0150 0002 2021 0444

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7008 0150 0002 2021 0444

From/Expéditeur:



**PRIORITY MAIL**

UNITED STATES POSTAL SERVICE

Label 228, February 2006

www.usps.com



SEP 02 08 AMOUNT

\$7.50

000-45711-07

From Teolasher Ibraegim  
 39 Cary Avenue #13  
 zip 02150

---

**TO** U.S. Citizenship and  
 Immigration Services  
 Vermont Service center  
 75 Lower Welden Street  
 ST. ALBANS, VT 05479-0001

SS9 ✓

SEP - 2 2008



IM11	01/19/10	IMPACS ACCOUNT INQUIRY	10.02.30	PAGE 01 OF 02	
KEY	101-000-0000-1316572355				
STATUS	00-NORMAL		ACCOUNT TYPE	221	
IBRAGIM TODASHEV			SYSTEM TYPE	020-INDIVIDUAL	
258 PROSPECT ST			AVAIL BALANCE	0.90	
CAMBRIDGE MA		02139-1252	DDA AVAIL BAL	0.90	
			CURR BALANCE	0.90	
			ODP BALANCE		
			SWEEP BALANCE		
DT OPEN	11/06/09	SIGN	0	TOTAL HOLDS	0.00
CUST ACT	12/21/09	TIN 2	012923664	BANK UNAVAIL	0.00
LAST DEP	12/21/09	CHARGE CARD	NO	CUST UNAVAIL	0.00
LAST MNT	12/21/09	SPECIAL INSTR	NO	LAST DEP AMT	60.00
		NSF TODAY	NO	MIN DDA BAL	0
		OD TODAY	NO	AVG COL BAL	0
		CON KITE DAYS	0	MTD AVG BAL	0
MMDA IND	0	MTD KITE DAYS	0	CYC ACR INT	0.000000
# AMT TRANS	0	OD LIM	QNTX	IOD PRJ ACR	0.000000
# CHK ITEMS	0	STOP PAY	0	CHARGE-OFF AMT	0.00
BAL HIST	0	BAL HIST RET	000	NEW BALANCE	0.90
PF1-FORWARD			PF14-SVC CHG PF15-RATES		

01/19/2010 08:55:20 PM 01/19/2010 08:55:20 PM 01/19/2010 08:55:20 PM



**IBRAGIM ABDULBAKIYEVICH TODASHEV**

**CAMPUSEdge CHECKING**

(b) (6)

Last Posting Date **01/15/2010**

**Since Last Statement Summary**

Last Statement Date **01/15/2010**

Balance Last Statement		\$	
Deposits/Credits	# 0	+	
Withdrawals/Debits	# 0	-	
Current Balance		\$	<b>0.00</b>

Date	Amount	Balance	Transaction
* 10/21/2009	\$20.00	(177.43)	BKOFAMERICA ATM 10/21 #0000013
* 12/01/2009	\$20.00	(157.43)	BKOFAMERICA ATM 11/30 #0000091
* 01/05/2010	\$157.43	\$0.00	FORCE CLOSED ACCOUNT

**\*\*\*No More Activity For This Account\*\*\***

P = Items marked Pending have not yet been paid because they could cause your account to be overdrawn. If the Bank pays or returns this item, a service charge may result.

\* = Item(s) included in Previous Statement(s).

For additional information or service, please contact the Customer Service Center at **1-800-432-1000**

01/15/2010 17:30 090091001978 26 0155510 02/09/10 18:55 02/05/10 Force closed account 0000091

Divs & Depts: All Divisions

Emp: 0032- TODASHEV, IBRAGIM

**Payroll - Manual Check Adjustment**      Div: 01    Dept: 0100-PAYROLL    SS #: (b) (6)

Adjustment Type: Manual

Check # to ADD: 10

   Check Amount: \$ 217.06  
        Variance: \$0.00  
       

Gross Pay (in-net): \$280.50

<input type="button" value="Delete ALL"/>	Pay Codes	Hours	\$ Amount
	01 - REGULAR	25.5	280.50

Tax Total (in-net): \$38.44

<input type="button" value="Delete ALL"/>	Taxes	Amount
	FI - FICA	17.39
	MC - MEDFICA	4.06
	FW - FED WTH	7.74
	ST - STATE	9.25

Deduction Total (in-net): \$25.00

<input type="button" value="Delete ALL"/>	Deductions	Amount
	08 - ADVANCE (\$)	25.00

**Use this Rate to Calculate Gross Pay:**

- Rate 1 (\$11.00) Home Rate
- Rate 2 (0)
- Rate 3 (0)
- Temp Rate \$ 0

NOTE: In-Net amounts are displayed in **black**;  
 NOT In-Net amounts are displayed in gray.



Employee File # 0032	Employee Name IBRAGIM TODASHEV
Cu # 1243 01	Dept # 0100
Period Start NOV 29,2009	Period Ending DEC 5,2009
Check #	Sec. Sac # (b) (6)
Check Date DEC 14,2009	PW- S 01 ST- S 01

Company Name & Address  
**CONCERN TRANSPORTATION INC**  
 PO BOX 67220  
 CHESTNUT HILL, MA 02467

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
----------	--	--	-------	--	------------	--	--------------	--

DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	22.42	11.0000	246.62	FICA	15.29	ADVANCE	25.00	GROSS	6945.40
				MEDFICA	3.58			FICA	430.61
				FED WTH	3.84			MEDFICA	100.71
				MA	7.59			FED WTH	406.63
								STATE	250.26

<b>TOTAL</b>	22.42	\$	246.62	<b>TOTAL \$</b>	30.30	<b>TOTAL \$</b>	25.00	Check No. 0010955	NET PAY *****193.32
--------------	-------	----	--------	-----------------	-------	-----------------	-------	-------------------	---------------------

2010-11-17 17:00:00 00000001 0011  
 26 0155561 000910 08:55 029510 Employment-6608147

0010030117020 29009661001378 26 0155583 020910 08:55 020510 Enrollment=520867

Divs & Depts: All Divisions

Emp: 0032- TODASHEV, IBRAGIM

**Payroll - Manual Check Adjustment**    Div: 01    Dept: 0100-PAYROLL    SS # (b) (6)

Adjustment Type: Manual

Check # to ADD:

11

Current Adj:  
2 of 2

Add NEW Adjustment

Check Amount: \$ 234.05

Variance: \$0.00

Print Screen...

Print Check...

Delete Check

Save Changes

Calc Gross Pay    Gross Pay (in-net): \$269.50

Tax Total (in-net): \$35.45

Deduction Total (in-net): \$0.00

Delete ALL	Pay Codes	Hours	\$ Amount
	01 - REGULAR	24.5	269.50

Delete ALL	Taxes	Amount
	FI - FICA	16.71
	MC - MEDFICA	3.91
	FW - FED WTH	6.12
	ST - STATE	8.71

Delete ALL	Deductions	Amount

Use this Rate to Calculate Gross Pay:

- Rate 1 (\$11.00) Home Rate
- Rate 2 (0)
- Rate 3 (0)
- Temp Rate \$ 0

NOTE: In-Net amounts are displayed in **black**;  
NOT In-Net amounts are displayed in gray.

Divs & Depts: All Divisions

Emp: 0032-TODASHEV, IBRAGIM

<b>Payroll - Manual Check Adjustment</b>	Div: 01	Dept: 0100-PAYROLL	SS (b) (6)
--	---------	--------------------	------------

Adjustment Type: Manual

Check # to ADD:

12

Current Adj: 3 of 3
------------------------

Add NEW Adjustment

Check Amount: \$ 218.43

Print Screen...

Variance: 0

Print Check...

Delete Check

Save Changes

Calc Gross Pay **Gross Pay (in-net): \$249.33**

**Tax Total (in-net): \$30.90**

**Deduction Total (in-net): \$0.00**

Delete ALL	Pay Codes	Hours	\$ Amount
	01 - REGULAR	22.67	249.33

Delete ALL	Taxes	Amount
	FI - FICA	15.46
	MC - MEDFICA	3.61
	FW - FED WTH	4.11
	ST - STATE	7.72

Delete ALL	Deductions	Amount
------------	------------	--------

Use this Rate to Calculate Gross Pay:

- Rate 1 (\$11.00) Home Rate
- Rate 2 (0)
- Rate 3 (0)
- Temp Rate \$ 0

NOTE: In-Net amounts are displayed in **black**;  
NOT In-Net amounts are displayed in gray.

20100921 09:55:10 20100921 09:55:10 26 0155544 020910 08:55 020510 Emp Number--440857

0010030117200 2900961 001978 26 0155561 020910 08:55 020510 Employment-660867

Divs & Depts: All Divisions

Emp: 0032- TODASHEV, IBRAGM

**Payroll - Manual Check Adjustment** Div: 01 Dept: 0100-PAYROLL SS # (b) (6)

Adjustment Type: Manual

Check # to ADD:

13

Current Adj:  
4 of 4

Add NEW Adjustment

Check Amount: \$ 225.02

Print Screen...

Variance: 0

Print Check...

Delete Check

Save Changes

Calc Gross Pay **Gross Pay (in-net): \$291.50**

**Tax Total (in-net): \$41.48**

**Deduction Total (in-net): \$25.00**

Delete ALL	Pay Codes	Hours	\$ Amount
	01 - REGULAR	26.5	291.50

Delete ALL	Taxes	Amount
	FI - FICA	18.08
	MC - MEDFICA	4.23
	FW - FED WTH	9.39
	ST - STATE	9.78

Delete ALL	Deductions	Amount
	08 - ADVANCE (\$)	25.00

**Use this Rate to Calculate Gross Pay:**

- Rate 1 (\$11.00) Home Rate
- Rate 2 (0)
- Rate 3 (0)
- Temp Rate \$ 0

NOTE: *In-Net* amounts are displayed in **black**;  
*NOT In-Net* amounts are displayed in gray.

0100020155720 0900961 001378 25 0155561 020910 08:55 020510 Employment=060867

Divs & Depts: All Divisions

Emp: 0032-TODASHEV, IBRAGIM

**Payroll - Manual Check Adjustment**    Div: 01    Dept: 0100-PAYROLL    SS # (b) (6)

Adjustment Type: Manual    Check # to ADD: 10    Current Adj: 1 of 1    Add NEW Adjustment

Check Amount: \$ 215.97

Variance: \$0.00

Print Screen...    Print Check...    Delete Check    Save Changes

Calc Gross Pay    **Gross Pay (in-net): \$282.33**

Delete ALL	Pay Codes	Hours	\$ Amount
	01 - REGULAR	25.67	282.33

**Tax Total (in-net): \$41.36**

Delete ALL	Taxes	Amount
	FI - FICA	17.78
	MC - MEDFICA	4.10
	FW - FED WTH	10.16
	ST - STATE	9.32

**Deduction Total (in-net): \$25.00**

Delete ALL	Deductions	Amount
	08 - ADVANCE (\$)	25.00

**Use this Rate to Calculate Gross Pay:**

- Rate 1 (\$11.00) Home Rate
- Rate 2 (0)
- Rate 3 (0)
- Temp Rate \$ 0

NOTE: In-Net amounts are displayed in **black**;  
NOT In-Net amounts are displayed in gray.

(b) (6)

I am [REDACTED] I live in Cambridge  
on 20 Harding St, #1, 02141, MA. My cell-phone  
number is [REDACTED] There 3 guys live  
in the apartment over the address written  
above that is: me, Ibrahim and another  
guy. The lease is on my name and I can  
prove that Ibrahim Todaster pays 400\$  
for rent on a monthly basis. He's also  
borrowed 500\$ from me which he has to  
give back whenever he has a chance.  
The utilities are split 3 ways.

01/17/2010

(b) (6)

01/17/2010 09:47:10 AM



to cover damages beyond normal wear and tear, unpaid rent, and unpaid utilities. Sublessor agrees that if the premises and contents thereof are returned to him/her in the same condition as when received by the subtenant, reasonable wear and tear thereof excepted, and if there is no unpaid rent or unpaid utility bills owed by the subtenant, he/she will refund to the subtenant \$ 400 at the end of the term, or within 30 days thereafter. Any reason for retaining a portion of the deposit shall be explained in writing within 30 days to the subtenants.

10. **INVENTORY FORM:** At the time of the taking possession of the premises by the subtenant, the sublessor will provide the subtenant with an inventory form within three (3) days of taking possession.

11. **ORIGINAL LEASE** The sublease agreement incorporates and is subject to the original lease agreement between the sublessor and his lessor, a copy of which is attached hereto, and which is hereby referred to and incorporated as if it were set out here at length. The subtenant agrees to assume all of the obligations and responsibilities of the sublessor under the original lease for the duration of the sublease agreement.

12. **OTHER TERMS AND CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **SOLE AGREEMENT** The parties hereby agree that this document contains the entire agreement between the parties and this Agreement shall not be modified, changed, altered or amended in any way except through a written amendment signed by all of the parties hereto. (Any oral representations made at the time of executing this lease are not legally valid, and therefore, are not binding upon either party).

14. **GOVERNING LAW.** This Agreement shall be governed, construed and interpreted by, through and under the Laws of the Commonwealth of Massachusetts.

15. **CONSTRUCTION:** The words "sublessor" and "subtenant" as used herein include the plural as well as the singular. The pronouns used herein shall include, where appropriate, either gender or both, singular and plural.

16. **PARENTAL/GUARDIAN GUARANTEE:** If the subtenant is under 18 years of age, then his/her legal guardian or parent guarantees and agrees to perform all of the terms, covenants and conditions of this sublease by affixing his signature

17. **ACKNOWLEDGEMENT OF COPY RECEIVED** Each party signing this sublease acknowledges receipt of a copy thereof

201003241700 090951 041978 26 0155561 020910 014070 195510 32 01:55:00 020510 [Email] nunevnt-660867



Georgia Form 500X  
Amended Individual Income Tax Return  
Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER  
(b) (6)

Version 1

7a. Number of Dependents (DO NOT include yourself or your spouse) ..... 7a.

7b. Add Lines 6c and 7a. Enter total ..... 7b. 1

If amount on line 8, 9, 10, 13 or 15 is negative, check box. Example:

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) .....  8. 3313  
(Do not use FEDERAL TAXABLE INCOME)

9. Adjustments from Schedule 1 (see IT-511 Tax Booklet) .....  9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) .....  10. 3313

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) ..... 11a. 2300  
(See 511 Tax Booklet)

b. Self: 65 or over?  Blind?  Spouse: 65 or over?  Blind?

Total of boxes x 1,300 = ..... 11b.

c. Total Standard Deduction (Line 11a + Line 11b) ..... 11c. 2300  
Use EITHER Line 11c OR Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income.

a. Federal Itemized Deductions (Schedule A-Form 1040) ..... 12a.

b. Less adjustments: (See IT-511 Tax Booklet) ..... 12b.

c. Georgia Total Itemized Deductions ..... 12c.

13. Subtract either Line 11c or Line 12c from Line 10; enter balance .....  13. 1013

14a. Number on Line 6c. 1 multiplied by \$2,700 ..... 14a. 2700

14b. Number on Line 7a. multiplied by \$3,000 ..... 14b.

14c. Add Lines 14a and 14b. Enter total ..... 14c. 2700

15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) .....  15. -1687

16. Tax (Use Tax Table in the IT-511 Tax Booklet) ..... 16. 0

17. Credits from Schedule 2 of Form 500X ..... 17.

18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero ..... 18.

19. Georgia Income Tax Withheld  
(Enter Tax Withheld Only and enclose W-2s, 1099s, etc.) ..... 19. 0

20. Estimated Tax, Form IT-560 ..... 20.

01-24-11 01:43:00 2901817  
01-28-11 01:28:00  
01-28-11 11:41:12  
01-28-11 17:07:11  
01-28-11 11:31:12  
Emp1  
01-28-11 09:08:00



Georgia Form 500X  
Amended Individual Income Tax Return  
Georgia Department of Revenue



1200502648

Version 1

YOUR SOCIAL SECURITY NUMBER  
(b) (6)

201 01 24 13 14 30 2901817 049128 28 0463971 111412 17:07 111312 Employment-660867

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)

ADDITIONS to INCOME

- 1. Interest on Non-Georgia Municipal and State Bonds ..... ▶ 1.
- 2. Lump Sum Distributions ..... ▶ 2.
- 3. Federal deduction for income attributable to domestic production activities ..... ▶ 3.  
(IRC Section 199)
- 4. Other (Specify) ..... ▶ 4.
- 5. Total Additions (Enter sum of Lines 1-4 here) ..... ▶ 5.

SUBTRACTION from INCOME

- 6. Retirement Income Exclusion (See IT-511 Tax Booklet)
  - a. Self: Date of Birth                      Date of Disability:                      Type of Disability: ..... 6a.
  - b. Spouse: Date of Birth                      Date of Disability:                      Type of Disability: ..... 6b.
- 7. Social Security Benefits (Taxable portion from Federal return) ..... ▶ 7.
- 8. Georgia Higher Education Savings Plan ..... ▶ 8.
- 9. Interest on United States Obligations (See IT-511 Tax Booklet) ..... ▶ 9.
- 10. Other Adjustments (Specify)      Adjustment                      Amount
  - Adjustment                      Amount
  - Adjustment                      Amount
  - Adjustment                      Amount
  - Total ..... ▶ 10.
- 11. Total Subtractions (enter sum of Lines 6-10 here) ..... ▶ 11.
- 12. Net Adjustments (Line 5 less Line 11) ..... ▶  12.  
Enter Net Total here and on Line 9 of Page 2) (+ or -) of Form 500X

Georgia Form 500X  
Amended Individual Income Tax Return  
Georgia Department of Revenue



1200502658

YOUR SOCIAL SECURITY NUMBER

(b) (6)

Version 1

SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (See IT-511 Tax Booklet)

- 1. Other State Credit(s) Tax Credit (See IT-511 Tax Booklet) . . . . . ▶ 1.
- 2. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit, Eligible Single-Family Residence Credit) . . . . . ▶ 2.
- 3. Low Emission Vehicle Credit  or Zero Emission Vehicle Credit  . . . . . ▶ 3.  
(Requires DNR certification for either credit)
- 4. Qualified Education Expense Credit (Individual/Non pass through). . . . . ▶ 4.
- 5. Clean Energy Property Credit (Individual/Non pass through). . . . . ▶ 5.

**Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits**  
You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 10. See IT-511 Booklet for a list of available credits and their applicable codes.

6. COMPANY NAME CREDIT CODE TYPE

OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN

7. COMPANY NAME CREDIT CODE TYPE

OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN

8. COMPANY NAME CREDIT CODE TYPE

OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN

9. COMPANY NAME CREDIT CODE TYPE

OWNERSHIP FEIN CREDIT CLAIMED ON THIS RETURN

10. Any additional pass-through credits claimed (Attach schedule). . . . . ▶ 10.

11. Low Income Credit (See IT-511 Tax Booklet). 11a. 1 11b. 26 . . . . . ▶ 11c. 26

12. Enter the total of Lines 1 through 11 here and on Line 17, Pg. 2 of 500X. . . . . ▶ 12. 26

2011-12-31 11:07 111312 Employment-600867

Georgia Form 500X  
Amended Individual Income Tax Return  
Georgia Department of Revenue



1200502668

YOUR SOCIAL SECURITY NUMBER

Version 1

DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT  
(COLUMN A)

INCOME NOT TAXABLE TO GEORGIA  
(COLUMN B)

GEORGIA INCOME  
(COLUMN C)

- |  |  |  |
|--|--|--|
| <p>1. WAGES, SALARIES, TIPS, etc<br/><input type="checkbox"/></p> <p>2. INTERESTS AND DIVIDENDS<br/><input type="checkbox"/></p> <p>3. BUSINESS INCOME OR (LOSS)<br/><input type="checkbox"/></p> <p>4. OTHER INCOME OR (LOSS)<br/><input type="checkbox"/></p> <p>5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br/><input type="checkbox"/></p> <p>6. TOTAL ADJUSTMENTS FROM FORM 1040<br/><input type="checkbox"/></p> <p>7. TOTAL ADJUSTMENTS FROM FORM 500X,<br/>SCHEDULE 1, PAGE 4<br/><input type="checkbox"/></p> <p>8. ADJUSTED GROSS INCOME:<br/>LINE 5 PLUS OR MINUS LINES 6 AND 7<br/><input type="checkbox"/></p> | <p>1. WAGES, SALARIES, TIPS, etc<br/><input type="checkbox"/></p> <p>2. INTERESTS AND DIVIDENDS<br/><input type="checkbox"/></p> <p>3. BUSINESS INCOME OR (LOSS)<br/><input type="checkbox"/></p> <p>4. OTHER INCOME OR (LOSS)<br/><input type="checkbox"/></p> <p>5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br/><input type="checkbox"/></p> <p>6. TOTAL ADJUSTMENTS FROM FORM 1040<br/><input type="checkbox"/></p> <p>7. TOTAL ADJUSTMENTS FROM FORM 500X,<br/>SCHEDULE 1, PAGE 4<br/><input type="checkbox"/></p> <p>8. ADJUSTED GROSS INCOME:<br/>LINE 5 PLUS OR MINUS LINES 6 AND 7<br/><input type="checkbox"/></p> | <p>1. WAGES, SALARIES, TIPS, etc<br/><input type="checkbox"/></p> <p>2. INTERESTS AND DIVIDENDS<br/><input type="checkbox"/></p> <p>3. BUSINESS INCOME OR (LOSS)<br/><input type="checkbox"/></p> <p>4. OTHER INCOME OR (LOSS)<br/><input type="checkbox"/></p> <p>5. TOTAL INCOME: TOTAL LINES 1 THRU 4<br/><input type="checkbox"/></p> <p>6. TOTAL ADJUSTMENTS FROM FORM 1040<br/><input type="checkbox"/></p> <p>7. TOTAL ADJUSTMENTS FROM FORM 500X,<br/>SCHEDULE 1, PAGE 4<br/><input type="checkbox"/></p> <p>8. ADJUSTED GROSS INCOME:<br/>LINE 5 PLUS OR MINUS LINES 6 AND 7<br/><input type="checkbox"/></p> |
|--|--|--|
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage ..... ▶ 9. % Not to exceed 100%
10. Itemized  or Standard Deduction  (See IT-511 Tax Booklet) ..... ▶ 10.
11. Personal Exemption from Form 500X, Page 2 (See IT-511 Tax Booklet)
- 11a. Number on Line 6c. multiplied by \$2,700 ..... ▶ 11a.
- 11b. Number on Line 7a. multiplied by \$3,000 ..... ▶ 11b.
- 11c. Add Lines 11a. and 11b. Enter total ..... ▶ 11c.
12. Total Deductions and Exemptions: Add Lines 10 and 11c ..... ▶ 12.
13. Multiply Line 12 by Ratio on Line 9 and enter result ..... ▶ 13.
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C  
Enter here and on Line 15, Page 2 of Form 500X ..... ▶ 14.

List the state(s) in which the income in Column B was earned and/or to which it was reported.

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

201124131430 2961817 042128 28 0463971 111412 17:07 111312 Emp 1999 14-500867

Department of the Treasury - Internal Revenue Service  
**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev. December 2011)

▶ See separate instructions.

This return is for calendar year  2011  2010  2009  2008

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial: **IBRAGIM** Last name: **TODASHEV** Your social security number: **(b) (6)**

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number:

**3845 MEADOW GREEN CT** **(b) (6)**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

**NORCROSS GA 30092**

Foreign country name Foreign province/county Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status.

**Caution.** You cannot change your filing status from joint to separate returns after the due date.

Single  Married filing jointly  Married filing separately  
 Qualifying widow(er)  Head of household (if the qualifying person is a child but not your dependent, see instructions.)

Use Part III on page 2 to explain any changes

**Income and Deductions**

	A. Original amount or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . . ▶ <input type="checkbox"/>	1 29,208	(25,895)	3,313
2 Itemized deductions or standard deduction . . . . .	2 11,600	(5,800)	5,800
3 Subtract line 2 from line 1. . . . .	3 17,608	(20,095)	(2,487)
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30 . . . . .	4 7,400	(3,700)	3,700
5 Taxable income. Subtract line 4 from line 3 . . . . .	5 10,208	(16,395)	(6,187)

**Tax Liability**

6 Tax. Enter method used to figure tax: <b>TABLES</b>	6 1,023	(1,023)	
7 Credits. If general business credit carryback is included, check here . . . . . ▶ <input type="checkbox"/>	7 600	(600)	
8 Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	8 423	(423)	
9 Other taxes . . . . .	9 438		438
10 Total tax. Add lines 8 and 9. . . . .	10 861	(423)	438

**Payments**

11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) . . . . .	11 1,860	(1,860)	
12 Estimated tax payments, including amount applied from prior year's return . . . . .	12		
13 Earned income credit (EIC) . . . . .	13	254	254
14 Refundable credits from <input type="checkbox"/> Schedule M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14		

15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . . **15**

16 Total payments. Add lines 11 through 15 . . . . . **16 254**

**Refund or Amount You Owe** (Note. Allow 8-12 weeks to process Form 1040X.)

17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	17		
18 Subtract line 17 from line 16 (if less than zero, see instructions) . . . . .	18	254	
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference . . . . .	19	184	
20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return . . . . .	20		
21 Amount of line 20 you want refunded to you . . . . .	21		
22 Amount of line 20 you want applied to your (enter year): <b>estimated tax</b> 22	22		

**Complete and sign this form on Page 2.**

**Part I Exemptions**

Complete this part only if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
23 Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	23 2	(1)	1
24 Your dependent children who lived with you . . . . .	24		
25 Your dependent children who did not live with you due to divorce or separation . . . . .	25		
26 Other dependents . . . . .	26		
27 Total number of exemptions. Add lines 23 through 26 . . . . .	27 2	(1)	1
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending . . . . .	28 7,400	(3,700)	3,700
29 If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009 . . . . .	29		
30 Add lines 28 and 29. Enter the result here & on line 4 on page 1 of this form	30 7,400	(3,700)	3,700
31 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- Check here if you did not previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

TAXPAYER IS NOT MARRIED CHANGED FILING STATUS FROM MARRIED FILING JOINTLY TO SINGLE  
 REMOVED W-2 INCOME AS THIS WAS FOR SPOUSE REPORTED ON ORIGINAL RETURN  
 REMOVED FORM 8863 CREDIT BELONGS TO SPOUSE REPORTED ON ORIGINAL RETURN

**Sign Here**

Remember to keep a copy of this form for your records.

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

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

**Paid Preparer's U** (b) (6) \_\_\_\_\_ 06-06-2012 **AMSCOT TAX SERVICE**  
 Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Firm's name (or yours if self-employed)

(b) (6) \_\_\_\_\_ 600 N WESTSHORE BLVD  
 Print/type preparer's name \_\_\_\_\_ TAMPA, FL 33609  
 Firm's address and ZIP code

(b) (6) \_\_\_\_\_  Check if self-employed 800-801-4444 (b) (6)  
 PTIN \_\_\_\_\_ Phone number \_\_\_\_\_ EIN \_\_\_\_\_

2011021101408 1901817 042129 28 0452971 11442 17:07 111312 Employment-660867

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

Department of the Treasury  
Internal Revenue Service (99)

**Net Profit From Business**

(Sole Proprietorship)

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

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **09A**

Name of proprietor

**IBRAGIM TODASHEV**

Social security number (SSN)

**(b) (6)**

**Part I General Information**

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

- Had business expenses of \$5,000 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 either a sole proprietor, qualified joint venture, or statutory employee.
- Did not receive any credit card or similar payments that included amounts that are not includible in your income (see instructions for line 1a).

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.

A Principal business or profession, including product or service

B Enter business code (see page 2)

**999999**

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

D Enter your EIN (see page 2)

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

**3845 MEADOW GREEN CT**  
City, town or post office, state, and ZIP code  
**NORCROSS GA 30092**

F Did you make any payments in 2011 that would require you to file Form(s) 1099 (see the Schedule C instructions)?

Yes  No

G If "Yes," did you or will you file all required Forms 1099?

Yes  No

**Part II Figure Your Net Profit**

1 a Merchant card and third party payments. For 2011, enter -0-	1a	0	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	3,565	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. <b>Caution.</b> See Schedule C instructions before completing this line	1c		
d Total of lines 1a, 1b, and 1c. If any adjustments to line 1a, you <b>must</b> use Schedule C (see instructions)	1d	3,565	
2 Total expenses (see page 2). If more than \$5,000, you <b>must</b> use Schedule C	2		
3 Net profit. Subtract line 2 from line 1d. If less than zero, you <b>must</b> use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (If you entered an amount on line 1c, do not report the amount from line 1c on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	3,565	

**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? (year, month, day) ▶ \_\_\_\_\_

5 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_ b Commuting (see page 2) \_\_\_\_\_ c Other \_\_\_\_\_

6 Was your vehicle available for personal use during off-duty hours?  Yes  No

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

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

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

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **17**

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

**IBRAGIM TODASHEV**

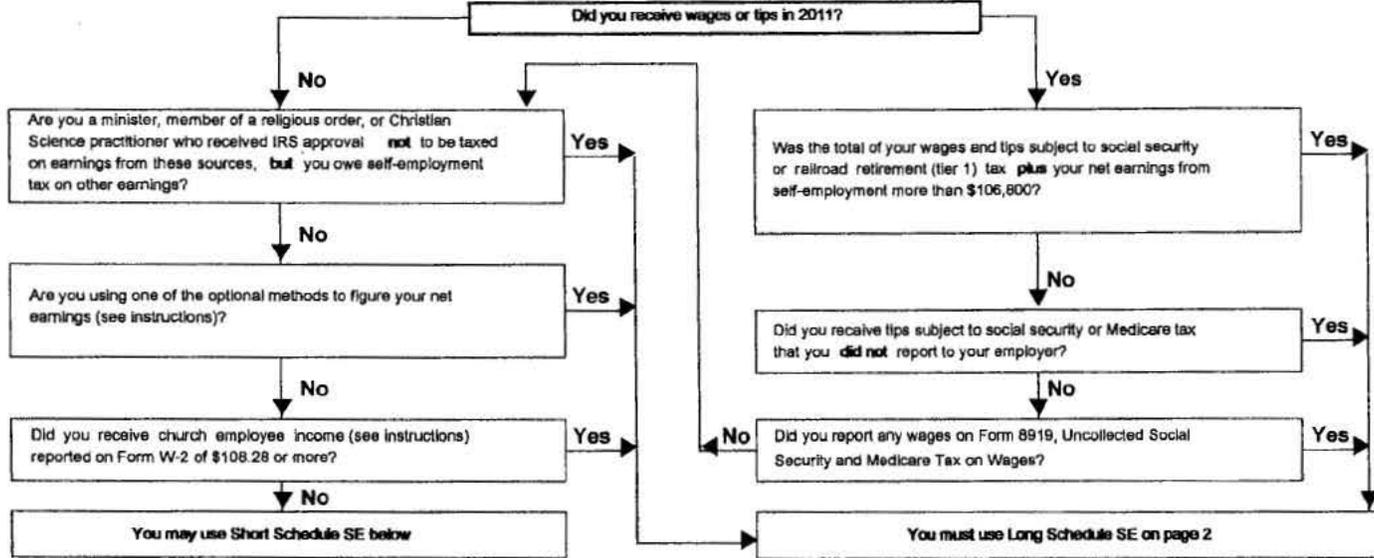
Social security number of person  
with self-employment income ▶

**(b) (6)**

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

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

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



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

<b>1 a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y . . . . .	<b>1b</b>	(
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	<b>3,565</b>
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	<b>3,565</b>
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ▶	<b>4</b>	<b>3,292</b>
<b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54 . . . . .	<b>5</b>	<b>438</b>
<b>6 Deduction for employer-equivalent portion of self-employment tax.</b> If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	<b>252</b>

Georgia Form 500X  
Amended Individual Income Tax Return  
Georgia Department of Revenue



1200502618

This return is for calendar year

2011  Amended due to IRS changes

Version 1 Fiscal Year Beginning Fiscal Year Ending

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER  
1. IBRAGIM (b) (6)

Special Program Code  
See Tax Booklet on Page 9

LAST NAME SUFFIX  
TODASHEV

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

DEPT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDR CHANGED  
2. 3845 MEADOW GREEN CT

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE  
3. NORCROSS GA 30092

500 UET Exception Attached

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500X.

5. Enter Filing Status with appropriate letter (See Tax Booklet) ..... 5. A  
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

Filing Status

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 1

7. Dependents (If you have more than 3 dependents, attach a list of additional dependents)

First Name, MI. Last Name  
Social Security Number Relationship to You  
First Name, MI. Last Name  
Social Security Number Relationship to You  
First Name, MI. Last Name  
Social Security Number Relationship to You

201124131430 2901817 042128 08 0463971 11142 17:07 111312 Employment-500867

2012124131430 2901817 042128 28 w463971 111412 17:07 111312 Employment-660867



3012124131430 2901817 042128 28 0483971 111412

17:07 111312 Employment-662867

For account information, visit [www.ebtaccount.jpmorgan.com](http://www.ebtaccount.jpmorgan.com) EBT0049

0107 15 2012

**AUTHORIZED SIGNATURE** DO NOT WRITE YOUR PIN ON THIS CARD  
If found, return to ACCESS EBT Card, P.O. Box 9043, Coppell, TX 75019. To report a lost or stolen card, call the Customer Service number below.  
Retailer Manual Voucher Authorization number is (866) 226-1207.



Customer Service:  
1-888-356-3281

QEMALTO 02-12 40011954

000140

AMSCOT FINANCIAL SERVICES  
065 KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 655  
(407)521-9021  
10/02/2012 9:05 PM  
Transaction 171169

	Amount	Fee
OU (b) (6)	151.75	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
		-----
Subtotal	153.00	
Tendered	160.00	
Change	7.00-	

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Receipt stub required for Money Order stop payment\*

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*

PAYMENTS MADE BEFORE 6:00 PM MON-FRI ARE CREDITED TO YOUR ORLANDO UTILITY COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

Effective September 1,2011, the FEE for making a payment to the Orlando Utilities Commission (OUC)will be \$1.25

\*\*\*

PLEASE KEEP RECEIPT UNTIL PAYMENT HAS BEEN CREDITED TO YOUR ACCOUNT(S).

AMSCOT FINANCIAL SERVICES  
065 KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 65A  
(407)521-9021  
09/19/2012 6:07 PM  
Transaction 144152

	Amount	Fee
OU (b) (6)	250.00	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
		-----
Subtotal	251.25	
Tendered	251.25	
Change	.00	

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Receipt stub required for Money Order stop payment\*

Sincere thanks to our customers for supporting Amscot Financial's Dollar for Schools charitable promotion! Including Amscot's matching gift of \$10,000, we raised \$171,385 for local schools in our communities.

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*

PAYMENTS MADE BEFORE 6:00 PM MON-FRI ARE CREDITED TO YOUR ORLANDO UTILITY COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

Effective September 1,2011, the FEE for making a payment to the Orlando Utilities Commission (OUC)will be \$1.25

\*\*\*

2012124131430 2901817 042128 28 0463971 111412 17:07 111212 Employment-660867

AMSCOT FINANCIAL SERVICES  
 KIRKMAN ROAD  
 ORLANDO, FL 32811  
 Window - 65B  
 (407)521-9021  
 06/03/2012 3:37 PM  
 Transaction 995170

AMSCOT FINANCIAL SERVICES  
 ARMSTRONG & VINE  
 KISSIMMEE, FL 34741  
 Window - FO  
 (407)847-7122  
 07/07/2012 1:44 PM  
 Transaction 579886

	Amount	Fee
OU (b) (6)	257.10	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
		-----
Subtotal	258.35	
Tendered	260.00	
Change		1.65-

	Amount	Fee
OU (b) (6)	125.92	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
		-----
Subtotal		127.17
Tendered		140.00
Change		12.83-

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 WE DO NOT DISCLOSE ANY INFORMATION  
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 EXCEPT AS PERMITTED BY LAW.  
 \*RECEIPT STUB REQUIRED FOR  
 MONEY ORDER STOP PAYMENT\*

AMSCOT PRIVACY POLICY:  
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 ABOUT OUR CUSTOMERS TO ANYONE,  
 EXCEPT AS PERMITTED BY LAW.  
 \*RECEIPT STUB REQUIRED FOR  
 MONEY ORDER STOP PAYMENT\*

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
 THE RECEIPT TO ENSURE PROPER CREDIT.

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
 THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*  
 PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
 ARE CREDITED TO YOUR ORLANDO UTILITY  
 COMMISSION ACCOUNT THE SAME DAY.

\*\*\*  
 PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
 ARE CREDITED TO YOUR ORLANDO UTILITY  
 COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

OUC CUSTOMER SERVICE: (407)423-9018

Effective September 1,2011, the FEE for  
 making a payment to the Orlando  
 Utilities Commission (OUC)will be \$1.25

Effective September 1,2011, the FEE for  
 making a payment to the Orlando  
 Utilities Commission (OUC)will be \$1.25

\*\*\*

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PLEASE KEEP RECEIPT UNTIL PAYMENT  
 HAS BEEN CREDITED TO YOUR ACCOUNT(S).

PLEASE KEEP RECEIPT UNTIL PAYMENT  
 HAS BEEN CREDITED TO YOUR ACCOUNT(S).

2012104131430 2301817 0412128 28 W462971 111412 17:07 111312 Emplyment-660867

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 657  
(407)521-9021  
05/02/2012 11:33 AM  
Transaction 575662

	Amount	Fee
OU (b) (6)	159.09	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
		-----
Subtotal	160.34	
Tendered	161.00	
Change		.66-

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\*RECEIPT STUB REQUIRED FOR  
MONEY ORDER STOP PAYMENT\*

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*

PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

Effective September 1,2011, the FEE for  
making a payment to the Orlando  
Utilities Commission (OUC)will be \$1.25

\*\*\*

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 659  
(407)521-9021  
04/03/2012 11:43 AM  
Transaction 516297

	Amount	Fee
OU (b) (6)	136.63	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
		-----
Subtotal	137.88	
Tendered	200.00	
Change		62.12-

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EXCEPT AS PERMITTED BY LAW.  
\*RECEIPT STUB REQUIRED FOR  
MONEY ORDER STOP PAYMENT\*

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*

PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

Effective September 1,2011, the FEE for  
making a payment to the Orlando  
Utilities Commission (OUC)will be \$1.25

\*\*\*

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

0012124131450 1901817 042128 28 463971 111412 17:07 111312 Employment-660867

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 659  
(407)521-9021  
03/07/2012 10:09 AM  
Transaction 885606

	Amount	Fee
GU (b) (6)	101.78	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
Subtotal	103.23	
Tendered	105.00	
Change	1.77-	

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AMSCOT PRIVACY POLICY:

WE DO NOT DISCLOSE ANY INFORMATION  
ABOUT OUR CUSTOMERS TO ANYONE,  
EXCEPT AS PERMITTED BY LAW.  
\*RECEIPT STUB REQUIRED FOR  
MONEY ORDER STOP PAYMENT\*

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*

PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

Effective September 1, 2011, the FEE for  
making a payment to the Orlando  
Utilities Commission (OUC) will be \$1.25

\*\*\*

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 655  
(407)521-9021  
02/04/2012 1:06 PM  
Transaction 310486

	Amount	Fee
GU (b) (6)	110.88	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
Subtotal	112.13	
Tendered	115.00	
Change	2.87-	

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AMSCOT PRIVACY POLICY:

WE DO NOT DISCLOSE ANY INFORMATION  
ABOUT OUR CUSTOMERS TO ANYONE,  
EXCEPT AS PERMITTED BY LAW.  
\*RECEIPT STUB REQUIRED FOR  
MONEY ORDER STOP PAYMENT\*

PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
THE RECEIPT TO ENSURE PROPER CREDIT.

\*\*\*

PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
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\*\*\*

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HAS BEEN CREDITED TO YOUR ACCOUNT(S).

20120204 13:43:00 2901917 042129 28 0465971 111412 17:07 111312 Employment-660867

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 659  
(407) 521-9021  
01/09 11:19 PM  
Transaction 360523

	Amount	Fee
DU (b) (6)	129.69	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
Subtotal	130.94	
Tendered	130.94	
Change	.00	

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PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

AMSCOT FINANCIAL SERVICES  
KIRKMAN ROAD  
ORLANDO, FL 32811  
Window - 655  
(407)521-9021  
12/05/2011 11:34 AM  
Transaction 800132

	Amount	Fee
DU (b) (6)	135.52	
ORLANDO UTILITIES		
Bill Collect Fee		1.25
Subtotal	136.77	
Tendered	137.00	
Change	.23	

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\*\*\*  
PAYMENTS MADE BEFORE 6:00 PM NON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

OUC CUSTOMER SERVICE: (407)423-9018

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making a payment to the Orlando  
Utilities Commission (OUC) will be \$1.25

\*\*\*  
PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

20111211 11:34 AM 2901817 012128 28 0453971 111412 17:07 111212 Employment-600867



AMSCOT FINANCIAL SERVICES  
AMERICANA & SAN ANTONIO  
ORLANDO, FL 32839  
Window - D86  
(407)859-5081  
05/03/2011 2:45 AM  
Transaction 369470

AMSCOT FINANCIAL SERVICES  
AMERICANA & SAN ANTONIO  
ORLANDO, FL 32839  
Window - D86  
(407)859-5081  
04/02/2011 1:57 AM  
Transaction 297953

AMSCOT FINANCIAL SERVICES  
JYP AND DAKRIDGE  
ORLANDO, FL 32809  
Window - C72  
(407)857-5710  
05/28/2011 2:33 PM  
Transaction 101050

Amount Fee

(b) (6)	190.04	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
total	191.04	
deducted	191.04	
change		.00

Amount Fee

OU (b) (6)	119.66	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
Subtotal	120.66	
Tendered	121.00	
Change		.34

Amount Fee

OU (b) (6)	220.73	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
Subtotal	221.73	
Tendered	222.00	
Change		

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ON THE RECEIPT TO ENSURE PROPER CREDIT.

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PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
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COMMISSION ACCOUNT THE SAME DAY.

PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

CUSTOMER SERVICE: (407)423-9018

OUR CUSTOMER SERVICE: (407)423-9018

OUR CUSTOMER SERVICE: (407)423-9018

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PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S)

2012/05/31 14:30 2901817 042128 78 111412 17:00 111312 Emp1

AMSCOT FINANCIAL SERVICES  
AMERICANA & SAN ANTONIO  
ORLANDO, FL 32839  
Window - D82  
(407)859-5081  
07/13/2011 7:01 PM  
Transaction 341339

AMSCOT FINANCIAL SERVICES  
JYP & TOWN CENTER BLVD  
ORLANDO, FL 32837  
Window - C12  
(407)857-8857  
08/08/2011 3:50 PM  
Transaction 205825

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 65E  
(407)521-9021  
03/02/2011 1:15 AM  
Transaction 226420

	Amount	Fee
DU (b) (6)	264.45	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
Subtotal	265.45	
Tendered	265.50	
Change		.05

	Amount	Fee
DU (b) (6)	241.93	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
Subtotal	242.93	
Tendered	243.00	
Change		.07

	Amount	Fee
DU (b) (6)	96.89	
ORLANDO UTILITIES		
Bill Collect Fee		
Subtotal		97
Tendered		100
Change		2

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PLEASE VERIFY THE ACCOUNT NUMBER(S) ON  
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PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
ARE CREDITED TO YOUR ORLANDO UTILITY  
COMMISSION ACCOUNT THE SAME DAY.

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OUC CUSTOMER SERVICE: (407)423-9018

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Effective September 1, 2011, the FEE for  
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PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT

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PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

2011/08/08 11:11:41 AM  
DU (b) (6)  
ORLANDO UTILITIES  
Bill Collect Fee  
Subtotal  
Tendered  
Change  
1  
97  
100  
2

17-11-12  
E  
11-11-12

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 654  
(407)521-9021  
02/01/2011 11:43 PM  
Transaction 242214

	Amount	Fee
DU (b) (6)	142.69	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
Subtotal	143.69	
Tendered	150.00	
Change	6.31	

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AMSCOT PRIVACY POLICY:

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PAYMENTS MADE BEFORE 6:00 PM MON-FRI  
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OUC CUSTOMER SERVICE: (407)423-9018

\*\*\*

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

AMSCOT FINANCIAL SERVICES  
KIRKMAN RD & METROWEST  
ORLANDO, FL 32811  
Window - 654  
(407)521-9021  
11/30/2010 3:57 PM  
Transaction 882535

	Amount	Fee
DU (b) (6)	134.61	
ORLANDO UTILITIES		
Bill Collect Fee		1.00
Subtotal	135.61	
Tendered	140.00	
Change	4.39	

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OUC CUSTOMER SERVICE: (407)423-9018

\*\*\*

PLEASE KEEP RECEIPT UNTIL PAYMENT  
HAS BEEN CREDITED TO YOUR ACCOUNT(S).

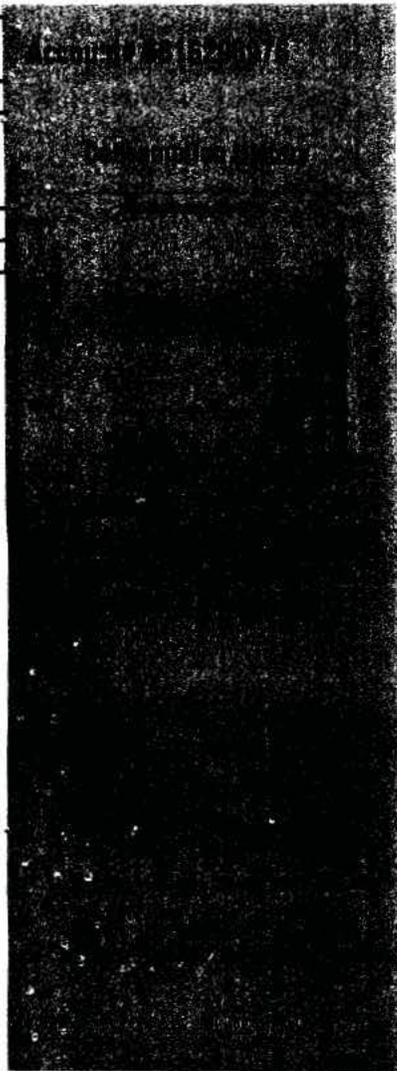
3012124101430 0901817 042128 28 0463971 111412 17:07 111312 Employment-690867



The Reliable One®

(b) (6)

2012



Last payment of \$109.48 received on 10/31/10

Residential Electric Meter #5C25015

Electric Service Charge

10/13/10 Reading 51,625

11/10/10 Reading 52,515

Consumption for 28 Days 890 KWH @ 0.11182

Current OUC Electric Charges

City of Orlando Charges

Orlando Solid Waste

Orlando Taxes

Current City of Orlando Charges

State of Florida Charges

Gross Receipts Tax

Current State of Florida Charges

Itemized Charges

Total Charges

8.00

99.52

16.48

7.85

2.76

For Your Records

Deposit on Account \$140.00

Total Current Charges

\$134.61

\$134.61



The Reliable One®

Account (b) (6)

Bill Date: 11/10/10

Return this portion of the bill with your payment  
Make check payable to: Orlando Utilities Commission  
PO Box 4901, Orlando, FL 32802-4901

Total Current Charges

\$134.61

Total Amount Due 11/29/10

3141 1 AV 0.335

0003141 53 17



(b) (6)

(b) (6)



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

**AR-11, Alien's Change  
of Address Card**

Name (Last in CAPS) (First Name) (Middle Name) I am in the United States as a:  
*Todashev* *IBRAGIM* *Abdulbarievich*  Visitor  Permanent Resident  
 Student  Other \_\_\_\_\_ (Specify)

Country of Citizenship Date of Birth (mm/dd/yyyy) Copy Number From Alien Card  
*Russia* *09.22.1985* (b) (6)

Present Address (Street or Rural Route) (City or Post Office) (State) (Zip Code)  
*1023 Spaulding forest ct. Atlanta GA 30328*

(If the above address is temporary) I expect to remain there \_\_\_\_\_ Years \_\_\_\_\_ Months

Last Address (Street or Rural Route) (City or Post Office) (State) (Zip Code)  
*20 Harding st #11 Cambridge MA 02141*

I work for or attend school at: (Employer's Name or Name of School)

(Street Address or Rural Route) (City or Post Office) (State) (Zip Code)

Port of Entry Into U.S. Date of Entry Into U.S. (mm/dd/yyyy) If not a Permanent Resident, my stay in the U.S. expires on: (Date - mm/dd/yyyy)  
*cell phone* (b) (6)  
Signature *[Signature]* Date (mm/dd/yyyy)

Form AR-11 (Rev. 01/20/06) Y

**AR-11, Alien's Change of Address Card**

This card is to be used by aliens to report a change of address within ten days of such change.

The collection of this information is required by Section 265 of the Immigration and Nationality Act (8 U.S.C. 1305). The data is used by U.S. Citizenship and Immigration Services for statistical and record purposes and may be furnished to Federal, State, local and foreign law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal.

**ADVISORY: This card is not evidence of identity, age or status claimed.**

**Public Reporting Burden.** Under the Paperwork Reduction Act, an agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. This collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Ave. N.W., Washington, D.C. 20529. **Do not mail your completed form to this Washington, D.C. address.**

**Mail Your Form to the Address Shown Below:**

Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Change of Address  
P.O. Box 7134  
London, KY 40742-7134

*For commercial overnight or fast freight*  
Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Change of Address  
1084-I South Laurel Road  
London, KY 40742-7134

U.S. Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Boston Field Office, District #1  
JFK Federal Building, Government Center  
Boston, Massachusetts 02203



U.S. Citizenship  
and Immigration  
Services

IBRAGIM A. TODASHEV

BY Hand

Date: 08/05/210

A#(b) (6)

**THIS IS A REQUEST FROM UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (CIS) FOR:**  
 INITIAL EVIDENCE /  ADDITIONAL EVIDENCE. READ THE FOLLOWING INSTRUCTIONS CAREFULLY.

*Extension until 11-10-2010*

Return this form and all attachments, with your response, to this office **WITHIN 50 DAYS.**

Within the time specified, you may submit a complete response containing all requested evidence, submit a partial response, or withdraw the application or petition. *If you do not respond by the required date, CIS may deny the application or petition as abandoned, deny the application or petition on the record, or both.*

In order to submit a complete response containing all requested evidence, *all of the requested materials must be submitted together at one time*, along with this original form. Submission of only *some* of the requested evidence (a partial response) will be treated as a request for a decision on the record.

Please submit a certified court disposition for all your arrest and court appearances but not limited to the following.

Charges Disorderly conduct & Resisting Arrest with Operating Recklessly on 03/12/2010 DKT# 10010CRI132.  
Next court date on 09/23/2010.

*Extension until (next court date on 11-09-10)  
11-10-2010 per JSD Bureau 11-09-23-10*

cc:  
cc:

(b) (6)

**NOV 10 12:43**  
**BOSTON, MA**

APPLICATION FOR COMPLAINT

NUMBER

Trial Court of Massachusetts  
Boston Municipal Court Department

ARREST HEARING SUMMONS WARRA...

The within named complainant requests that a complaint issue against the within named defendant, charging said defendant with the offense(s) listed below.

Boston Municipal Court  
Criminal Division, 6th Floor  
24 New Chardon Street  
Boston, MA, 02114

DATE OF APPLICATION: 02/11/2010  
DATE OF OFFENSE: 02/11/2010  
PLACE OF OFFENSE: 172 Tremont St

NAME, ADDRESS AND ZIP CODE OF COMPLAINANT

NO. OFFENSE G.L.Ch.and Sec

(b) (6)

1	DISORDERLY CONDUCT c272 s53	272:053:F
2	RESISTING ARREST c268 s32B	268:032B
3	RECKLESS OPERATION OF MOTOR VEHICLE c90 s24	090:024:O
4	MARKED LANES VIOLATION c89 s4A	089:004A

NAME, ADDRESS AND ZIP CODE OF DEFENDANT

TODASHEV, IBRAGIM  
20 Harding St  
Cambridge, MA, 02141, US

IF ADDITIONAL OFFENSES CHECK HERE. AND ATTAC...

DEFENDANT IDENTIFICATION INFORMATION - Complete data below if known.

C.C. # 100077428	DATE OF BIRTH 09/22/1985	SEX M	RACE W	HEIGHT 5' 10"	WEIGHT 165 lbs	EYES BRO	HAIR BRO	SOCIAL SECURITY NUMBER (b) (6)
---------------------	-----------------------------	----------	-----------	------------------	-------------------	-------------	-------------	-----------------------------------

COURT USE ONLY	A hearing upon this complaint application will be held at the Boston Municipal Court, Rm. 1105 on	DATE OF HEARING	TIME OF HEARING	COURT USE ONLY
		AT		

CASE PARTICULARS - BE SPECIFIC

No.	NAME OF VICTIM Owner of property, person assaulted, etc.	DESCRIPTION OF PROPERTY Goods stolen, what destroyed, etc.	VALUE OF PROPERTY Over or under \$250.	TYPE OF CONTROLLED SUBSTANCE OR WEAPON Marijuana, gun, etc..
1	COMM OF MA,			
2	(b) (6)			
3				
4				

OTHER REMARKS:

fighting and out of control threatening to kill people following road rage incident and auto accident officers had to violently struggle with suspect to gain control of him and place him under arrest during a road rage incident suspect cut across several lanes of traffic and slammed on his brakes causing an accident

(b) (6)

Attg

(b) (6)

*Janetha / [Signature]*  
SIGNATURE OF COMPLAINANT

IF PROCESS IS ORDERED. THIS APPLICATION MUST BE PRESENTED AT ONCE TO PLEADING CLERK AT ROOM 1105.

NAMES OF WITNESSES	Recog. to S.C.	Give place of business or employment, if in Boston, otherwise, residence	ST. NO.
(b) (6)			

State if defendant is arrested: Yes Date of Arrest: 02/11/2010

FOR ADDITIONAL REMARKS OR WITNESSES-USE REVERSE OF ORIGINAL AND CHECK HERE

20  
10

CR

TRUE COPY ALIAS  
TRUE COPY ALIAS

*Daniel J. Hegan*  
CLERK MARIST

BOSTON MUNICIPAL COURT-CENTRAL DIVISION

DOCKET ENTRIES 11/9/10		ATTORNEY 20551
Legal Counsel Fee Assessment		
Legal Counsel Fee Contribution		
Victim/Witness Fund Assessment	\$50 will be paid on 11/9/10	
Drug Analysis Fund Assessment		
Supervised Probation Fee	\$50/cs imposed FEB 13 2010 \$500 PROBATION 134 SUPERV DEF. 20551 Redd J	BAIL ONLY
	2.15 ZADEK/FLANNAGAN 60 PZ 1025	
	PLEADS NOT GUILTY	SEE NO.
	A. SORCASH TO APRIL 8 2010 V. G.	
	REC ROOM 11 4/8/10	
	REC ROOM 18 4/29/10	
	<del>XXXXXXXXXX</del>	
	MOTION FOR PROTECTIVE ORDER REC'D/FILED	



Daniel J. Hagar  
CLERK MAGISTRATE

MAY 28 2010

18 Defendant Not In Court Attorney Ross  
Fees: 9.50 ADA CIVIL App: 10 NOTE

\$ 500 TO July 22 Same  
CASH PTH Room 18  
Kelly

—

Kelly

11 Defendant Not In Court Attorney Rossi App: 10:12  
LORD HOTARIDE

\$ 500 TO SEPTEMBER 23  
CASH

SI

BOSTON MUNICIPAL COURT DEPARTMENT  
FOR CRIMINAL BUSINESS

NAME: BRAGIM TODASHEV

DOCKET # 10CR1132

OFFENSE: \_\_\_\_\_

NOV 09 2010

Defendant Not In Court Attorney ROSSI  
ADA MINGO / BRATON

DEMORES

Defendant without his own attorney  
and drafted with defendant  
attorney's as volunteer  
Alicia Williams Given  
Dica College Blvd

Tender Of Plea Filed - Accepted / Rejected

COUNTS 1, 3 EACH

**CEFS - CWO**

100 TO AUGUST 10, 2011 8AM

COUNT 2 - DISMISSED

ALICE

COUNT 4 - RESPONSIBLE

ROOM 50

#25 ASSESSMENT - DEFT WILL PAY ON 11/9/10

DEFENDANT PERMITTED

WILLIAM J. ROSSI

TO TRAVEL OUT OF STATE

ROSSI

NOV 9 2010

Cred 105 with Cash Rec- for  
w/ 10/10/10 + CH 89 + CSE CR

DEPOSIT RETURNED NOV - 9 2010 Ck# 3569 AM

**A TRUE COPY ATTES:**

Daniel J. Hegan  
Clerk of Court

# COPY OF OFFICIAL RAP SHEET COVER PAGE INFORMATION

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\*\*\*\*\* LIMITED OFFICIAL USE ONLY \*\*\*\*\*

COVER SHEET DATA PRESENTED IS CURRENT AS OF 04/20/2010.

SUBMISSION TCN : (b) (6)  
DISTRICT ORI : MAINSBS00  
  
FBI PROCESS DATE : 04/20/2010  
FBI NAME : TODASHEV, IBRAGIM  
DATE OF BIRTH : 09/22/1985  
ALIEN NUMBER : (b) (6)  
SOCIAL SECURITY NUMBER : UNKNOWN  
ZIP CODE : 02141  
DHS FORM NUMBER : I485

(b) (6)

**COPY OF OFFICIAL RAP SHEET AS OF 04/20/2010**

\*\*\*\*\* LIMITED OFFICIAL USE ONLY \*\*\*\*\*

UNITED STATES DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
 CLARKSBURG, WV 26306

VTINSWANZ

ICN E2010110000000078892

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THIS RECORD IS SUBJECT TO THE  
 FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI NO.	DATE REQUESTED
TODASHEV, IBRAGIM	(b) (7)(E)	2010/04/20

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1985/09/22	510	165	BRO	BRO

BIRTH PLACE

ROMANIA

PATTERN CLASS	CITIZENSHIP
LS WU WU WU RS WU WU WU WU LS	RUSSIA
WU RS            WU RS	
LS	

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
 CLARKSBURG, WV 26306

VTINSWANZ  
PART 2

ICN E2010110000000078892

- FBI IDENTIFICATION RECORD - FBI NO- (b) (7)(E)

1-ARRESTED OR RECEIVED 2010/02/11 SID- MA10517872  
 AGENCY-POLICE DEPARTMENT BOSTON (MA0130100)  
 AGENCY CASE-2010500647  
 CHARGE 1-PERSON, DISORDERLY  
 CHARGE 2-RESISTING ARREST  
 CHARGE 3-DRIVING TO ENDANGER

2-DATE OF APPLICATION 2010/04/20R (DATE FP)  
 AGENCY-DHS/CIS/VSC-WAN SAINT ALBANS (VTINSWANZ)  
 AGENCY CASE-201004201047 NAME USED-TODASHEV, IBRAGIM A  
 CIVIL PRINT - 04/20/2010

PHOTO INFORMATION  
1-ONE PHOTOS AVAILABLE

RECORD UPDATED 2010/04/20

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON  
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL  
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

**G-325, Biographic Information**

(Family Name) Todashev	(First Name) Ibragim	(Middle Name) Abdulkakievich	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 09/22/1985	Citizenship/Nationality Russian	File Number A (b) (6)
---------------------------	-------------------------	---------------------------------	---	--	------------------------------------	--------------------------

All Other Names Used (include names by previous marriages) N/A	City and Country of Birth Logovoe Russia	U.S. Social Security # (if any) (b) (6)
---	---	--

Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)	City and Country of Residence
-------------	------------	----------------------------	---------------------------------------	-------------------------------

(b) (6)  
(b) (6)

Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) N/A	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage
--	------------	----------------------------	---------------------------	------------------	-------------------

Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) N/A	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Termination of Marriage	Place of Termination of Marriage
---	------------	----------------------------	---------------------------	---------------------------------	----------------------------------

**Applicant's residence last five years. List present address first.**

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
6022 Peregrine Ave	Orlando	FL	USA	05	2012	Present Time	
4502 St. Georges Ct	Kissimmee	FL	USA	09	2011	05	2012
36 Gordon Street	Allston	MA	USA	07	2011	09	2011
9 Lowell Street, Apt. AA	Watertown	MA	USA	05	2011	07	2011
4023 Spalding Forest Ct	Atlanta	GA	USA	09	2010	05	2011

**Applicant's last address outside the United States of more than one year.**

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
(b) (6)		(b) (6)		09	2006	06	2008

**Applicant's employment last five years. (If none, so state.) List present employment first.**

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
Unemployed	Unemployed	09	2010	Present Time	
Concern Trans. Co. 35 Soldier Field Road, Brighton MA	Driver	10	2009	09	2010
Unemployed	Unemployed	04	2009	10	2009
Concern Trans. Co. 35 Soldier Field Road, Brighton MA	Driver	01	2009	04	2009

**Last occupation abroad if not shown above. (Include all information requested above.)**

N/A					
-----	--	--	--	--	--

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Status as Permanent Resident	Signature of Applicant <i>Ибрагим</i>	Date 10/31/2012
---	--	--------------------

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:  
*Ибрагим Ибрагимов*

**Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.**

**Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.**

<b>Complete This Box (Family Name)</b> Todashev	<b>(Given Name)</b> Ibragim	<b>(Middle Name)</b> Abdulkakievich	<b>(Alien Registration Number)</b> A (b) (6)
--	--------------------------------	--	---

ADDENDUM TO G-325

ADDRESSES

20 Harding Street, Apt.1, Cambridge, MA USA	12/2009-09/2010
258 Prospect Street, Apt. R1, Cambridge, MA USA	09/2009-12/2009
68 Carroll Street, Watertown, MA USA	10/2008-09/2009
39 Carry Avenue, Apt. 13, Chelsea, MA USA	07/2008-10/2008
Unknown, Greencastle, PA USA	06/2008-07/2008
(b) (6), Russia	09/2006-06/2008

EMPLOYERS

Unemployed	06/2008-01/2009
C.H.S. University, Chenchen Republic, Russia	Student 09/2007-06/2008

20121211 11:13:12 Employment-660867













































Before you fill out this form, please read the instructions.

**FOR USCIS USE ONLY**

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number (A-Number) (numbers only)

Line 3. U.S. Social Security Number (SSN) (9 numbers only)

Line 4. Date of Birth   
*(mm/dd/yyyy)*

Line 5. Marital Status  Never Married  Married  Marriage Annulled  
 Legally Separated  Divorced  Widow(er)

Application Received At  
*(check only one box):*

**USCIS Field Office**  
 Fee Waiver Approved  
Date: \_\_\_\_\_  
 Fee Waiver Denied  
Date: \_\_\_\_\_

**USCIS Service Center**  
 Fee Waiver Approved  
Date: \_\_\_\_\_  
 Fee Waiver Denied  
Date: \_\_\_\_\_

Line 6. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.

Biometrics services fees, where applicable, will be included in the fee waiver request.

Line 7. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	SSN (If applicable)	Date of Birth (mm/dd/yyyy)	Relationship to You
N/A	A-			
	A-			

2012124131439 2901817 042128 28 463971 111412 17:07 111212 Expire date: 10/31/2012

2012124131430 2301817 042123 28 10462971 111412 17107 111311 Employment-6520857

**Section 3. Basis for Your Request** (Check any that apply. For additional information, see the instructions.)

- Line 8. a.  I am or a relevant member of my household is currently receiving a means-tested benefit. (complete Sections 4 and 7)
- Line 8. b.  My household income is at or below 150% of the Federal Poverty Guidelines. (complete Sections 5 and 7)
- Line 8. c.  I have a financial hardship. (complete Sections 5, 6 and 7)

**Section 4. Means-Tested Benefit**

Line 9. Complete the Table Below (If you need more space, attach a separate sheet of paper.)

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
Ibragim Todashev	Florida Food Stamp	01/01/2011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5. Household Income** (Provide evidence of monthly income or other support.)

Line 10. How many dependents (for tax purposes) live with you? 0  
 (round to the nearest dollar)

Line 11. Average monthly wage income from household members \$300.00

Line 12. Other money received each month (child support, spousal support, unemployment, etc.) \$0.00

---

**Total** (USCIS will compare this amount to Federal Poverty Guidelines) \$300.00

2012124121430 2301317 042128 28 W45371 111412 17:07 111312 Employment-653857

**Section C Financial Hardship**

Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). *(If you need more space, attach a separate sheet of paper.)*

Line 13.

I am currently unemployed and receiving food stamps, as well as having made extremely low income for 2011 and 2012, as reflected on my 2011 tax return. Of my monthly income of \$300, I receive \$200 in Food Stamps and the additional income is through side jobs I am able to obtain from time to time. I have had to borrow money to cover my living expenses until I am able to obtain full-time employment.

**If you are currently unemployed, you must complete Lines 14 and 15.**

Line 14.

Date that you became unemployed

09/2010

Line 15.

Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

\$0.00

Line 16.

List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
N/A	
<b>TOTAL Value of Assets</b>	\$0.00

2012124131430 2901917 042128 28 0463971 11141 17:07 111312 Empl 6/19/11-550867

**Section 6. Financial Hardship (Cont.)**

List your average monthly costs, and provide evidence of monthly payments where possible. (If you need more space, attach a separate sheet of paper.)

Line 17.

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent	\$300.00	Insurance	\$0.00
Mortgage	\$0.00	Loan Payment	\$0.00
Food	\$180.00	Commuting Costs	\$40.00
Utilities	\$40.00	Medical	\$0.00
Child/Elder care	\$0.00	School	\$0.00
		<b>TOTAL Monthly Costs</b>	<b>\$560.00</b>

**Section 7. Your Signature and Authorization**

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 18. Your Signature  Date

Additional Signature  Date

РОССИЙСКАЯ  
ФЕДЕРАЦИЯ

(RUS)



ВОДИТЕЛЬСКОЕ УДОСТОВЕРЕНИЕ  
PERMIS DE CONDUIRE

64 СА N 139501 \*B|C\*\*

Фамилия ТОДАШЕВ  
TODASHEV  
Имя ИБРАГИМ  
IBRAGIM

Отчество АБДУЛБАКИЕВИЧ  
Дата и место рождения 22.09.1985  
САРАТОВСКАЯ ОБЛ./SARATOVSKAYA OBL.  
Место жительства САРАТОВСКАЯ ОБЛ.  
SARATOVSKAYA OBL.



Дата выдачи Действительно до  
30.06.2005 30.06.2015  
Подпись владельца *Abd*

Особые  
отметки ДУБЛИКАТ 20ЕР681264 ВС

**ВОДИТЕЛЬСКОЕ УДОСТОВЕРЕНИЕ**  
**PERMIS DE CONDUIRE**

Категории транспортных средств, на управление которыми выдано удостоверение

<b>A</b>	Мотоциклы		
<b>B</b>	Автомобили, за исключением относящихся к категории А, разрешенная максимальная масса которых не превышает 3500 кг и число сидячих мест которых, помимо сиденья водителя, не превышает восьми.	<b>D</b>	Автомобили, предназначенные для перевозки пассажиров и имеющие более восьми сидячих мест, помимо сиденья водителя.
<b>C</b>	Автомобили, за исключением относящихся к категории D, разрешенная максимальная масса которых превышает 3500 кг.	<b>E</b>	Составы транспортных средств с тягачом, относящимся к категориям B, C или D, которыми водитель имеет право управлять, но которые не входят сами в одну из этих категорий или в эти категории.

**YOUR SOCIAL SECURITY CARD**

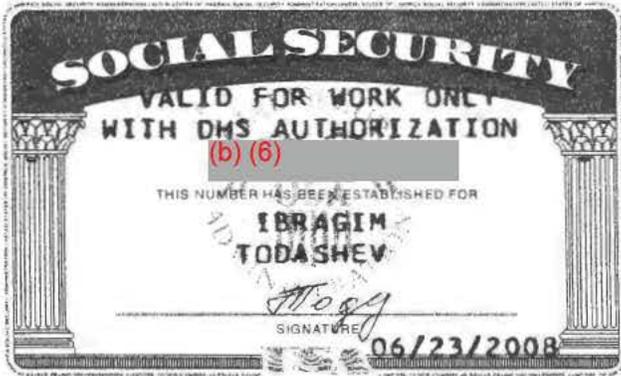
**ADULTS:** Sign this card in ink immediately.

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

Keep your card in a safe place to prevent loss or theft.

**DO NOT CARRY THIS CARD WITH YOU.**

Do not laminate.



Improper use of this card or number by anyone is punishable by fine, imprisonment or both. If you believe someone is using your Social Security number fraudulently, notify the Federal Trade Commission at 1-877-438-4338 or online at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft).

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration  
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

**Social Security Administration**  
Form SSA-3000 (10-2007)

**F 35924071**

РОССИЙСКАЯ ФЕДЕРАЦИЯ

ОТДЕЛОМ ВНУТРЕННИХ ДЕЛ

Паспорт выдан

РОВЕНСКОГО РАЙОНА

САРАТОВСКОЙ ОБЛАСТИ

30.11.2005

642-036

Дата выдачи

Код подразделения

63 05 762873

*Ибрагим*



Личный код

*Ибрагим*  
Личная подпись

ТОДАШЕВ

Фамилия

ИБРАГИМ

Имя

АБДУЛБАКИЕВИЧ

Отчество

МУЖ

Дата рождения 22.09.1985

Пол

Дата рождения

С. ЛУГОВОЕ

Место рождения

РОВЕНСКОГО РАЙОНА

САРАТОВСКОЙ ОБЛ.

63 05 762873



МЕСТО ЖИТЕЛЬСТВА

Саратовская область Лугоский район	бассейн
ЗАРЕЧЕНСКО-ПЕТРОВАН	
с. Луговское	
ул. Свердлова	
дом № 12	кв. 123
Подпись	<i>Г.А. Сидорова</i>

63 05 762873

63 05 762873

Сведения о ранее выданных паспортах  
Серия    Номер    Код    Выдан  
6399    192078    642-036    21.06.2000  
642-036    Заверил: *А.А.Воткин*

Выдан ПАСПОРТ  
серия 63 № 0128190  
от 28 12 2009 г.  
УВД № 767





**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 Department of Homeland Security 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**

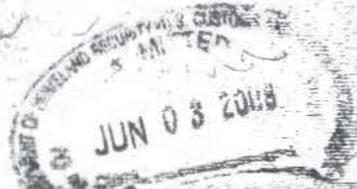
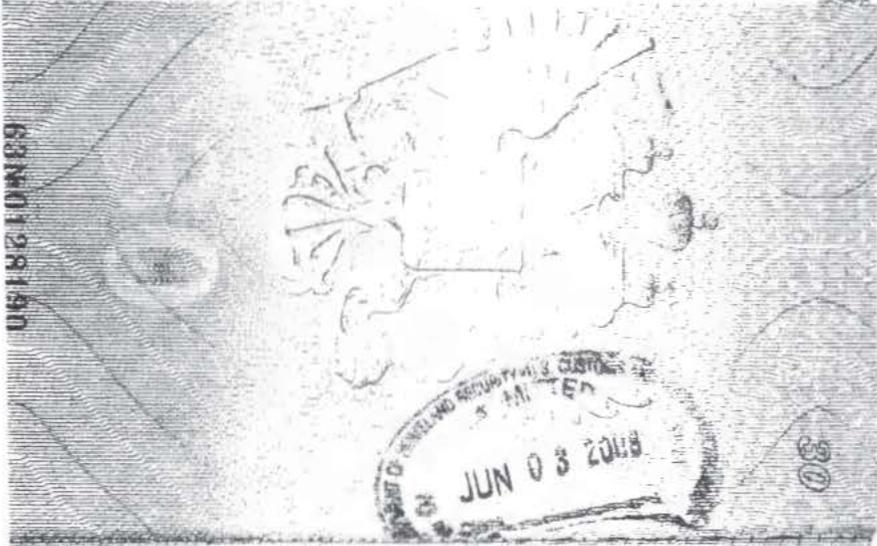
P-3-04320  
N0005210694  
WORK/TRAVEL

Port:

Departure Record

Date:

6340128190



**VISA**

	Issuing Post Name MOSCOW	Control Number 20081096480037
	Surname TODASHEV	
	Given Name IBRAGIM ABDULBAKIYEVICH	Visa Type /Class R II



Фотографии детей / Photographs of children



1 М.П. 2 М.П. 3 М.П.

С владельцем паспорта следуют дети:  
 Bearer of this passport is accompanied by children whose particulars are as follows:

Фамилия, Имя Surname, Name	Пол Sex	Дата рождения Date of birth	Личный код Personal No.

См. стр. .... / See page ..... М.П.

РОССИЙСКАЯ  
ФЕДЕРАЦИЯ  
RUS



ВОДИТЕЛЬСКОЕ УДОСТОВЕРЕНИЕ  
PERMIS DE CONDUIRE

64 CA N 139501 \*BС\*\*

Фамилия ТОДАШЕВ  
TODASHEV  
Имя ИБРАГИМ  
IBRAGIM

Отчество АБДУЛБАКИЕВИЧ  
Дата и место рождения 22.09.1985  
САРАТОВСКАЯ ОБЛ./SARATOVSKAYA OBL.  
Место жительства САРАТОВСКАЯ ОБЛ.  
SARATOVSKAYA OBL.

02  
ГИБДД  
06  
Дата выдачи Действительно до  
30.06.2005 30.06.2015  
Подпись владельца *Ибрагим*

Особые  
отметки ДУБЛИКАТ 20EP681264 BC

**ВОДИТЕЛЬСКОЕ УДОСТОВЕРЕНИЕ**  
**PERMIS DE CONDUIRE**

Категории транспортных средств, на управление которыми выдано удостоверение

<b>A</b>	Мотоциклы		
<b>B</b>	Автомобили, за исключением относящихся к категории А, разрешенная максимальная масса которых не превышает 3500 кг и число сидячих мест которых, помимо сиденья водителя, не превышает восьми.	<b>D</b>	Автомобили, предназначенные для перевозки пассажиров и имеющие более восьми сидячих мест, помимо сиденья водителя.
<b>C</b>	Автомобили, за исключением относящихся к категории D, разрешенная максимальная масса которых превышает 3500 кг.	<b>E</b>	Составы транспортных средств с тягачом, относящимся к категориям B, C или D, которыми водитель имеет право управлять, но которые не входят сами в одну из этих категорий или в эти категории.



## YOUR SOCIAL SECURITY CARD

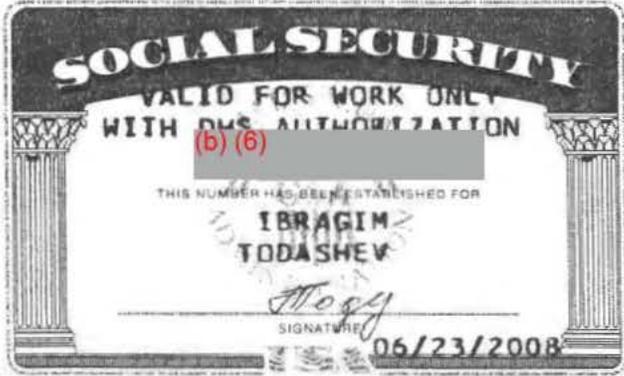
**ADULTS:** Sign this card in ink immediately.

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

Keep your card in a safe place to prevent loss or theft.

**DO NOT CARRY THIS CARD WITH YOU.**

Do not laminate.



Improper use of this card or number by anyone is punishable by fine, imprisonment or both. If you believe someone is using your Social Security number fraudulently, notify the Federal Trade Commission at 1-877-438-4338 or online at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft).

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**Social Security Administration**  
Form SSA-3000 (10-2007)

**F 35924071**

РОССИЙСКАЯ ФЕДЕРАЦИЯ

ОТДЕЛОМ ВНУТРЕННИХ ДЕЛ

Паспорт выдан

РОВЕНСКОГО РАЙОНА  
САРАТОВСКОЙ ОБЛАСТИ

30.11.2005

642-036

Дата выдачи

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63 05 762873

*Ибрагим*



Личный код

*Ибрагим*  
Личная подпись

ТОДАШЕВ

Фамилия

Имя

Отчество

Пол

Место рождения

ИБРАГИМ

АБДУЛБАКИЕВИЧ

МУЖ

Дата рождения 22.09.1985

С. ЛУГОВОЕ

РОВЕНСКОГО РАЙОНА

САРАТОВСКОЙ ОБЛ.

63 05 762873



МЕСТО ЖИТЕЛЬСТВА

Саратовская область Республика Чувашия	600007
Луговская с/пос. ст. Чувашия	
ЗАРЕЧЬЕ-ПЕТРОВАН	
с. Луговское	
ул. Савицкая	д. 12
дом № 12	
И.А. Анурин	2003 г.
Подпись	



Фотографии детей / Photographs of children



1 М.П. 2 М.П. 3 М.П.

78

С владельцем паспорта следуют дети:  
 Bearer of this passport is accompanied by children whose particulars are as follows:

88

Фамилия, Имя Surname, Name	Пол Sex	Дата рождения Date of birth	Личный код Personal No.
[Faint, illegible text]	[Faint, illegible text]	[Faint, illegible text]	[Faint, illegible text]

См. стр. .... / See page ..... М.П.

63 05 762873

63 05 762873

Сведения о ранее выданных паспортах  
Серия Номер Код Выдан  
6399 192078 642-036 21.06.2000  
642-036 Заверил: *А.А.Воткин*

Выдан ПАСПОРТ  
серия 63 № 0128190  
от 28 12 2006  
УВД № 767



CBP Form I-94 (10/04)

17. Country of Citizenship RUS	15. First (Given) Name IBRAGIM
16. Birth Date (Day/Mo/Yr) 21/09/85	14. Family Name TODASHEV



Departure Record  
I-94

847470920 19

OMB No. 1651-0111

Departure Number

VISA



Issuing Post Name

MOSCOW

Control Number

20081096480037

Surname

TODASHEV

Given Name

IBRAGIM ABDULBAKIYEVICH

Visa Type /Class

R J1

Passport Number

630128190

Sex

M

Birth Date

22SEP1985

Nationality

RUS

Entries

M

Issue Date

25APR2008

Expiration Date

30SEP2008

101

Annotation

DS-2019; P-3-04320

BEARER IS NOT SUBJECT TO SECTION 212(b)(5) 25688176

TWO YEAR RULE DOES NOT APPLY RUSSIA

N0005110694

VNUSATODASHEV<<IBRAGIM<ABDULBAKIYEVICH<<<<<<<<

630128190RUS85092222M080930611MOS04150622185

**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 Department of Homeland Security 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.

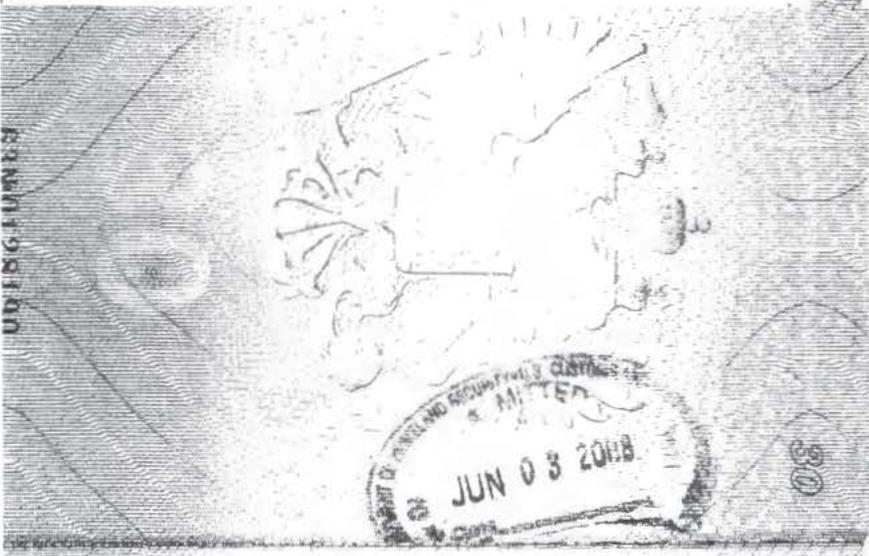
Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

**Record of Changes**

P-3-04320  
N0005110694  
WORK/TRAVEL

Port: Departure Record

Date:



**VISA**



Issuing Post Name

MOSCOW

Surname

TODASHEV

Given Name

IBRAGIM ABDULBAKIYEVICH

Control Number

20081096480037

Visa Type /Class

R J1

**MASSACHUSETTS**

**DRIVER'S LICENSE**

NUMBER  
**S36960396**

EXP. DATE  
**08-22-2012** 088  
DOB  
**09-22-1985**

CLASS	HEAT	HGT	SEX
D		5-09	M

**TOOASHEV**

IBRAGIM  
39 CARRY AVE  
UNIT 18  
CHELSEA, MA  
02150-2536



*Paula Reynolds*





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

# I-693, Report of Medical Examination and Vaccination Record

START HERE - Type or print in CAPITAL letters (Use black ink)

## Part 1. Information About You (The person requesting a medical examination or vaccinations must complete this part)

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
TODASHEV	IBRAGIM	ABDULBAKIEVICH
Home Address: Street Number and Name		Apt. Number
20 HARDING STREET		1
		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code
Cambridge	MA	02141
		Phone # (Include Area Code) no dashes or ()
		(b) (6)
Date of Birth (mm/dd/yyyy)	Place of Birth (City/Town/Village)	Country of Birth
09/22/1985	ANGELIS	RUSSIA
		A-Number (if any)
		(b) (6)
		U.S. Social Security # (if any)
		(b) (6)

### Applicant's Certification

I certify under penalty of perjury under United States law that I am the person who is identified in Part 1 of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in Part 1 of this form is true to the best of my knowledge. I understand the purpose of this medical exam, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/alterd information or documents with regard to my medical exam, I understand that any immigration benefit I derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

Signature - Do not sign or date this form until instructed to do so by the civil surgeon

Date (mm/dd/yyyy)

*[Signature]*

01.15.10

## Part 2. Medical Examination (The civil surgeon completes this part)

### 1. Examination

Date of First Examination

01.11.10

Date(s) of Follow-up Examination(s) if Required:

Date of Exam

Date of Exam

Date of Exam

Summary of Overall Findings:

No Class A or Class B Condition  Class A Conditions (see 2 through 5 below)  Class B Conditions (see 2 through 6 below)

### 2. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see *Technical Instructions* at <http://cdc.gov/ncidod/dq/civil.htm>. The civil surgeon should perform one type of initial screening test only, followed by further evaluation, if needed (chest X-ray).

#### 1. Tuberculin Skin Test (TST):

Not administered (TST exception applies)

Date TST Applied

03/31/09

Date TST Read

04/02/09

Size of Reaction (mm)

"20mm"

Result:  Negative (4mm or less of induration)  Positive ( $\geq 5$ mm; chest X-ray required)

2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site at <http://www.cdc.gov/ncidod/dq/civil.htm>):

Not administered (IGRA exception applies)

Name of Test

Date Blood Sample Drawn



**Part 2. Communicable Diseases of Public Health Significance (Cont'd)**

IU/ml:

Result:  Negative (including indeterminate, or borderline/ equivocal) (no chest X-ray required)

Positive (chest X-ray required)

**Initial Screening Test Result and Chest X-Ray Determination:**

Chest X-ray not required (medically cleared for TB for USCIS)

Chest X-ray required due to initial screening test results

Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (e.g. HIV)

Chest X-ray required due to TST or IGRA exception (The civil surgeon must clearly specify the TST or IGRA exception in the "Remarks" field below.)

**4. Chest X-Ray:** Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV). Attach a copy of X-ray report.

Date Chest X-Ray Taken

4/30/09

Date Chest X-Ray Read

4/30/09

Results

Normal

Abnormal (Describe results in remarks.)

**TB Classification/Findings (check only if chest x-ray was performed):**

No Class A or Class B TB

Class B1 Pulmonary TB

Class B2 Pulmonary TB

Class B, Other Chest Condition (non-TB)

Class A Pulmonary TB Disease

Class B1 Extra Pulmonary TB

Class B, Latent TB Infection

**Remarks:** (Include any signs or symptoms of TB, additional tests, and therapy given, with stop and start dates and any changes.)

Seen in Public Health office in Boston  
no active disease, cleared by TB clinic  
from 4/30/2009  
copy is included



**2. Medical Examination (Continued)**

**Syphilis**

- Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run

1/12/10

If Reactive, Date Confirmation Run

- Screening Nonreactive

- Screening Reactive, Titer 1:

- Confirmation Nonreactive

- Confirmation Reactive

**Findings:**

- No Class A or Class B Syphilis

- Syphilis, Class A (untreated)

- Syphilis, Class B (with residual deficit, and treated in the past year)

**Remarks:** (Include any therapy given with doses and dates.)

**C. HIV/AIDS**

- Serologic Test for HIV Antibody (Required for applicants 15 years and older)

Date Screening Run

- Screening Negative

- Screening Positive

- Screening Indeterminate

If Positive or Indeterminate,  
Date Confirmation Run

- Confirmation Negative

- Confirmation Positive

**Findings:**

- No Class A HIV

- HIV, Class A

**Remarks:** (Include any signs or symptoms of HIV infection, therapy given, and any counseling, or referrals.)

**D. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance**

**Findings:**

- No Class A/B Condition

- Granuloma Inguinale, Class A

- Lymphogranuloma Venereum, Class A

- Chancroid, Class A

- Gonorrhea, Class A

- Hansen's Disease (Leprosy, Infectious), Class A

**Remarks:** (Include any therapy given and any counseling or referrals.)

- Hansen's Disease (Leprosy, Noninfectious), Class B

**3. Physical or Mental Disorders With Associated Harmful Behavior**

- No Class A or B Physical or Mental Disorder

- Physical/Mental Disorder, With Associated Harmful Behavior, Class A

- Physical/Mental Disorder, Without Associated Harmful Behavior, Class B

**Remarks:** (Include diagnosis, with likelihood of harmful behavior to recur, therapy given, and any counseling, or referrals.)

**4. Drug Abuse/Drug Addiction**

- No Class A or B Drug Abuse/Addiction

- Substance (Drug) Use, Listed in Section 202 of Controlled Substance Act, Class A

- Substance (Drug) Use, Not Listed in Section 202 of Controlled Substance Act, But With Associated Harmful Behavior, Class A

- Prior Substance (Drug) Use in Remission, Class B

**Remarks:** (Include any therapy given, rehabilitation, counseling, or referrals.)



Part 2. Medical Examination (Continued)

5. Vaccinations (See Technical Instructions at <http://www.cdc.gov/ncidod/dq/civil.htm> for list of required vaccines.)

Vaccine History Transferred From a Written Record				Vaccine Given	Completed Series	Waiver(s) to Be Requested From USCIS			
Vaccine	Date Received mm/dd/yyyy	Date Received mm/dd/yyyy	Date Received mm/dd/yyyy	Date Given by Civil Surgeon mm/dd/yyyy	Mark an X if completed; write date of lab test if immune or "VH" if varicella history	Blanket			
						Not Medically Appropriate			
						Not Age Appropriate	Contra- indication	Insufficient Time Interval	Not Flu Season
Specify Vaccine: DT <input type="checkbox"/> DTP <input type="checkbox"/> DTaP <input type="checkbox"/>						✓			
Specify Vaccine: Td <input type="checkbox"/> Tdap <input type="checkbox"/>	03/31/09	5/01/09			✓				
Specify Vaccine: OPV <input type="checkbox"/> IPV <input type="checkbox"/>						✓			
MMR (Measles Mumps-Rubella) or if monovalent or other combination of the vaccines are given, specify vaccine(s):	03/31/09	1/12/10			✓				
Hib						✓			
Hepatitis B						✓			
Varicella	④ TITER 03/31/09				✓				
Pneumococcal						✓			
Influenza						✓			
Rotavirus						✓			
Hepatitis A						✓			
Meningococcal						✓			
Human Papillomavirus						✓			
Zoster						✓			

Give Copy to Applicant

- 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.

A-Number (if any)

(b) (6)

Name of Applicant

IBRAGIM ABdulBAKievich  
TodaShev

Remarks: (If needed, provide any remarks; e.g., reason for contraindication)



**Part 2. Medical Examination** *(Continued)*

6. List other medical conditions, Class B other (e.g., hypertension, diabetes)

*none*

**Part 3. Referral to Health Department Other Doctor/Facility** *(To be completed by civil surgeon, if referral was required and made)*

Type or Print Name of Doctor or Health Department Receiving Required Referral

Date of Referral (mm/dd/yyyy)

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

Daytime Phone # (Include Area Code) no dashes or ( )

Remarks: (Include name of medical condition and reasons for referral.)

**Part 4. To Be Completed by Physician Or Health Department Performing Referral Evaluation**

The applicant identified on this form was referred to me by the civil surgeon named in **Part 5** of this form. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I evaluated/treated is the person identified in **Part 1**.

Type or Print Full Name of Evaluating Physician or Health Department

Signature

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

Date (mm/dd/yyyy)

Name of Medical Practice or Health Department

Daytime Phone # (Include Area Code) no dashes or ( )

Remarks: (Attach a separate sheet of paper, if needed.)



**Part 5. Civil Surgeon's Certification** (Do not sign form or have the applicant sign in Part 1 until all health follow-up requirements have been met.)

I certify under penalty of perjury under United States law that: I am a civil surgeon in current status designated to examine applicants seeking certain immigration benefits in the United States; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations; I performed this examination of the person identified in **Part 1** of this Form I-693, after having made every reasonable effort to verify that person whom I examined is the person identified in **Part 1**; that I performed the examination in accordance with the Centers for Disease Control and Prevention's *Technical Instructions*, and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief.

Type or Print Full Name (First, Middle, Last)

Alexander Alexeyenko

S (b) (6)

[Redacted]

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

24 STATE ST Lynn MA 01901

Date (mm/dd/yyyy)

01/15/200

Name of Medical Practice or Health Department

Alexander Alexeyenko Medical Associates

Daytime Phone # (Include Area Code) no dashes or ( )

781-581-0181

E-Mail Address

[Redacted]

**Part 6. Health Department Identifying Information** (If completed by State or local health department on behalf of a refugee, place a stamp or seal where indicated.)

Type or Print Name

[Redacted]

(Place State or local health department stamp/seal below.)

Signature

[Redacted]

Date (mm/dd/yyyy)

[Redacted]

Daytime Phone # (Include Area Code) no dashes or ( )

[Redacted]

**Part 7. For USCIS Use Only** (Not to be completed by the civil surgeon)

212(g)(2)(B) Blanket Waiver for Vaccination Granted

Remarks (if needed):

[Redacted]





COMMUNICABLE DISEASE CONTROL DIVISION

4/30/2009

To Whom It May Concern:

Ibragim Tordashev (9/22/1985) was evaluated at the Boston Public Health Commission (BPHC) Tuberculosis (TB) Clinic at Boston Medical Center. This individual has a positive TB skin test (TST), but has no symptoms of tuberculosis disease and no evidence of active TB on chest x-ray. S/he has been diagnosed with latent tuberculosis infection (LTBI).

Persons with LTBI are noninfectious, and from a public health perspective, have full clearance for all activities. This person should not be given another TB skin test, and a repeat chest x-ray is necessary only if symptoms of tuberculosis develop.

Please feel free to contact the Tuberculosis Clinic if you have any questions regarding this at 617-534-4875.

Sincerely,

(b) (6)

Boston Public Health Commission

(b) (6)

Evaluating clinician (initial): \_\_\_\_\_

TST date: 4/30/2009 TST size: 20 mm

Chest x-ray date: 4/30/2009

LTBIclearance

TB Clinic, 850 Harrison Ave., BMC Yawkey Bldg. 3rd Floor, Boston, MA 02118  
Tel: 617-534-4967 (Appointments) 617-534-4875 (Nurse Triage) Fax: 617-534-4976

EXCEPTIONAL CARE WITHOUT EXCEPTION

Patient Name: **TODASHEV, IBRAGIM**  
MRN: 3653956  
Ordering Physician: (b) (6)  
CC:

Department: Diagnostic Radiology  
Exam Date: 04/30/2009  
Location: H TB CLINIC  
DOB: 09/22/1985

**CHEST, 2 VIEWS**  
Linked Procedure(s):  
CHEST, 2 VIEWS

**E-08914065**

E-08914065

INDICATION:  
TB screening.

FINDINGS:

No priors for comparison.  
The lungs are clear. The heart is within normal limits in size and configuration. Normal mediastinal and diaphragmatic contours.

IMPRESSION:  
Negative study.

I personally reviewed the study and agree with the dictated report.

Dictated by: (b) (6)

Electronically Signed by:

**G-325A, Biographic Information**

(Family Name) <b>Todashev</b>	(First Name) <b>Ibragim</b>	(Middle Name) <b>Abdulkakievich</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) <b>09/22/1985</b>	Citizenship/Nationality <b>Russia</b>	File Number <b>A(b) (6)</b>
----------------------------------	--------------------------------	--	---	---	--	--------------------------------

All Other Names Used (include names by previous marriages) <b>None.</b>	City and Country of Birth <b>Logovoe Russia</b>	U.S. Social Security # (if any) <b>(b) (6)</b>
--	--	---

Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)	City and Country of Residence
-------------	------------	----------------------------	---------------------------------------	-------------------------------

(b) (6)

(b) (6)

Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) <b>None.</b>	First Name <b>N/A</b>	Date of Birth (mm/dd/yyyy) <b>N/A</b>	City and Country of Birth <b>N/A</b>	Date of Marriage <b>N/A</b>	Place of Marriage <b>N/A</b>
---	--------------------------	--	---	--------------------------------	---------------------------------

Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) <b>None.</b>	First Name <b>N/A</b>	Date of Birth (mm/dd/yyyy) <b>N/A</b>	Date and Place of Marriage <b>N/A N/A</b>	Date and Place of Termination of Marriage <b>N/A N/A</b>
--	--------------------------	--	--	---

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
20 Harding Street 1	Cambridge	MA	USA	Dec.	2009	Present Time	
258 Prospect Street R1	Cambridge	MA	USA	Sept.	2009	Dec.	2009
68 Carroll Street	Watertown	MA	USA	Oct.	2008	Sept.	2009
39 Carry Avenue 13	Chelsea	MA	USA	July	2008	Oct.	2008
Unknown	Greencastle	PA	USA	June	2008	July	2008

Applicant's last address outside the United States of more than one year.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
53 Figurnaya Street	Grozniy	Chechnya Republic	Russia	Sept.	2006	June	2008

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
Concern Transportation Co35 Soldier Field Road Brighton, MA	Driver	Oct.	2009	Present Time	
Unemployed N/A	N/A	April	2009	Oct.	2009
Concern Transportation Co35 Soldier Field Road Brighton, MA	Driver	Jan.	2009	April	2009
Unemployed N/A	N/A	June	2008	Jan.	2009
C.H.S. University Chechen Republic	Student	Sept.	2007	June	2008

Last occupation abroad if not shown above. (Include all information requested above.)

Unemployed N/A	N/A	N/A	N/A	N/A	N/A
----------------	-----	-----	-----	-----	-----

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Status as Permanent Resident	Signature of Applicant <i>[Signature]</i>	Date <b>1/26/2010</b>
---	--	--------------------------

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

--

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name) <b>Todashev</b>	(Given Name) <b>Ibragim</b>	(Middle Name) <b>Abdulkakievich</b>	(Alien Registration Number) <b>A(b) (6)</b>
--	--------------------------------	--	--

Addendum to G-325 Addresses

(b) (6)

From: Sept. 2006 To: June 2008

Street and Number: 2 Novaya #4

City: V. Tarlikovka

Province or State: Soratov Region

Country: Russia

From: Oct. 1999 To: Sept. 2006

---

Addendum to G-325 Employers

Full Name of Employer: Unemployed

Address of Employer: N/A

Occupation: N/A

From: N/A To: N/A

Full Name of Employer: Sartov State University

Address of Employer: Moskovskaya Street 2, Saratov City

Occupation: Student

From: Sept. 2003 To: July 2006

---

Addendum to Page 3 Part 3 Processing Information  
Mass Health

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2010-01-19 10:00:00 AM



**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 Department of Homeland Security 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**

P-3-04320  
N0005110694  
WORK/TRAVEL

Port:

Departure Record

Date:

STAPLE HERE

See Other Side

Vertical text on the right edge of the page, likely a scanning artifact or a reference number.

Departure Number

OMB No. 1651-0111

631143527 18



1-94  
Departure Record

(b) (6)



(b) (6)

Family Name

T O D A S H E V

First (Given) Name

I b r a g i m A .

Birth Date (Day/Mo/Yr)

2 2 / 9 / 8 5

Country of Citizenship

R u s s i a

CBP Form I-94 (10/04)

See Other Side

STAPLE HERE

NK 119

Vertical text on the right edge of the page, possibly a page number or document identifier.

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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**

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**Port:** **Departure Record**

**Date:**

**Carrier:**

**Flight # / Ship Name:**

---

155501 00010 06-05 201510 Form I-20-05-04-155501















МФФ Гонконг 1998

РОССИЙСКАЯ ФЕДЕРАЦИЯ  
RUSSIAN FEDERATION

**ПАСПОРТ**  
**PASSPORT**

Паспорт содержит 36 страниц.  
This passport contains 36 pages.

63№0128190

63№0128190





STATEMENT OF PRESENCE

Name: Ibragim Todashev

A (b) (6)



I have not been outside the United States since I was granted asylum.



I have been absent from the United States for the following periods since I was granted asylum:

1. Departure Date                      Return Date                      Countries Visited

\_\_\_\_\_

Purpose of Trip:

\_\_\_\_\_  
\_\_\_\_\_

2. Departure Date                      Return Date                      Countries Visited

\_\_\_\_\_

Purpose of Trip:

\_\_\_\_\_  
\_\_\_\_\_

3. Departure Date                      Return Date                      Countries Visited

\_\_\_\_\_

Purpose of Trip:

\_\_\_\_\_  
\_\_\_\_\_

Total Days outside the United States: 0

Copy  
Signature

01.22.2010  
Date

U.S. DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE  
Form I-257 (Rev. 10-16-09)

January 26, 2010

Ibragim Todashev  
20 Harding Street #1  
Cambridge, MA 02141

USCIS  
Texas Service Center  
P.O. Box 852211  
Mesquite, TX 75185-2211

**RE: Fee Waiver for I-485 Application to Register Permanent Residence or to Adjust Status**  
**Applicant: Ibragim TODASHEV (DOB 09/22/1985)**

Dear Sir/Madam:

Enclosed please find a fee waiver request for the I-485 Application to Register Permanent Residence or to Adjust Status of Ibragim TODASHEV. Included in the fee waiver request is:

- Fee Waiver Request and Affidavit
- IMPACS Account Inquiry from Citizen Bank of Ibragim Todashev dated January 19, 2010, citing financial asset
- Bank of America Transaction History of Ibragim Abdulbakiyevich Todashev dated January 15, 2010, citing financial asset and demonstrating financial difficulty
- 7 Concern Transportation pay stubs for Ibragim Todashev dated from 11/30/2009 to 1/14/2010, citing income amount and was used to project annual income
- Letter from (b) (6) dated 01/17/2010 and stating that Ibragim Todashev pays \$400 per month in rent, one-third of the utilities, and detailing a \$500 personal loan
- Massachusetts Agreement to Sublease/Sublet for 20 Harding Street Apt. 1 Cambridge, MA 02141 and listing Ibragim Todashev as the subtenant, citing monthly rent expense
- Food receipts for the month of December, citing approximate monthly food expense
- NSTAR Gas Bill Summary of (b) (6) dated Jan. 15, 2010, citing monthly gas expense
- NSTAR Electric Bill Summary of (b) (6) dated Jan. 15, 2010, citing monthly electricity expense
- Comcast Monthly Statement Summary of (b) (6) dated 01/10/10, citing monthly television and internet expense
- Real Transfer receipt dated 12/21/2009, citing monthly cell phone expense

Thank you for your time and consideration of this fee waiver request.

Sincerely,



---

Ibragim ZODASHEV  
20 Harding Street #1  
Cambridge, MA 02141

20250310 10:55:40 AM FROM: IBRAGIM ZODASHEV TO: [REDACTED]

## Fee Waiver Request & Affidavit

Date: 01/25/2010

Alien Number: (b) (6)

Name: Ibragim Abdulbakievich TODASHEV

Age: 24

Application Form Number: I-485

I am unable to pay the fee for the attached application. In accordance with 8 C.F.R. § 103.7 (c), I am requesting a fee waiver.

### Situations & Criteria

I am applying for a fee waiver based on the following situations and criteria:

**Public Benefits.** Within the last 180 days, I qualified for or received a "federal means-tested public benefit." I currently receive Mass Health.

**Low Income.** My annual household income of \$10,943.99, based on an annual projection of my current monthly income, is below the 125% poverty line of \$13,537 contained in the most recent poverty guidelines set by the Secretary of Health and Human Services. It is difficult for me to adequately pay monthly bills and I have very little excess finances at the end of each month. I am currently in the process of paying off debts incurred, both from my roommate and Bank of America. It would cause extreme hardship if I was required to pay the \$1,010 form fee for the I-485, Application to Register Permanent Residence or to Adjust Status. It is for this reason that I respectfully ask that the fee be waived. *Please see attached payroll stubs as evidence of my income.*

### Overall Financial Picture

#### **Information about my household and family members**

I live in the same household with 2 persons, listed below. *I am attaching evidence of my living arrangements.*

Name	Age	Relationship to me	Employment (yes/no)	Income
------	-----	--------------------	---------------------	--------

(b) (6)

#### **Information about my income**

My total income each month, from all sources, is \$912.00. Below I have listed all the sources of my income and the amount from each source. *I am attaching evidence of my income from these sources.*

2010032117220 2400961 021978 26 0155561 020910 09:55 070510 Emp/owment-660867

Source	\$ Amount per month
Wages/Salary	\$912.00 (based on average amount of payroll stubs collected)
TOTAL	\$912.00

**Information about my assets**

My total assets, from all sources, are in the amount of -\$156.53. Below I have listed all my assets and the amount each is worth. *I am attaching evidence of my assets.*

Source	\$ Amount
Bank of America checking account	-\$157.43 (closed account—money owed)
Citizen Bank checking account	\$0.90
TOTAL	-\$156.53

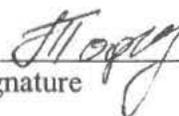
**Information about my expenses**

My living expenses each month (including those of my dependents, if applicable) total \$\_\_\_\_\_. I am listing each expense below. *I am attaching evidence of my expenses.*

Source	\$ Amount per month
Housing (rent/mortgage)	\$400.00
Food	\$200.00 (approximately, based on monthly collection of food receipts)
Gas (for heat)	\$13.55 (\$40.65 total, I pay one-third)
Electric	\$7.09 (\$21.26 total, I pay one-third)
Television/Internet	\$11.07 (\$33.20 total, I pay one-third)
Cell phone	\$60.85
Clothing/Toiletries	\$200.00
TOTAL	\$892.56
Personal Loan	\$500.00 (not calculated in total)
Money owed to Bank of America	\$157.43 (not calculated in total)

\*Personal Loan and Money owed to Bank of America not calculated in total as they are not the reflection of regular monthly payments. However, they should be taken into account in understanding the eventual expense that will need to be paid.

I declare under penalty of perjury that the foregoing is true and correct.

  
Signature

1/26/2010  
Date

**PHOTOGRAPHS OF IBRAGIM TODASHEV**

# Cover Sheet

## Record of Proceeding

**NOTE:** This is a permanent record of the U. S. Citizenship and Immigration Services.

### Instructions

1. Place a separate cover sheet on the top of each closed Record of Proceeding.
2. Each Record of Proceeding must 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 insert a page describing the section removed, sign and date it, and place it in this record below this cover sheet. The signer is responsible for returning the removed material as soon as it no longer needs to be outside the record.
4. See Records Operations Handbook Part II-24: Record of Proceeding (ROP) - Assembling A-Files for details.

**A-FILE NUMBER: A**

(b) (6)  
(c)

**<> MOVE SHEET <>**

**< NOT FOR RECORDS REQUESTS >**

**ISO: (MUST BE FILLED OUT) \_\_\_\_\_**

**Application: I-485 / I-130**

*Forward to  
ATL.*

**(1) Approved (AD6500)**

**(2) Denied – Hold for Appeal/Motion (AD5555)**

**(3) APPEALS**    **AAO**    **BIA**

**(4) Transfer Out to Atlanta (RC5555)**

- RAP Sheet** — *expire 7/20/11*
- Fingerprints**
- 3<sup>rd</sup> Agency Investigation**
- G-325B check**
- Name Check**
- Positive NC – LHM**
- Marriage - Q&A**
- I-601 WAIVER**
- NOID/NOIR Notice of Intent to Deny/Revoke/Rescind**
- NTA (Notice to Appear)**
- Other:**

*~~W/2018~~*

*~~All of the information of charge is  
to be changed, 2011.~~*

**(5) VISA AVAILABILITY**

**Family (NBC)** /  **Employment (TSC)**

◇ MOVE SHEET ◇

◇ NOT FOR RECORDS REQUESTS ◇

SO: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Application Type: I-485 Filing Date: 2/9/10

Application Type: \_\_\_\_\_ Filing Date: \_\_\_\_\_

ONLY CHECK ONE OF THE BOXES MARKED 1-13

[YOU ARE REQUIRED TO PROVIDE AN EXPIRATION DATE FOR ALL PENDING RFE AND INTENT TO DENY/REVOKE CASES. CIRCLE SUB-CATEGORIES AS REQUIRED.]

(1) PENDING RFE (RETURN FOR EVIDENCE):

I-72/N-14 Issued (Expiration date: \_\_\_\_\_)

(2) Awaiting Relating File A/T # \_\_\_\_\_

(3) Pending Fingerprints/RAP Sheet Scheduling/Updates

(4) Awaiting Second Interview

Reschedule Interview

Motion to Reopen Granted

(5) Notice of Intent to Deny/Revoke

NOID Issued (Expiration Date: \_\_\_\_\_)

(6) Pending Name Check

(7) Visa Number Availability

Visa # Family  Visa # Employment  Visa #

Country \_\_\_\_\_ Priority Date: \_\_\_\_\_

(8) NTA

Create NTA

Issuance (expiration date: \_\_\_\_\_)

(9) G-56 Interview Call In (Expiration Date: \_\_\_\_\_)

(10) Denial hold (Expiration Date: \_\_\_\_\_)

(11) SISO review

(12) Pending ISO decision \_\_\_\_\_  
SISO signature/date

(13) Pending 3<sup>rd</sup> agency investigation \_\_\_\_\_  
SISO signature/date

## Records – Request for Action Worksheet

Nature of Request:

Request/Transfer: (b) (6) to Atlanta, GA

Consolidation/Combo:

Other (specify): See AR11 in the file \_\_\_\_\_

---

A# Receipt # (b) (6)

Applicant Name: Todashev, Ibragim

Address: 1023 Spaulding Forest Ct.

City, State, Zip: Atlanta, GA 30328

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Application: N-400 I-485 I-751 Other (specify):

Officer Notes: Applicant resides in Atlanta, GA. Please forward this file to Atlanta, GA. Criminal case CWOFF until 08/10/2011. Thank you

Officer Name (b) (6) Date: 11/10/2010

**NER INVENTORY DATA COLLECTION TEMPLATE**

Cases Pending on OCT 31, 2010		TOTAL CASE COUNT (Includes "Old Cases")		OLD CASES (Filed Prior to November 1, 2009)	Notes Regarding Old Cases
BOS (b) (6) 10/26		Inventory Count	Reconcile with PAS End Pending Line by Using a column K Adjustment	Total of all old cases reported	
N400 Military	Pending Interview				2/9/2010
	Continued		PAS Line 173B		
	Granted - Pending Oath & Close-Out	0	PAS Line 160C		
N400 Regular	Total Pending				
	Pending Interview				
	Continued		PAS Line 173B		
	Granted - Pending Oath & Close-Out	0	PAS L160A		
N-600	Total Pending		PAS Line 161		
N-600K	Pending		PAS Line 166		
N-643	Pending		PAS Line 162		
N-565	Pending		PAS Line 165		
N-336	Pending		PAS Line 167		
I-485 Employment Based	Pending				
	Pending Interview				
	Visa Regressed				
	Other Continued Cases	0	PAS Line 131E		
I-485 Family Based	Total Pending				
	Pending Interview				
	Visa Regressed				
	Other Continued Cases	0	PAS Line 131F		
I-485 Asylee	Total Pending	0	PAS Line 131B		
I-485 Refugee	Pending		PAS Line 131C		
I-485 Cuban	Pending		PAS Line 131G		
I-485 Other	Pending		PAS Line 131H		
I-130 IR	Pending		PAS Line 134A		
I-130 Pref	Pending		PAS Line 134D		
I-751 Joint	Pending		PAS Line 148A		
I-751 Waiver	Pending		PAS Line 148B		
I-90	(renewals and replacement)		Sum of PAS Lines 140A & 140B		
Waivers 212, I-601, I-602, I-412, I-191, I-192	criminal		Sum of PAS Lines 143, 144A, 144B, 156D		
Waivers 212, I-601, I-602, I-412, I-191, I-192	non-criminal				
I-687	Pending				
	Pending Interview				
	Continued/NOID	0	PAS Line 156A		
I-700	Total Pending		PAS Line 156B		
I-698	Pending		PAS Line 156C		
I-600	Pending		PAS Line 134C		
I-600 Fee Waive	Pending		PAS Line 158A		
I-360	Pending Amraisan		Sum of PAS L135 A		
I-360	Pending Widow(er)		Sum of PAS L135 B		
I-360	Pending Abusee		Sum of PAS L135 C		
I-360	Pending Spec Immigrant		Sum of PAS L135 D		
I-360	Pending Spec Imm-J		Sum of PAS L135 E		
Pending NTA Issuance	Pending				

# ASSIGN FILE TO (Person/Section)

*If clerical action is required, please check appropriate box below.*

N-400		I-485		OTHER FORM #:	
Initial interview required	<input type="checkbox"/>	Initial interview required	<input type="checkbox"/>	Initial interview required	<input type="checkbox"/>
Re-Examination required	<input type="checkbox"/>				
Interview reschedule	<input type="checkbox"/>	Interview reschedule	<input type="checkbox"/>	Interview reschedule	<input type="checkbox"/>
CDU	<input type="checkbox"/>	CDU	<input checked="" type="checkbox"/>	CDU	<input type="checkbox"/>
Continued for Fingerprint Letter	<input type="checkbox"/>	Continued for Fingerprint Letter	<input type="checkbox"/>	Continued for Fingerprint Letter	<input type="checkbox"/>
Pending Fingerprint Response	<input type="checkbox"/>	Pending Fingerprint Response	<input type="checkbox"/>	Pending Fingerprint Response	<input type="checkbox"/>
Continued for new RAP Sheet	<input type="checkbox"/>	Continued for new RAP Sheet	<input type="checkbox"/>	Continued for new RAP Sheet	<input type="checkbox"/>
Name Check Submission/Re-Submission	<input type="checkbox"/>	Name Check Submission/Re-Submission	<input type="checkbox"/>	Name Check Submission/Re-Submission	<input type="checkbox"/>
Pending Name Check Response	<input type="checkbox"/>	Pending Name Check Response	<input type="checkbox"/>	Pending Name Check Response	<input type="checkbox"/>
IBIS Resolution	<input type="checkbox"/>	IBIS Resolution	<input type="checkbox"/>	IBIS Resolution	<input type="checkbox"/>
Denial Unit	<input type="checkbox"/>	Denial Unit	<input type="checkbox"/>	Denial Unit	<input type="checkbox"/>
Denial Hold	<input type="checkbox"/>	Denial Hold	<input type="checkbox"/>	Denial Hold	<input type="checkbox"/>
Administrative Close	<input type="checkbox"/>	Administrative Close	<input type="checkbox"/>	Administrative Close	<input type="checkbox"/>
Service Motion to Re-Open	<input type="checkbox"/>	Service Motion to Re-Open	<input type="checkbox"/>	Service Motion to Re-Open	<input type="checkbox"/>
Motion to Re-open	<input type="checkbox"/>	Motion to Re-open	<input type="checkbox"/>	Motion to Re-open	<input type="checkbox"/>
Approval/Re-verification	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Approval	<input type="checkbox"/>
Supervisory Review/Concurrence	<input type="checkbox"/>	Supervisory Review/Concurrence	<input type="checkbox"/>	Supervisory Review/Concurrence	<input type="checkbox"/>

*per LISA Bui*  
*Extension until*  
*11-10-12*

(b) (6)

~~08/05/2010~~

(b) (6)

# I-485 PREPARATION

INTERVIEW DATE 8/9/10 INTERVIEW TIME 7:30

1:

TRANSFERED IN

LFTR UPDATED

DEAF INTERPRETER NEEDED (please charge file to 0188/Jackie)

(b) (6)

Initialed \_\_\_\_\_

2:

FILES IN NUMERICAL ORDER (MAKE SURE ALL FILES ARE HERE)

9101

IBIS SHEET (ALL NAMES)

CLAIMS (3<sup>rd</sup>)

(b) (6)

Initialed \_\_\_\_\_

3:

9103 (ALL NAMES)

NAME CHECK & FINGERPRINTS

A/RELATING REQUESTED

AR11 CHECKED

(b) (6)

Initialed \_\_\_\_\_

4:

IBIS

QA

Initialed \_\_\_\_\_

5: JURISDICTION: BOSTON

DISTRICT TRANSFER TO \_\_\_\_\_ DATE TRANSFERED OUT \_\_\_\_\_

INITIAL INTERVIEW

SECOND INTERVIEW

•Supervisory Concurrence \_\_\_\_\_

IMMIGRANT PETITION FOR ALIEN WORKER

PETITION FOR ALIEN RELATIVE

VAWA

SPECIAL IMMIGRANT JUVENILE

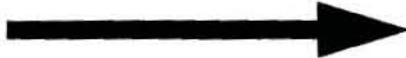
DIVERSITY VISA

Employment  
Or  
Other  
Based  
I485

Reminder to Adjudicating Office:  
Please update the I485 in ICMS once  
this case is completed.

Date Sent: 5-28-10

FROM



TO

Name:	
(b) (6)	
ID/XM Code:	
(b) (6)	
Sender's Phone (Optional)	
Building	Floor & Location Identifier
8	2n wah

Name:	
Fileroom	
ID/XM Code:	
rc000	
Building	Floor & Location Identifier
4	

**WHAT ARE YOU SENDING?**

Please identify the form type you are sending and include total count in the box to the right:	COUNT
<input checked="" type="checkbox"/> I-485 Asylum <input type="checkbox"/> I-817 (INA § 245a or INA § 202) <input type="checkbox"/> I-730 In-Country <input type="checkbox"/> I-730 Out-of-Country	1

**WHY ARE YOU SENDING THESE ITEMS?**

Paper Files (Not Digitized)	Digitized Files
(Select at least one below):  <input type="checkbox"/> SNAP for Fingerprint Appointment at ASC (Code 1) <input type="checkbox"/> SNAP for Bios Appointment at ASC (Code 2) <input type="checkbox"/> SNAP for Fingerprint/Bios Appointment at ASC (Code 3) <input type="checkbox"/> Submit for FBI Name Check <input type="checkbox"/> Consolidate T-file with A-file <input type="checkbox"/> Update CIS with Class of Admission <input type="checkbox"/> Update CIS Other (CIS Updates Sheet Attached) <input type="checkbox"/> Mail Visa Petition Packet to DOS NVC <input type="checkbox"/> Send to Call-Up Shelf <input type="checkbox"/> Adjudication Complete, Send to NRC/HBG <input checked="" type="checkbox"/> Other: <b>RELOCATE</b>	These materials are being sent because (Select at least one below): <input type="checkbox"/> A-file has been Digitized <input type="checkbox"/> Pending Application/Petition has been Digitized  (Select at least one below): <input type="checkbox"/> SNAP for Fingerprint Appointment at ASC (Code 1) <input type="checkbox"/> SNAP for Bios Appointment at ASC (Code 2) <input type="checkbox"/> SNAP for Fingerprint/Bios Appointment at ASC (Code 3) <input type="checkbox"/> Submit for FBI Name Check <input type="checkbox"/> Create T-file <input type="checkbox"/> Update CIS with Class of Admission <input type="checkbox"/> Update CIS Other (CIS Updates Sheet Attached) <input type="checkbox"/> Mail Visa Petition Packet to DOS NVC <input type="checkbox"/> Send to Call-Up Shelf <input type="checkbox"/> Adjudication Complete, Send T-file to RDF <input type="checkbox"/> Other:

**Relocates**

Update the receipt numbers in CLAIMS as indicated below (Select at least one below):

Send to FCO: MSC

In the space below, please write receipt numbers:

(b) (6)		



**COPY**



**U.S. Citizenship  
and Immigration  
Services**

Date: **MAY 25 2011**

Ibragim A Todashev  
1023 Spaulding Forest Ct  
Atlanta, GA 30328

(b) (6)

(b) (6)

**NOTICE OF DECISION**

Your Application to Register Permanent Residence or Adjust Status (Form I-485), pursuant to § 209 of the Immigration and Nationality Act is denied for the reasons stated in the attached decision.

USCIS is not initiating removal procedures against you at this time. As of the date of this notice, any employment authorization granted based on the pendency of your application is hereby cancelled.

(b) (6)

Atlanta Field Office

cc:  
Enclosures

ATTACHMENT

Applicant: Ibragim A Todashev

Application To Register Permanent Residence or Adjust Status, Form I-485

Alien Number: (b) (6)

Receipt Number: (b) (6)

**PROCEDURAL HISTORY**

This notice refers to the Form I-485, Application to Register Permanent Residence or Adjust Status, you filed with this office on February 9, 2010. You are requesting an adjustment of status under § 209(b) of the Immigration and Nationality Act.

**APPLICABLE LAW AND DISCUSSION**

Title 8, Code of Federal Regulations, § 103.2(b)(11) states, in pertinent part:

...Submission of evidence in response to a Service request. All evidence submitted in response to a Service request must be submitted at one time. The submission of only some of the requested evidence will be considered a request for a decision based on the record. ...

Title 8, Code of Federal Regulations, § 103.2(b)(14) states, in pertinent part:

...Effect of request for a decision. When an applicant or petitioner does not submit all requested additional evidence and requests a decision based on the evidence already submitted, a decision shall be issued based on the record. Failure to submit requested evidence which precludes a material line of inquiry shall be grounds for denying the application or petition. ...

On August 5, 2010, you were requested to submit the following initial evidence: you were to provide final court dispositions for your arrest on February 11, 2010 in Boston, MA. You were provided an extension until November 10, 2010 by the office. Upon resubmission on November 10, 2010, you submitted Boston Municipal Court documents that are unclear of the final dispositions and it appears that the case is not final until August 10, 2011. Because the record does not contain the initial evidence required by regulation, your application is hereby denied.

The decision on your application may not be appealed. Within 30 calendar days (if the decision was mailed to you 33 days) of the decision, the affected party may file a Motion to Reopen or a Motion to Reconsider or both. Generally, a **Motion to Reopen** must be based on factual grounds, and seek a fresh determination based on newly discovered facts or a change in the applicant's circumstances. See 8 CFR 103.5(a)(2). Generally a **Motion to Reconsider** must be based on legal grounds, and seek a new determination based on alleged errors of fact or law. See 8 CFR 103.5(a)(3). Motions are filed on the enclosed Form I-290B. Form I-290B is filed at the USCIS office that made the unfavorable decision. The current filing fee, additional I-290B forms, and instructions can be found at [www.uscis.gov](http://www.uscis.gov). This decision is made without prejudice toward filing a new application in the future.



























**APPLICATION FOR COMPLAINT**

NUMBER

Trial Court of Massachusetts  
Boston Municipal Court Department

*Δ/C*

HEARING

SUMMONS

WARRA...

The within named complainant requests that a complaint issue against the within named defendant, charging said defendant with the offense(s) listed below.

Boston Municipal Court  
Criminal Division, 6th Floor  
24 New Chardon Street  
Boston, MA, 02114

DATE OF APPLICATION: 02/11/2010  
DATE OF OFFENSE: 02/11/2010  
PLACE OF OFFENSE: 172 Tremont St

NAME, ADDRESS AND ZIP CODE OF COMPLAINANT

[REDACTED]

NO.	OFFENSE	G.L.Ch.and Sec
1	DISORDERLY CONDUCT c272 s53	272:053:F
2	RESISTING ARREST c268 s32B	268:032B
3	RECKLESS OPERATION OF MOTOR VEHICLE c90 s24	090:024:O
4	MARKED LANES VIOLATION c89 s4A	089:004A

NAME, ADDRESS AND ZIP CODE OF DEFENDANT

TODASHEV, IBRAGIM  
20 Harding St  
Cambridge, MA, 02141, US

IF ADDITIONAL OFFENSES CHECK HERE. AND ATTAC...

**DEFENDANT IDENTIFICATION INFORMATION - Complete data below if known.**

C.C. # 100077428	DATE OF BIRTH 09/22/1985	SEX M	RACE W	HEIGHT 5' 10"	WEIGHT 165 lbs	EYES BRO	HAIR BRO	SOCIAL SECURITY NUMBER [REDACTED]
---------------------	-----------------------------	----------	-----------	------------------	-------------------	-------------	-------------	--------------------------------------

COURT USE ONLY	A hearing upon this complaint application will be held at the Boston Municipal Court, Rm. 1105 on	DATE OF HEARING	TIME OF HEARING	COURT USE ONLY
----------------	---	-----------------	-----------------	----------------

**CASE PARTICULARS - BE SPECIFIC**

No.	NAME OF VICTIM Owner of property, person assaulted, etc.	DESCRIPTION OF PROPERTY Goods stolen, what destroyed, etc.	VALUE OF PROPERTY Over or under \$250.	TYPE OF CONTROLLED SUBSTANCE OR WEAPON Marijuana, gun, etc..
1	[REDACTED]			
2	[REDACTED]			Motor Vehicle
3	[REDACTED]	heavy damage to his vehicle		Motor Vehicle
4	[REDACTED]			Motor Vehicle

**OTHER REMARKS:**

fighting and out of control threatening to kill people following road rage incident and auto accident officers had to violently struggle with suspect to gain control of him and place him under arrest during a road rage incident suspect cut across several lanes of traffic and slammed on his brakes causing an accident

(b) (7)(E) [REDACTED]

IF PROCESS IS ORDERED, THIS APPLICATION MUST BE PRESENTED AT ONCE TO PLEADING CLERK AT ROOM 1105.

NAMES OF WITNESSES	Recog. to S.C.	Give place of business or employment, if in Boston, otherwise, residence	ST. NO.
[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]		[REDACTED]	[REDACTED]

State if defendant is arrested: Yes

Date of Arrest: 02/11/2010

FOR ADDITIONAL REMARKS OR WITNESSES-USE REVERSE OF ORIGINAL AND CHECK HERE

# Boston Police

Edward F Davis, Police Commissioner

## INCIDENT REPORT

ORIGINAL STATUS: UNAPPROVED

KEY SITUATIONS Others	COMPLAINT NO. 100077429	RPT DIST. A1	CAD RA 111	RPT RA 111	CLEAR. DIST.
UCR INCIDENT DESCRIPTION	UCR FINAL INCIDENT DESCRIPTION	STATUS		DATE OCCURRED FROM 02/11/2010	DATE OCCURRED TO
LOCATION OF INCIDENT 172 TREMONT ST		APT	DISPATCH TIME	TIME OCCURRED FROM 03:21 PM	TIME OCCURRED TO
NEIGHBORHOOD FINANCIAL DIST./CHINATOWN / BAY VILLAGE / X-ING	TYPE OF BUILDING N/A	PLACE OF ENTRY UNKNOWN		WEATHER SUNNY - DAY	LIGHTING OUTSIDE - DAY
TYPE OF WEAPON-TOOL HANDS	SUSPECT MODE OF TRANSPORTATION VAN	VICTIMS ACTIVITY DRIVING		SUSPECT RELATIONSHIP TO VICTIM STRANGER	

UNUSUAL ACTIONS AND STATEMENTS OF PERPETRATOR

FIGHTING AND STATED I WILL KILL YOU.

PERSONS	1	TYPE	NAME (LAST, FIRST, MI)	S.S. NO.	BOOKING NO.	DOCKET NO.
		ALIAS	ADDRESS	GENDER	RACE	DOB
		HEIGHT	WEIGHT	BUILD	HAIR	EYES
		OCCUPATION	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1	CONTACT #2
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)					
	CUT OFF BY SUSPECT CAUSING ACCIDENT					

PERSONS	2	TYPE	NAME (LAST, FIRST, MI)	S.S. NO.	BOOKING NO.	DOCKET NO.
		ALIAS	ADDRESS	GENDER	RACE	DOB
		HEIGHT	WEIGHT	BUILD	HAIR	EYES
		OCCUPATION	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1	CONTACT #2
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)					

PERSONS	3	TYPE	NAME (LAST, FIRST, MI)	S.S. NO.	BOOKING NO.	DOCKET NO.
		ALIAS	ADDRESS	GENDER	RACE	DOB
		HEIGHT	WEIGHT	BUILD	HAIR	EYES
		OCCUPATION	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1	CONTACT #2
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)					

PERSONS	4	TYPE	NAME (LAST, FIRST, MI)	S.S. NO.	BOOKING NO.	DOCKET NO.
		REPORTER	ADDRESS	GENDER	RACE	DOB
		HEIGHT	WEIGHT	BUILD	HAIR	EYES
		OCCUPATION	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1	CONTACT #2
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)					

PERSONS	5	TYPE WITNESS	NAME (LAST, FIRST, MI) [REDACTED]	S.S. NO.	BOOKING NO. 0	DOCKET NO.
	ALIAS	ADDRESS [REDACTED]	GENDER	RACE [REDACTED]	DOB [REDACTED]	AGE [REDACTED]
	HEIGHT 0-00	WEIGHT	BUILD N/A	HAIR	EYES	
	OCCUPATION [REDACTED]	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1 [REDACTED]	CONTACT #2 [REDACTED]	
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING) WITNESS OF FIGHT HELPED TO BRAKE IT UP					

PERSONS	6	TYPE WITNESS	NAME (LAST, FIRST, MI) [REDACTED]	S.S. NO.	BOOKING NO. 0	DOCKET NO.
	ALIAS	ADDRESS [REDACTED]	GENDER	RACE N/A	DOB [REDACTED]	AGE [REDACTED]
	HEIGHT 0-00	WEIGHT	BUILD N/A	HAIR	EYES	
	OCCUPATION	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1 [REDACTED]	CONTACT #2 (000)-000-0000	
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING) STATED 2 GIRLS WERE KICKING SUSPECT WHILE HE WAS ON THE GROUND					

PERSONS	7	TYPE OFFENDER	NAME (LAST, FIRST, MI) [REDACTED] BRAGIM	S.S. NO. [REDACTED]	BOOKING NO. 100025810	DOCKET NO.
	ALIAS	ADDRESS 20 HARDING ST , CAMBRIDGE MA 00000-0000	GENDER MALE	RACE WHITE NON-HISPANIC	DOB 09/22/1985	AGE 24
	HEIGHT 5-10	WEIGHT 165	BUILD SLIM	HAIR DARK BROWN	EYES BROWN	
	OCCUPATION DRIVER	MARITAL STATUS	EMAIL ADDRESS	CONTACT #1	CONTACT #2	
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)					

VEHICLES	STATUS	REG.STATE MA	REG.NO. [REDACTED]	PLATE TYPE OTHER	YEAR(EXP) [REDACTED]	MODEL [REDACTED]	
	VEHICLE MAKE YEAR	V.I.N. [REDACTED]	STYLE VAN	COLOR(TOP-BOTTOM) GREY - GREY			
	OPERATOR'S NAME TODASHEV, IBRAGIM	LICENSE NO. S36960396	STATE 23	OPERATOR'S ADDRESS 20 HARDING ST CAMBRIGE 00000-0000			
	OWNER'S NAME COCO TRANSPORTATION	OWNER ADDRESS 50 BROADLAWN PARK NEWTON MA 02467-3524					
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)						
	NARRATIVE AND ADDITIONAL INFORMATION:						

VEHICLES	STATUS	REG.STATE MA	REG.NO. [REDACTED]	PLATE TYPE PAN	YEAR(EXP) [REDACTED]	MODEL [REDACTED]	
	VEHICLE MAKE YEAR	V.I.N. [REDACTED]	STYLE	COLOR(TOP-BOTTOM) [REDACTED]			
	OPERATOR'S NAME	LICENSE NO. [REDACTED]	STATE	OPERATOR'S ADDRESS [REDACTED]			
	OWNER'S NAME	OWNER ADDRESS [REDACTED]					
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)						
	NARRATIVE AND ADDITIONAL INFORMATION:						

VEHICLES	STATUS	REG.STATE MA	REG.NO. [REDACTED]	PLATE TYPE	YEAR(EXP)	MODEL	
	VEHICLE MAKE YEAR	V.I.N. [REDACTED]	STYLE	COLOR(TOP-BOTTOM) [REDACTED]			
	OPERATOR'S NAME	LICENSE NO. [REDACTED]	STATE	OPERATOR'S ADDRESS [REDACTED]			
	OWNER'S NAME	OWNER ADDRESS [REDACTED]					
	SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)						
	NARRATIVE AND ADDITIONAL INFORMATION:						

NARRATIVE AND ADDITIONAL INFORMATION:

About 3:21 PM on Thursday 2/11/10 Officers [REDACTED] and [REDACTED] in the TS16 unit were patrolling in the Downtown Crossing area when a radio call came in for a fight in the area of 172 Tremont St. Upon arrival Officers witnessed several people struggling to restrain a white male, later determined to be the suspect, Ibragim Todashev. Officers heard Todashev yell, "You say something about my mother, I will kill you". Officers struggled to physically restrain and handcuff Todashev. Once Todashev was under control Officers spoke to the victims and witnesses. Officers spoke to [REDACTED] who stated that the incident started around the corner on Washington St when the driver of the grey van (Todashev) and the driver of a red [REDACTED] appeared to be arguing with each other in traffic. All three vehicles Todashev in the van, [REDACTED] in the [REDACTED], and [REDACTED] in a blue [REDACTED] turned left onto West St and then left onto Tremont St while the argument continued. Both [REDACTED] and [REDACTED] stated that while on Tremont St near the intersection of Avery St Todashev pulled directly in front of both [REDACTED] and [REDACTED] and abruptly stopped the van causing [REDACTED]'s vehicle to slam into the back of Todashev's van. The accident caused minor damage to the rear of Todashev's van and extensive damage to the front of [REDACTED] Pontiac. [REDACTED] was able to stop her vehicle and avoid the collision. According to the witnesses Todashev came running out of the van and started a fight with [REDACTED] and [REDACTED] the occupants of the [REDACTED] 3. [REDACTED] stated to Officers that he witnessed the fight from his office which is located in 172 Tremont St and overlooks the alley where the fight took place. [REDACTED] stated that he observed that Todashev was clearly the aggressor. [REDACTED] became so concerned that he ran outside and attempted to help restrain Todashev and that police arrived as he was restraining him. Todashev was placed under arrest and charged with 272-53 Disorderly Person, Resisting Arrest 268-32B, 90-24 2a Reckless driving, and 89-4a Weaving. Todashev was issued Mass Uniform Citation M7668172 for Reckless Driving and Weaving. The AT55 Officer [REDACTED] and A103 Offices [REDACTED] and [REDACTED] also responded and provided assistance. [REDACTED] approached Officer [REDACTED] and stated that during the fight two females kicked Todashev while he was on the ground. Todashev's vehicle (gray ford van), towed by Todisco claim number 12760. [REDACTED] vehicle (blue [REDACTED]) privately towed by AAA. BPD tow line notified. Motor vehicle inventory completed and filed.

UNIT ASSIGNED	SHIFT	REPORTING OFFICER'S NAME	REPORTING OFFICER'S ID	PARTNER'S ID
TS16	2	[REDACTED]	95142	75413
SPECIAL UNITS NOTIFIED(REPORTING)				
Area A-1				
DATE OF REPORT	TIME COMPLETED	APPROVING SUPERVISOR NAME	APPROVING SUPERVISOR ID	
02/11/2010	06:16 PM	N/A	0	



**Boston Police Department  
Arrest Booking Form**

Report Date: 02/11/2010 16:30  
Booking Status: Unverified  
Printed By: Parolin, Barbara E.

District: 01      UCR Code: 2405  
OBTN:

Court of Appearance: Boston Municipal Court

Master Name:

Age: 24

Location of Arrest: 172 Tremont St, Boston

Booking Name: TODASHEV, Ibragim

Alias:

Address: 20 Harding St, CAMBRIDGE MA US



**Charges:**

- Person, Disorderly (272-53)
- Resisting Arrest (268-32B)
- Driving to Endanger (90-24)

Booking #: 10-00258-10      Incident #: 100077428      CR Number:  
Booking Date: 02/11/2010 15:50      Arrest Date: 02/11/2010 15:25      RA Number:

Sex: Male	Height: 5'10	Occupation: Van Driver
Race: White Non-Hispanic	Weight: 165 lbs	Employer/School:
Date of Birth: 09/22/1985	Build: Slim	Emp/School Addr: MA US
Place of Birth: RU	Eyes Color: Brown	Social Sec. Number: (b) (6)
Marital Status: Single	Hair Color: Dk Brown	Operators License:
Mother's Name: (b) (6)	Complexion: Medium	State: MA

(b) (6)

Phone Used: Yes	Scars/Marks/Tattoos:
Examined at Hospital: No	Clothing Desc: GREY AND WHITE SWEATER, JEANS, BLACK JACKET
Breathalyzer Used: No	
Examined by EMS: No	

Arresting Officer: BPD 75413	CORDASCO, Robert	Cell Number: 2
Booking Officer: BPD 08646	Parolin, Barbara E.	Partner's #: 95142
Informed of Rights: BPD 75413	CORDASCO, Robert	Unit #: TS16
Placed in Cell By: BPD 08646	Parolin, Barbara E.	Trans Unit #: A202D
Searched By: BPD 75413	CORDASCO, Robert	

Cautions:	Booking Comments:	Visible Injuries: NONE
-----------	-------------------	------------------------

Person Notified:	<b>JUVENILE INFORMATION</b>	Relationship:	Phone:
Address:		Juv. Prob. Officer:	
Notified By:			Notified Date/Time:

Bail Set By:	I Selected the Bail Comm.
Bailed By:	
Amount:	Signature of Prisoner

BOP Check:	BPD	08646	Parolin, Barbara E.
Suicide Check:			
BOP Warrant:			
BOP Court:			Signature of Duty Supervisor



<b>REQUEST FOR APPLICANT TO APPEAR FOR INITIAL INTERVIEW</b>			NOTICE DATE June 30, 2010
CASE TYPE <b>FORM I-485, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS</b>			AF A (b) (6)
APPLICATION NUMBER (b) (6)	RECEIVED DATE February 05, 2010	PRIORITY DATE February 05, 2010	PAGE 1 of 1
IBRAGIM ABDULBAKIEVICH TODASHEV 20 HARDING STREET APT 1 CAMBRIDGE MA 02141			
<p>You are hereby notified to appear for the interview appointment, as scheduled below, for the completion of your Application to Register Permanent Residence or Adjust Status (Form I-485) and any supporting applications or petitions. <b>Failure to appear for this interview and/or failure to bring the below listed items will result in the denial of your application.</b> 8 CFR 103.2(i)(13)</p> <p><b>Who should come with you?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If your eligibility is based on your marriage, your husband or wife must come with you to the interview.</li> <li><input type="checkbox"/> If you do not speak English fluently, you should bring an interpreter.</li> <li><input type="checkbox"/> Your attorney or authorized representative may come with you to the interview.</li> <li><input type="checkbox"/> If your eligibility is based on a parent/child relationship and the child is a minor, the petitioning parent and the child must appear for the interview.</li> </ul> <p><b>*NOTE:</b> Every adult (over 18 years of age) who comes to the interview must bring Government-issued photo identification, such as a driver's license or ID card, in order to enter the building and to verify his/her identity at the time of the interview. You do not need to bring your children unless otherwise instructed. Please be on time, but do not arrive more than 45 minutes early. We may record or videotape your interview.</p> <p><b>YOU MUST BRING THE FOLLOWING ITEMS WITH YOU:</b> (Please use as a checklist to prepare for your interview)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This Interview Notice and your Government issued photo identification.</li> <li><input type="checkbox"/> A completed medical examination (Form I-693) and vaccination supplement in a sealed envelope (unless already submitted).</li> <li><input type="checkbox"/> A completed Affidavit(s) of Support (Form I-864) with all required evidence, including the following, for each of your sponsors (unless already submitted):                         <ul style="list-style-type: none"> <li><input type="checkbox"/> Federal Income Tax returns and W-2's, or certified IRS printouts, for the most recent tax year;</li> <li><input type="checkbox"/> Letters from each current employer, verifying current rate of pay and average weekly hours, and pay stubs for the past 2 months;</li> <li><input type="checkbox"/> Evidence of your sponsor's and/or co-sponsor's United States Citizenship or Lawful Permanent Resident status.</li> </ul> </li> <li><input type="checkbox"/> All documentation establishing your eligibility for Lawful Permanent Resident status.</li> <li><input type="checkbox"/> Any immigration-related documentation ever issued to you, including any Employment Authorization Document (EAD) and any Authorization for Advance Parole (Form I-512).</li> <li><input type="checkbox"/> All travel documents used to enter the United States, including Passports, Advance Parole documents (I-512) and I-94s (Arrival/Departure Document).</li> <li><input type="checkbox"/> Your Birth Certificate.</li> <li><input type="checkbox"/> Your petitioner's Birth Certificate and your petitioner's evidence of United States Citizenship or Lawful Permanent Resident Status.</li> <li><input type="checkbox"/> If you have children, bring a Birth Certificate for each of your children.</li> <li><input type="checkbox"/> If your eligibility is based on your marriage, in addition to your spouse coming to the interview with you, bring:                         <ul style="list-style-type: none"> <li><input type="checkbox"/> A certified copy of your Marriage Document issued by the appropriate civil authority.</li> <li><input type="checkbox"/> Your spouse's Birth Certificate and your spouse's evidence of United States Citizenship or Lawful Permanent Resident status;</li> <li><input type="checkbox"/> If either you or your spouse were ever married before, all divorce decrees/death certificates for each prior marriage/former spouse;</li> <li><input type="checkbox"/> Birth Certificates for all children of this marriage, and custody papers for your children and for your spouse's children not living with you;</li> </ul> </li> <li><input type="checkbox"/> Supporting evidence of your relationship, such as copies of any documentation regarding joint assets or liabilities you and your spouse may have together. This may include: tax returns, bank statements, insurance documents (car, life, health), property documents (car, house, etc.), rental agreements, utility bills, credit cards, contracts, leases, photos, correspondence and/or any other documents you feel may substantiate your relationship.</li> <li><input type="checkbox"/> Original and copy of each supporting document that you submitted with your application. Otherwise, we may keep your originals for our records.</li> <li><input type="checkbox"/> If you have ever been arrested, bring the related Police Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this.</li> <li><input type="checkbox"/> A certified English translation for each foreign language document. The translator must certify that s/he is fluent in both languages, and that the translation in its entirety is complete and accurate.</li> </ul> <p><b>YOU MUST APPEAR FOR THIS INTERVIEW.</b> If an emergency, such as your own illness or a close relative's hospitalization, prevents you from appearing, call the U.S. Citizenship and Immigration Services (USCIS) National Customer Service Center at 1-800-375-5283 as soon as possible. Please be advised that rescheduling will delay processing of application/petition, and may require some steps to be repeated. It may also affect your eligibility for other immigration benefits while this application is pending.</p> <p><b>If you have questions, please call the USCIS National Customer Service Center at 1-800-375-5283 (hearing impaired TDD service is 1-800-767-1833).</b></p>			
PLEASE COME TO: U.S. Citizenship and Immigration Services GOVERNMENT CENTER JFK FEDERAL BUILDING ROOM E-160 BOSTON MA 02203 4		ON: Monday, August 09, 2010 AT: 07:30 AM	
			APPLICANT COPY



2012124131430 2901817 042128 28 0463971 111412 17:07 111312 Empl 09



**FLORIDA** Statewide  
**DRIVER LICENSE CLASS E**  
1321-400-85-342-0

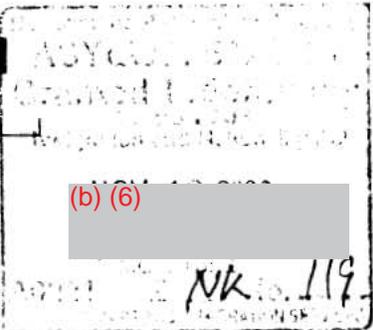
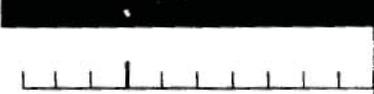
FOR MORE INFORMATION  
CALL 1-800-352-3420  
OR VISIT US ONLINE AT  
FLORIDA.DRIVERLICENSE.COM

201124131430 2301317 042128 28 483971 111412 17:07 111312 Emp1 09men+ -044867

Departure Number

OMB No. 1651-0111

631143527 18



I-94  
Departure Record

(b) (6)

14 Family Name <b>TODASHEV</b>	
15 First (Given) Name <b>Ibragim A.</b>	16 Birth Date (Day/Mo/Yr) <b>22/9/85</b>
17 Country of Citizenship <b>Russia</b>	

CBP Form I-94 (10/04)

See Other Side

STAPLE HERE



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

## Form I-693, Report of Medical Examination and Vaccination Record

START HERE - Type or print in CAPITAL letters (Use black ink)

### Part 1. Information About You (To be completed by the person requesting a medical examination, not the civil surgeon)

Family Name (Last Name) <b>TOD ASHEV</b>	Given Name (First Name) <b>IBRAGIM</b>	Full Middle Name <b>ABDULBAKIEVICH</b>
Home Address: Street Number and Name <b>6022 Peregrine ave</b>		Apt. Number 
City <b>ORLANDO</b>	State <b>FL</b>	Zip Code <b>32819</b>
Date of Birth (mm/dd/yyyy) <b>09/22/1985</b>	Place of Birth (City/Town/Village) <b>Engels</b>	Country of Birth <b>Russia</b>
Phone # (Include Area Code) no dashes or () <b>407350 0932</b>		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
A-Number (if any) <b>(b) (6)</b>		U.S. Social Security # (if any) <b>(b) (6)</b>

#### Applicant's Certification

I certify under penalty of perjury under United States law that I am the person who is identified in Part 1 of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in Part 1 of this form is true to the best of my knowledge. I understand the purpose of this medical exam, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/altered information or documents with regard to my medical exam, I understand that any immigration benefit I derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

Signature - Do not sign or date this form until instructed to do so by the civil surgeon

Date (mm/dd/yyyy)

**Hooff** **09-24-2012**

To be completed by civil surgeon: Form of applicant ID presented (e.g., passport, driver's license)

ID Number (if any)

**Drivers License, Florida** **(b) (6)**

### Part 2. Summary of Medical Examination (To be completed by the civil surgeon)

#### Summary of Overall Findings:

- No Class A or Class B Condition  Class A Conditions (see Civil Surgeon Worksheet, sections 1-3)  
 Class B Conditions (see Civil Surgeon Worksheet, sections 1-4)

Date of First Examination

Date(s) of Follow-up Examination(s) if Required:

(mm/dd/yyyy)

Date of Exam (mm/dd/yyyy)

Date of Exam (mm/dd/yyyy)

Date of Exam (mm/dd/yyyy)

**09-20-2012**

### Part 3. Civil Surgeon's Certification (Do not sign form or have the applicant sign in Part 1 until all health follow-up requirements have been met)

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; I performed this examination of the person identified in Part 1 of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part 1; that I performed the examination in accordance with the Centers for Disease Control and Prevention's *Technical Instructions*, and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief.

Type or Print Full Name (First, Middle, Last)

**EMERGI-CARE MEDICAL CENTER**

USHA JAIN, MD

**4800 S APOPKA VINELAND RD**

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

**ORLANDO, FL 32819**

**4800 S APOPKA VINELAND RD, ORLANDO, FL 32819**

(For Health Departments Only:  
Place official stamp or seal here)

Name of Medical Practice or Health Department

**EMERGI-CARE MEDICAL CENTER**

Signature

Date (mm/dd/yyyy)

E-Mail/Daytime Phone # (Include Area Code)

**(b) (6)**

**(b) (6)**

**09-24-2012**

Name of Applicant (Last, First, Middle)

A-Number (if any)

To dashev, Lbragim

CIVIL SURGEON WORKSHEET

(To be completed by the civil surgeon, according to the Technical Instructions at http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html)

1. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see Technical Instructions. The civil surgeon should perform one type of initial screening test only, followed by further evaluation, if needed (chest X-ray).

1. Tuberculin Skin Test (TST):

[X] Not administered (TST exception applies; please explain in Remarks section below)

Date TST Applied (mm/dd/yyyy)

Date TST Read (mm/dd/yyyy)

Size of Reaction (mm)

[ ]

[ ]

[ ]

Result: [ ] Negative (4mm or less of induration) [ ] Positive (≥ 5mm; chest X-ray required)

Handwritten: It has a letter with him & he didn't want TB test. Amy TB chronic.

2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site):

[ ] Not administered (IGRA exception applies; please explain in Remarks section below)

Name of Test

Date Blood Sample Drawn (mm/dd/yyyy)

IU/ml:

[ ]

[ ]

[ ]

Result: [ ] Negative (including indeterminate, or borderline/equivocal) (no chest X-ray required) [ ] Positive (chest X-ray required)

3. Initial Screening Test Result and Chest X-Ray Determination:

- [ ] Chest X-ray not required (medically cleared for TB for USCIS)
[ ] Chest X-ray required due to initial screening test results
[ ] Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (e.g. HIV)
[ ] Chest X-ray required due to TST or IGRA exception (The civil surgeon must clearly specify the TST or IGRA exception in the Remarks section below)

4. Chest X-Ray: Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV). Attach a copy of X-ray report.

Date Chest X-Ray Taken (mm/dd/yyyy)

Date Chest X-Ray Read (mm/dd/yyyy)

Not taken

[ ]

Result: [ ] Normal [ ] Abnormal (describe results in remarks)

Handwritten: Patient refused for X-ray.

TB Classification/Findings (check only if chest x-ray was performed):

- [ ] No Class A or Class B TB [ ] Class B1 Extra Pulmonary TB [ ] Class B, Other Chest Condition (non-TB)
[ ] Class A Pulmonary TB Disease [ ] Class B2 Pulmonary TB
[ ] Class B1 Pulmonary TB [ ] Class B, Latent TB Infection

Remarks: (If needed, include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If tests were not administered, give reason why exception applies).

[ ]

Name of Applicant (Last, First, Middle)

A-Number (if any)

Tudashv, Ibragim

CIVIL SURGEON WORKSHEET (Continued)

B. Syphilis

[X] Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run (mm/dd/yyyy)

09-20-2012

[X] Screening Nonreactive

[ ] Screening Reactive, Titer 1: \_\_\_\_\_

If Reactive, Date Confirmation Run (mm/dd/yyyy)

[ ] Confirmation Nonreactive

[ ] Confirmation Reactive

Findings:

[X] No Class A or Class B Syphilis

[ ] Syphilis, Class A (untreated)

[ ] Syphilis, Class B (with residual deficit, and treated in the past year)

Remarks: (Include any therapy given with doses and dates)

C. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance

Findings:

[X] No Class A/B Condition

[ ] Gonorrhea, Class A

[ ] Hansen's Disease (Leprosy, Noninfectious), Class B

[ ] Chancroid, Class A

[ ] Lymphogranuloma Venereum, Class A

[ ] Granuloma Inguinale, Class A

[ ] Hansen's Disease (Leprosy, Infectious), Class A

Remarks: (Include any therapy given and any counseling or referrals)

2. Physical or Mental Disorders With Associated Harmful Behavior

\* (Include here any diagnosis of substance abuse/addiction based on DSM criteria for a substance that is not listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substance Act with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category includes diagnosis of alcohol abuse/dependence.)

[X] No Class A or B Physical or Mental Disorder\*

[ ] Current Physical/Mental Disorder with Associated Harmful Behavior,\* Class A

[ ] History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A\*

[ ] Current Physical/Mental Disorder without Associated Harmful Behavior,\* Class B

[ ] History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur,\* Class B

Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A#) if more space is necessary)

3. Drug Abuse/Drug Addiction

\*\* ("Drug Abuse/Drug Addiction" addresses non-medical use only with respect to substances listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substances Act. Include here any diagnosis of substance abuse/dependence based on DSM criteria for a substance listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. See CDC's Technical Instructions for more information.)

[X] No Class A or B Substance (Drug) Abuse/Addiction\*\*

[ ] Substance (Drug) Abuse/Addiction, Listed in Section 202 of the Controlled Substances Act,\*\* Class A

[ ] Substance (Drug) Abuse/Addiction in Full Remission, Listed in Section 202 of the Controlled Substances Act,\*\* Class B

Name of Applicant (Last, First, Middle)

A-Number (if any)

Todashev, Ibragim

**CIVIL SURGEON WORKSHEET (Continued)**

**3. Drug Abuse/Drug Addiction (Continued)**

Remarks: (Include any therapy given, rehabilitation, counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A#) if more space is necessary)

**4. Other Medical Conditions (List any other Class B conditions, e.g., hypertension, diabetes)**

**5. Referral to Health Department or Other Doctor (To be completed by civil surgeon, if referral was medically required)**

Type or Print Name of Doctor or Health Department Receiving Required Referral

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

Date of Referral (mm/dd/yyyy)

Remarks: (Include name of medical condition and reasons for referral)

**6. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation)**

The applicant identified on this form was referred to me by the civil surgeon named in **Part 3** of this form. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I evaluated/treated is the person identified in **Part 1**.

Type or Print Full Name of Evaluating Physician or Health Department

Signature

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

Date (mm/dd/yyyy)

Name of Medical Practice or Health Department

Daytime Phone # (Include Area Code) no dashes or ( )

Remarks: (Attach a separate sheet of paper, if needed)

Name of Applicant (Last, First, Middle)

A-Number (if any)

Todashev, Ibragim

**VACCINATION RECORD**

(See Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html> for list of required vaccines)

Please make sure every row is marked. Reserve all comments for the Remarks section below. **Note:** For purposes of the influenza vaccine, the flu season is October 1 through March 31. **For certain applicants who only require a vaccination assessment:** You need only submit this page with Page 1 of Form I-693. See Form Instructions - FAQ section for more information.

Vaccine	Vaccine History Transferred From a Written Record			Vaccine Given	Completed Series	Waiver(s) to Be Requested From USCIS			
	Date Received	Date Received	Date Received	Date Given by Civil Surgeon	Mark an X if complete; write date of lab test if immune or "VH" if varicella history	Blanket			
	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy		Not Medically Appropriate			
						Not Age Appropriate	Contraindication	Insufficient Time Interval	Not Flu Season
Specify DT Vaccine: DTP DTaP						<input checked="" type="checkbox"/>			
Specify Td Vaccine: Tdap	<input checked="" type="checkbox"/>	05/01/09			X				
Specify OPV Vaccine: IPV	<input type="checkbox"/>					<input checked="" type="checkbox"/>			
MMR (Measles Mumps-Rubella) or if monovalent or other combination of the vaccines are given, specify vaccine(s):	<input type="checkbox"/>	03/31/09	01/12/10		X				
Hib						<input checked="" type="checkbox"/>			
Hepatitis B						<input checked="" type="checkbox"/>			
Varicella					VH				
Pneumococcal						<input checked="" type="checkbox"/>			
Influenza									<input checked="" type="checkbox"/>
Rotavirus						<input checked="" type="checkbox"/>			
Hepatitis A						<input checked="" type="checkbox"/>			
Meningococcal						<input checked="" type="checkbox"/>			

Give a Copy to Applicant

FOR USCIS USE ONLY

- 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

Remarks: (If needed, provide any remarks: e.g., reason for contraindication)

Remarks (if any):

CLERK 1

No.222111 00000

MOODY'S FALAFEL PALACE  
25 CAMBRIDGE SQUARE  
(617) 864-0827

DATE 12/14/2009 MON TIME 23:48

CHIK SHW SAN T1	\$4.99
TO GO T1	\$0.00
TAX1	\$0.35
TOTAL	\$5.34
CASH	\$10.00
CHANGE	\$4.66
CLERK 1	No.2/2124 00000

2010032117220 2900964 0019-3 06 015564 020910 08:55 020910 Employment-620667

MOODY'S FALAFEL PALACE  
25 CAMBRIDGE SQUARE  
(617) 864-0827

DATE 12/15/2009 TUE TIME 14:57

LAMB SHW SAN T1	\$4.99
TAX1	\$0.35
TOTAL	\$5.34
CASH	\$6.00
CHANGE	\$0.66
CLERK 1	No.222258 00000

2010021117228 0900961 001978 26 0155561 020910 08:55 020510 Emv1 040897

809278

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE 12/15/09			
NAME							
ADDRESS							
CITY, STATE, ZIP							
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RETD	PAID OUT
QUANTITY	DESCRIPTION			PRICE	AMOUNT		
1							
2	Buffs			5.99			
3							
4	6.2570			.37			
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17	madina Market						
18	72. Brighton Ave			6.36			
19	Alston M008124						
20	617, 787-4400						
RECEIVED BY							

adams  
5805

KEEP THIS SLIP FOR REFERENCE

20100924 17:22:29 2900951 001978 26 0155561 000910 08:55 000510 Email: naven+640847

12/15/89 7:18:19 PM

Order Number: 2263545

Hess 21300  
100 Brighton Avenue, Allston MA, 02134

Register:2 Tran Seq No: 2263545  
Store No:21300 Mabraktu A

3 Coke Class 12P	9.00
12 Container Dep 40.85	1.80
Sub. Total:	10.80
Tax:	0.00
Total:	10.80
Discount Total:	0.00
Cash	15.00
Change	4.20

Thank You

Please Come Again Soon

20100321170200 02000001 001919 20 0155501 020410 010010 198810 57 816100 198810 07171700100

**shaws**

Shaws 7580 (617) 625-4070  
STORE DIRECTOR - ROBERT DAVENPORT

**shaws**

Shaws 7580 (617) 625-4070  
STORE DIRECTOR - ROBERT DAVENPORT

12/18/09 11:40 7580 04 0080 107  
VF\* COINSTAR VOUC 16.45  
\*\*\* CHANGE 16.45  
\*\*\* TAX PAID .00

\*\*\*\*\*  
Total Number of Items Purchased = 0

Shaws McGrath Highway  
(617)625-4070

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

Questions 1-877-932-7948

0116000 195510 57 824100 1950067 00011100107  
0116000 195510 57 824100 1950067 00011100107

WELCOME to  
BURGER KING 702  
ALL COMPLIIS WELCOME  
494-4843

ORDER 5  
DINE IN

WHPR/CHS U/MEA	6.99
	-----
SUBTOTAL	6.99
TAX	.49
	-----

TOTAL  
CASH  
CHANGE  
Fri Dec 18 17:22 1-

2010/12/18 17:22 2900961 001978 26 0155561 020910 08:55 020510 Emploument-600867

\*\* STARBUCKS COFFEE COMPANY \*\*

CAMBRIDGESIDE GAL #07436  
CAMBRIDGE MA0214

--- DUPLICATE RECEIPT ---

1 TL EARL GREY TEA	1.45
1 TOFFEE BAR	1.95
SUBTOTAL	3.40
TAX 6.25	0.21
LOCAL TAX-MEALS	0.03
TOTAL	3.64
CASH	4.00
CHANGE DUE	0.36

07436 02C1 702900 00 582557M  
12/18/09 18:20

--- DUPLICATE RECEIPT ---

Wish for something new.  
Try a Caramel Brulee Latte  
on your next visit.

07436 02C1 702900 00 582557M 12/18/09 18:20  
07436 02C1 702900 00 582557M 12/18/09 18:20  
07436 02C1 702900 00 582557M 12/18/09 18:20  
07436 02C1 702900 00 582557M 12/18/09 18:20

\*\* STARBUCKS COFFEE COMPANY \*\*

BRIGHTON SOLDIERS #07686  
BRIGHTON MA02135

--- DUPLICATE RECEIPT ---

1 MILK CHOC GRAHAMB	1.70
1 TL BREWED COFFEE	1.65
1 BANANA WHOLE FRUI	0.90
SUBTOTAL	4.25
TAX	0.10
TOTAL	4.35
CASH	4.50
CHANGE DUE	0.15

07686 02B2 697421 001614515E  
12/18/09 09:41

--- DUPLICATE RECEIPT ---

Wish for something new.  
Try a Caramel Brulee Latte  
on your next visit.

07686 02B2 697421 001614515E  
12/18/09 09:41  
07686 02B2 697421 001614515E  
12/18/09 09:41









# FAMILY DOLLAR

my family. my family dollar.  
STORE #7284 1030 CAMBRIDGE ST  
CAMBRIDGE, MA, 617-441-6260

SNICKERS BAR 2.07OZ 6PK  
040000016021 3.50

**TOTAL** \$3.50  
CASH \$20.00  
CHANGE \$16.50



99072840276970145993

ITEMS 1  
12-21-2009 15:26:18 07284 02 692318 7697

Ask about our Holiday Hours  
Don't forget the batteries!

2010032117230 0900964 201979 26 0155561 020110 011029 1955510 97 61102 08:55 020510 Empl Number+490847

809279

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE 12/21/09			
NAME							
ADDRESS							
CITY, STATE, ZIP							
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RETD	PAID OUT
QUANTITY	DESCRIPTION			PRICE	AMOUNT		
1							
2	Buffet			5.99			
3							
4	6.54			.37			
5							
6							
7							
8							
9							
10							
11	Tina			6.36			
12							
13							
14							
15							
16							
17							
18							
19	Madison Market						
20	77 Brighton Ave						
RECEIVED BY							
AUSTON MA 02134							

adams 5805

KEEP THIS SLIP FOR REFERENCE

607 787-4400

20100311 17:20 290991 001478 25 015554 020914 08:15 020519 Environment-560847

\*\* STARBUCKS COFFEE COMPANY \*\*

BRIGHTON SOLDIERS #07686  
BRIGHTON MA02135

--- DUPLICATE RECEIPT ---

1 TL EARL GREY TEA	1.45
SUBTOTAL	1.45
TAX	0.09
TOTAL	1.54
CASH	2.00
CHANGE DUE	0.46

07686 0282 697994 001367163E  
12/22/09 10:56

--- DUPLICATE RECEIPT ---

Wish for something new.  
Try a Caramel Brulee Latte  
on your next visit.

20100311 17:22:09 2900961 000000 08 0155161 0209110 08:55 020510 Enrollment-14-03-07



WHOLE PLANET FOUNDATION CALENDARS, \$2  
All proceeds benefit microcredit loans

	1.40 LB @ 1.39 /lb	TARE = .01
WT	ORANGE NAVEL	1.95 F
		ITEM = 4012
	1.06 LB @ .79 /lb	TARE = .01
WT	BANANAS	.84 F
		ITEM = 4011
	**** TAX .00 BAL	2.79
	Cash	10.00
	CHANGE	7.21

TOTAL NUMBER OF ITEMS SOLD = 2  
12/22/09 9:32 PM 0203 02 0764 310

Your cashier today is BILKIS  
Prospect Street Whole Foods Market  
(617) 492.0070

01/01/2010 10:00:00 AM 01/01/2010 10:00:00 AM 01/01/2010 10:00:00 AM 01/01/2010 10:00:00 AM



WHOLE PLANET FOUNDATION CALENDARS, \$2  
All proceeds benefit microcredit loans

ORG ITALIAN BREAD	1.99
**** TAX .00 BAL	1.99
Cash	2.00
CHANGE	.01

TOTAL NUMBER OF ITEMS SOLD = 1  
12/23/09 10:24 AM 0203 03 0063 333

Your cashier today is SHAMPA  
Prospect Street Whole Foods Market  
(617) 492.0070

201009 12/23/09 10:24 AM 0203 03 0063 333 014070 1955561 0209410 08:55 020910 End of document - 640867

12-23-09

Budget - \$6.36

MEDINA MARKET  
72-74 BRIGHTON AVE  
ALLSTON, MA 02134  
PHONE: 617-787-4400

201003117220 2009041 001978 26 0155561 02M110 08:55 020510 [unreadable]

Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/24/09 9:51:06 AM  
Eat In

Order Number: **2563736**

Register:6 Tran Seq No: 2563736

Cashier:REG SIX M.

1	Ht Cof SM OrigBlnd	1.49
1	. YEL AM Cros	2.29
1	D938 \$ FOR Any Sandwich	(1.30)
1	Donut	0.89

Sub. Total:	\$3.37
Tax:	\$0.23
Total:	\$3.60
Discount Total:	(\$1.30)

Change	\$16.40
Cash \$20	\$20.00

\*\*\*\*\*

### HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within  
3 days; tell us about your visit.

Enter Validation Code: \_\_\_\_\_

Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.

Franchisee: Please use PLU #201

Thank You Come Back Again

014670 195510 90 8. + 400 1940667 077/116120109

Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/24/09 7:43:52 PM  
Eat In

Order Number: **2564408**

Register:2 Tran Seq No: 2564408

Cashier:REG TWO A.

1	Ht Cof MD OrigBlnd	1.79
1	Wheat Bagel	0.99
1	Butter	0.35

Sub. Total:	\$3.13
Tax:	\$0.22
Total:	\$3.35
Discount Total:	\$0.00

Change	\$16.65
Cash \$20	\$20.00

\*\*\*\*\*

### HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within

3 days; tell us about your visit.

Enter Validation Code: \_\_\_\_\_

Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.

Franchisee: Please use PLU #201

Thank You Come Back Again

201003211720 2564408 08:55 020510 0155561 020910 08:55 020510 0155561 020910





Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/26/09 9:49:04 AM  
Eat In

Order Number: **2566143**

Register:6 Tran Seq No: 2566143

Cashier:REG SIX M.

1 . YEL AM Cros	2.29
1 D938 \$ FOR Any Sandwich	(1.30)
1 Donut	0.89

Sub. Total:	\$1.88
Tax:	\$0.13
Total:	\$2.01
Discount Total:	(\$1.30)

Change	\$0.00
Cash Exact Dollar	\$2.01

\*\*\*\*\*

### HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within

3 days; tell us about your visit.

Enter-Validation Code: \_\_\_\_\_

- Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.

Franchisee: Please use PLU #201

Thank You Come Back Again

201003117220 1400961 001978 26 0155561 020910 08:55 020510 Employee-2566143

MOODY'S FALAFEL PALACE  
25 CAMBRIDGE SQUARE  
(617) 864-0827

DATE 12/26/2009 SAT TIME 14:44

CHICKEN SOUP T1	\$2.99
TAX1	\$0.21
TOTAL	\$3.20
CASH	\$20.00
CHANGE	\$16.80
CLERK 1	No.225144 00000

201003117200 2900961 001478 26 0155561 020910 08:55 020510 Email account-660867



MEDINA MARKET

2 BUBBLE 599

DRINK 125

724

TAX 45

\$ 7.69

12-27-04

MEDINA MARKET  
72-74 BRIGHTON AVE  
ALLSTON, MA 02134  
PHONE: 617-787-4400

201002117230 2900951 001200 26 0155561 020910 08:55 020510 E-mail: omm@medinamkt.com



# Dollar Tree Stores, Inc.®

Store# 3456 (617) 254-0153  
60 Everett St  
Allston MA 02134

DESCRIPTION	QTY	PRICE	TOTAL
FDG GRAHAM COOKIES	1	1.00	1.00N
COOKIE	1	1.00	1.00N

Sub Total \$2.00  
FOOD TAX \$0.00  
Total \$2.00  
Cash \$2.00

=====  
Thank You for Shopping at Dollar Tree  
Where Everything's \$1.00  
Now Shop On-Line at [Dollartree.com](http://Dollartree.com)  
=====

000701 3456 04 00042 3184 12/27/09 18:55  
Sales Associate: Anita

000030117100 7900001 0011978 26 0155561 000310 08:55 020510 Emelouvent+6207607

HABANERO SALVADOREAN/MEXICAN  
GRILL

166 BRIGHTON AVE  
ALLSTON, MA.  
617-254-0299

DATE 12/26/2013 SAT TIME 15:17

MOJARI:	\$9.99
TAX1	\$0.62
TOTAL	\$10.61
CASH	\$10.61
CLERK 1	No.049512 00000

Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/28/09 9:50:40 AM  
Eat In

Order Number: 2568276

Register:6 Tran Seq No: 2568276

Cashier:REG SIX M.

1	Ht Cof MD OrigBlnd	1.79
1	. YEL AM Cros	2.29
1	D938 \$ FOR Any Sandwich	(1.30)
1	Donut	0.89

Sub. Total:	\$3.67
Tax:	\$0.25
Total:	\$3.92
Discount Total:	(\$1.30)

Change	\$1.08
Cash \$5	\$5.00

\*\*\*\*\*

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to TELLDUNKIN.COM within

3 days, tell us about your visit

201003117220 2900961 041478 26 0155561 020410

201003117220 2900961 041478 26 0155561 020410

08:55 020510



# Dollar Tree Stores, Inc.®

Store# 3456 (617) 254-0153  
60 Everett St  
Allston MA 02134

DESCRIPTION	QTY	PRICE	TOTAL
COOKIE	1	1.00	1.00N
TOOTHPASTE	1	1.00	1.00T
TOOTHPASTE	1	1.00	1.00T

Sub Total \$3.00  
 FOOD TAX \$0.00  
 SALES TAX \$0.13  
 Total \$3.13  
 Cash \$3.25

CHANGE =====> \$-0.12

=====

Thank You for Shopping at Dollar Tree  
 Where Everything's \$1.00  
 Now Shop On-Line at [DollarTree.com](http://DollarTree.com)

=====

001061 3456 04 00042 1392 12/28/09 15:34  
Sales Associate: Shahjadi

2010033117220 2900941 001978 26 0155541 030910 08:56 020510 Empl comment -0000007

MEDINA MARKET

BUFFE 5.99

DRINK 1.25

7.25

45

\$ 7.69

12/28/09

MEDINA MARKET  
72-74 BRIGHTON AVE  
ALLSTON, MA 02134  
PHONE: 617-37-4400

0019003117220 2900961 001978 25 0155561 0009100 018 516 0205103 Email support@medinamkt.com

MEDINA MARKET

BUFFET 5.99

TAX 37

\$ 6.36

12.25.00

MEDINA MARKET  
72-74 BRIGHTON AVE  
ALLSTON, MA 02134  
PHONE: 617-787-4400

010033117210 2900951 001378 26 0155561 0209110 08:56 020510 East overment-1552067



Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/29/09 9:53:52 AM  
Eat In

Order Number: 2569609

Register:6 Tran Seq No: 2569609

Cashier:REG SIX M.

1	Ht Cof MD OrigBnd	1.79
1	. YEL AM Cros	0.99
1	Cookie Choc Chnk	1.49

Sub. Total:	\$4.27
Tax:	\$0.30
Total:	\$4.57
Discount Total:	\$0.00

Change	\$0.43
Cash \$5	\$5.00

\*\*\*\*\*

### HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within

3 days; tell us about your visit.

Enter Validation Code: \_\_\_\_\_

Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.

Franchisee: Please use PLU #201

Thank You Come Back Again

2010033117220 2300961 001978 26 0195561 020910 08:56 020510 Equal Payment - 12/29/09

12-30-09 \$ 7.00

**MEDINA MARKET**  
72-74 BRIGHTON AVE  
ALLSTON, MA 02134  
PHONE: 617-787-4400

0071123400100  
1500007 00100 00100 00100  
00100 00100 00100 00100  
00100 00100 00100 00100  
00100 00100 00100 00100

Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/30/09 9:43:17 AM  
Eat In

Order Number: **2570973**

Register:6                      Tran Seq No: 2570973  
Cashier:REG SIX M.  
1 Hot Tea MD Org                      1.79  
1 . YEL AM Cros                      0.99  
1 Donut                                      0.89  
  
Sub. Total:                              \$3.67  
Tax:    \$0.25  
Total:                                        \$3.92  
Discount Total:                        \$0.00  
  
Change                                      \$0.08  
Cash Next Dollar                        \$4.00  
\*\*\*\*\*

**HEY AMERICA!**  
WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?  
Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within  
3 days; tell us about your visit.  
Enter Validation Code: \_\_\_\_\_  
Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.  
Franchisee: Please use PLU #201

Thank You Come Back Again

2010/12/30 09:43:17 AM 2570973 26 0155561 020910 016070 199510 97 821000 TRIMM7 072711000000



WHOLE PLANET FOUNDATION CALENDARS, \$2  
All proceeds benefit microcredit loans

ORG ITALIAN BREAD	1.99 F
BAKED BREAD CIABAT	2.49 F
365 MILK HOMOGEN	2.89 F
AXEL SOUR CREAM	1.49 F
EGGS MEDIUM	3.19 F
**** TAX .00 BAL	12.05
Cash	20.00
CHANGE	7.95

TOTAL NUMBER OF ITEMS SOLD = 5  
12/30/09 10:51 AM 0203 03 0062 333

Your cashier today is SHAMPA  
Prospect Street Whole Foods Market  
(617) 492.0070

201003117200 2940551 MANAGER 25 0155541 420414 08:56 420510 Employee+1440847

Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/31/09 2:42:13 PM  
Eat In

Order Number: **2572676**

Register:2                      Tran Seq No: 2572676  
Cashier:REG TWO A.  
1 Hot Tea MD Org                      1.79

Sub. Total:                      \$1.79  
Tax:                              \$0.13  
Total:                             \$1.92  
Discount Total:                      \$0.00

Change                              \$0.08  
Cash Next Dollar                      \$2.00

\*\*\*\*\*

**HEY AMERICA!**  
WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?  
Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within  
3 days; tell us about your visit.  
Enter Validation Code: \_\_\_\_\_  
Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.  
Franchisee: Please use PLU #201

Thank You Come Back Again

20100331 17224 2402461 001978 25 0155561 020910 09:56 020910 Emploment-164147

Welcome to Dunkin' Donuts/Baskin-Robbins  
Store #300305  
214 North Beacon St, Brighton  
12/31/09 9:01:45 AM  
Eat In

Order Number: **2572230**

Register:6 Tran Seq No: 2572230

Cashier:REG SIX M.

1 Hot Tea MD Org 1.79

Sub. Total: \$1.79

Tax: \$0.13

Total: \$1.92

Discount Total: \$0.00

Change \$0.08

Cash Next Dollar \$2.00

\*\*\*\*\*

### HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [TELLDUNKIN.COM](http://TELLDUNKIN.COM) within

3 days; tell us about your visit.

Enter Validation Code: \_\_\_\_\_

Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.

Franchisee: Please use PLU #201

Thank You Come Back Again

01/01/2010 09:01:45 AM 2572230 0155561 020910 08:50 000510 End of Payment - 40447



Fee Waiver Enclosed

OMB No. 1615-0023; expires 11/30/2011

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

I-485, Application to Register  
Permanent Residence or Adjust Status

START HERE - Please type or print in black ink.

For USCIS Use Only

Part 1. Information About You

Family Name <b>Todashev</b>	Given Name <b>Ibragim</b>	Middle Name <b>Abdulbakievich</b>
Address - C/O <b>N/A New address. 1023 SPAULDING FOREST CT.</b>		
Street Number and Name <b>20 Harding Street</b>	<b>ATLANTA, GA 30328</b>	Apt. # <b>1</b>
City <b>Cambridge</b>		
State <b>MA</b>	Zip Code <b>02141</b>	
Date of Birth (mm/dd/yyyy) <b>09/22/1985</b>	Country of Birth: <b>Russia</b>	
Country of Citizenship/Nationality: <b>Russia</b>		
U.S. Social Security # <b>(b) (6)</b>	A # (if any) <b>(b) (6)</b>	
Date of Last Arrival (mm/dd/yyyy) <b>06/04/2008</b>	I-94 # <b>(b) (6)</b>	
Expires on (mm/dd/yyyy) <b>Indefinite</b>		

Returned	Receipt
Resubmitted	* <b>(b) (6)</b>
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

Part 2. Application Type (Check one.)

**(b) (6)** Applying for adjustment to permanent resident status because:

**(b) (6)** 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 that will give you an immediately available visa number, if approved.)

**(b) (6)** my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.

**(b) (6)** I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e) (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)

**(b) (6)** I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.

**(b) (6)** I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.

**(b) (6)** I am the husband, wife or minor unmarried child of a Cuban described above in (e) and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.

**(b) (6)** I have continuously resided in the United States since before January 1, 1972.

**(b) (6)** Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for one year after admission). If additional space is needed, use a separate piece of paper.

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

**Russia**

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other \_\_\_\_\_

Preference

**A3C**

Action Block

**MAY 2 2011**

**(b) (6)**

**(b) (6)**

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 United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date 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.

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 #



### Part 3. Processing Information

A. City/Town/Village of Birth <b>Logovoe</b>		Current Occupation <b>Driver</b>	
Your Mother's First Name <b>(b) (6)</b>		Your Father's First Name <b>(b) (6)</b>	
Give your name exactly as it appears on your Arrival/Departure Record (Form I-94) <b>Ibragim A. TODASHEV</b>			
Place of Last Entry Into the United States (City/State) <b>New York City, NY</b>		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) <b>J1 Visa</b>	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Consulate Where Visa Was Issued <b>Moscow</b>	
Nonimmigrant Visa Number <b>(b) (6)</b>		Date Visa Was Issued (mm/dd/yyyy) <b>04252008</b>	
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes," give date and place of filing and final disposition. <b>N/A N/A N/A</b>			

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 (mm/dd/yyyy)
<b>None</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Handwritten notes: "No children", "7/10/08"*

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

<b>None</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

*Handwritten note: "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 refer to "What Are the General Filing Instructions? Initial Evidence" to determine what documentation to include with your application. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.)

- ONE ARREST APPROX*
1. Have you ever, in or outside the United States:
    - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?  Yes  No
    - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?  Yes  No
    - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?  Yes  No
    - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No
  2. Have you received public assistance in the United States 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 ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?  Yes  No
    - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No
    - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?  Yes  No
    - 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 United States in:
    - a. espionage?  Yes  No
    - 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?  Yes  No
    - 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 United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings?  Yes  No
  10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality 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 United States or any other immigration benefit?  Yes  No
  11. Have you ever left the United States 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 two-year foreign residence requirement and have 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 United States from a person granted custody of the child?  Yes  No
  14. Do you plan to practice polygamy in the United States?  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.)

**Your Registration With U.S. Citizenship and Immigration Services**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (Act), as an alien who has been or will be in the United States for more than 30 days, I am required to register with the U.S. Citizenship and Immigration Services. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within ten days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested and removed from the United States."

**Selective Service Registration**

The following applies to you if you are a male at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with the U.S. Citizenship and Immigration Services authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Services Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26."

**Applicant's Certification**

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

Signature	Print Your Name	Date	Daytime Phone Number
	Ibragim A. TODASHEV	01/26/2010	(b) (6)

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	Phone Number (Include Area Code)
(b) (6)	Paralegal	01/26/2010	(b) (6)

Firm Name and Address: International Institute of Boston  
One Milk Street, Boston, MA 02109

E-mail Address (if any):



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

# Form I-485, Application to Register Permanent Residence or Adjust Status

**START HERE - Type or Print (Use black ink)**

## Part 1. Information About You

Family Name (Last Name) <b>Todashev</b>	Given Name (First Name) <b>Ibragim</b>	Middle Name
Address - Street Number and Name <b>6022 Peregrine Ave</b>		Apt. # <b>1</b>
C/O (in care of)		
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32819</b>
Date of Birth (mm/dd/yyyy) <b>09/22/1985</b>	Country of Birth <b>RUSSIA</b>	
Country of Citizenship/Nationality <b>Russia</b>	U.S. Social Security # (if any) <b>(b) (6)</b>	A # (if any) <b>(b) (6)</b>
Date of Last Arrival (mm/dd/yyyy) <b>06/03/2008</b>	I-94 # <b>(b) (6)</b>	
Current USCIS Status <b>Asylee</b>	Expires on (mm/dd/yyyy) <b>Indefinite</b>	

## Part 2. Application Type (Check one)

I am applying for an adjustment to permanent resident status because:

- a.  An immigrant petition giving me an immediately available immigrant visa number that 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 that will give you 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 that allows derivative status for spouses and children.
- c.  I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(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 United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f.  I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g.  I have continuously resided in the United States since before January 1, 1972.
- h.  Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 2 of the instructions. **asylee**

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 United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:  
(Check one)

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

For USCIS Use Only

Returned	Receipt
Resubmitted	 SRC1390069247 APP 1485 11/13/2012
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

### Section of Law

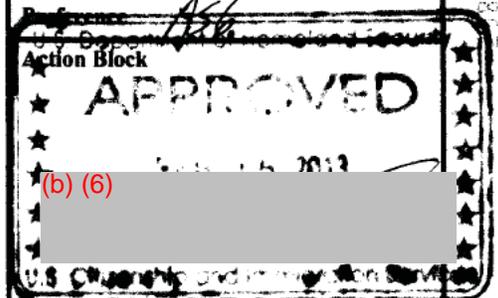
- Sec. 209(a), INA
- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other

### Country Chargeable

*N/A*

### Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other *AS OF 2/5/12*



To be Completed by

Attorney or Representative, if any

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

VOLAG #

ATTY State License #

2012124131430 2901817 042128 28 0463971 111412 17107 111312 Employment-65028



**Part 3. Processing Information**

**A. City/Town/Village of Birth**  **Current Occupation**

**Your Mother's First Name**  **Your Father's First Name**

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

**Place of Last Entry Into the United States (City/State)**  **In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)**

**Were you inspected by a U.S. Immigration Officer?** Yes  No

**Nonimmigrant Visa Number**  **Consulate Where Visa Was Issued**

**Date Visa Issued (mm/dd/yyyy)**  **Gender**  Male  Female **Marital Status**  Married  Single  Divorced  Widowed

**Have you ever applied for permanent resident status in the U.S.?**  Yes (If "Yes" give date and place of filing and final disposition.)  No

**B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)**

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
None			
Country of Birth	Relationship	A # (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>



20110411 430 200817 041128 28 481971 11141 17:07 111122 E:\p1\j\men+...526252

2012124131 430 2901817 042128 28 0465971 111412 17:07 111312 Empl 04/04/2014

**Part 3. Processing Information (Continued)**

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
none			

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:
  - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes  No
  - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes  No
  - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes  No
  - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes  No
2. Have you received public assistance in the United States 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? Yes  No
  - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes  No
  - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes  No
  - 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



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**Part 3. Processing Information (Continued)**

5. Do you intend to engage in the United States in:
- a. Espionage? Yes  No
  - 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? Yes  No
  - 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 from 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** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes  No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality 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 United States, or any immigration benefit? Yes  No
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes  No
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes  No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes  No
13. Do you plan to practice polygamy in the United States? Yes  No
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes  No
  - b. Killing any person? Yes  No
  - c. Intentionally and severely injuring any person? Yes  No
  - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes  No
  - e. Limiting or denying any person's ability to exercise religious beliefs? Yes  No
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes  No
  - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes  No
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes  No



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**Part 3. Processing Information** (Continued)

17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes  No

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes  No

**Part 4. Accommodations for Individuals With Disabilities and/or Impairments** (See Page 10 of the instructions before completing this section.)

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes  No

If you answered "Yes," check any applicable box:

a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

b. I am blind or sight-impaired and request the following accommodation(s):

c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

**Part 5. Signature** (Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)

**Your Registration With U.S. Citizenship and Immigration Services**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

**Selective Service Registration**

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



20121214 151429 0901817 042128 28 045971 111412 17107 111312 Emp 090606-1542856

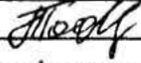
**Part 5. Signature (Continued)**

**Applicant's Statement (Check one)**

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the \_\_\_\_\_ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

<b>Signature (Applicant)</b> 	<b>Print Your Full Name</b> Ibragim Todashev	<b>Date</b> (mm/dd/yyyy) 10/31/12	<b>Daytime Phone Number</b> (include area code) (407) 350-0932
---	---	---	--

**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 benefit, and this application may be denied.

**Interpreter's Statement and Signature**

I certify that I am fluent in English and the below-mentioned language.

**Language Used (language in which applicant is fluent)**

\_\_\_\_\_

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

<b>Signature (Interpreter)</b>	<b>Print Your Full Name</b>	<b>Date</b> (mm/dd/yyyy)	<b>Phone Number</b> (include area code)
_____	_____	_____	_____

**Part 6. Signature of Person Preparing Form, If Other Than Above**

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

<b>Signature</b> (b) (6)	<b>Print Your Full Name</b>	<b>Date</b> (mm/dd/yyyy) 11/01/12	<b>Phone Number</b> (include area code) (b) (6)
_____	_____	_____	_____

**Firm Name and Address**

Law Office of Chad M. Brandt 5575 S. Semoran Blvd.  
Suite 5015 Orlando, FL 32822

**E-Mail Address (if any)**

(b) (6)



I made corrections in PART A.I. (1) (17)  
in question (2) about alien registration number  
I wrote none and in (17) I check (a) instead  
of (b) Also I wrote PART B question # 6 LA  
since the answer is on the separate  
sheets of paper. In # 7 to the questions  
PART A II I didn't answer because I don't  
have ~~spouse~~ spouse or children and  
I checked boxes that I don't. In PART A III  
I had written everything I don't don't have  
anything to add.

Everything I wrote is true and about  
me I can explain every ~~detail~~ detail on interview  
I did my best I hope that you would  
it attentively and understand everything.  
And I hope you will accept my application.

Tedostev Ibragim  
Abdulbaniyevich

ITC  
09.01.2008



RECEIPT NUMBER (b) (6)		CASE TYPE I-901 - Application	
RECEIVED DATE March 24, 2008	PRIORITY DATE	APPLICANT IBRAGIM TODASHEV	SEVIS ID: (b) (6)
NOTICE March 24, 2008	PAGE 1 of 1	ASC CODE N/A	
IBRAGIM TODASHEV C/O COUNCIL FOR INTERNATIONAL EDUCATIONAL EX 300 FORE STREET PORTLAND, ME 04101		BF 0051	NOTICE TYPE: Receipt Notice  Amount Received: \$35.00

IBRAGIM TODASHEV

Your I-901 fee transmittal form has been received. Please notify us immediately if any of the above information is incorrect.

This fee payment is valid **only** for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3 or J-1 non-immigrant visa, or if you want to change your non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee.

Bring this receipt to the consulate as proof of payment of the SEVIS fee.

**Applicant Status:** J-1

**Receipt Copy:** 01

**Date of Birth:** 09/22/1985

**Amount Received:** \$35.00

**Program Number:** P-3-04320

I-901 Student/Exchange Visitor Processing Fee  
P.O. Box 970020  
St. Louis, MO 63197-0020  
Customer Service Telephone: 785-330-1048  
*This form issued by U.S. Immigration and Customs Enforcement*





























CIMEXS PAGE 0001

DEPARTMENT OF HOMELAND SECURITY - USCIS

12/11/12

COMMAND:

CENTRAL INDEX SYSTEM - MULTIPLE ENDS FROM

11:24:14

E X A C T N A M E S E A R C H

TOTAL RECORDS READ = 0000001

LEENN ACV

SRCH DATA: LN: TODASHEV

DOB: 09221985

AAAAA PAI

FN: IBRAGIM

PRDCI PRO

NAME  
TODASHEV

, IBRAGIM

A-NUMBER  
(b) (6)

DOB  
09221985

COB POE FCO  
RUSSI UNK SSC

SMSSL LDL  
X

\*\*\* END OF SEARCH DISPLAY \*\*\*

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP

PF6 MAIN MENU PF9 ALTERNATE SEARCH

(b) (6)

CIMIDN  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY USCIS  
CENTRAL INDEX SYSTEM - ID # SEARCH DISPLAY

11/29/12  
08:41:54

ID # (A/AA/AB/C/DA): (b) (6)  
(DL/FB/FP/I/PP/SS/TD)  
LAST: TODASHEV  
FIRST: IBRAGIM  
MIDDLE: ABDULBAKIEVICH  
ALIASES:

A#: (b) (6)

DOB: 09221985

NATZ DATE:  
COURT:  
LOCATION:

SEX: M POE: UNK COB: RUSSI DOE: 06042008  
FCO: NRC COA: AS1 COC: RUSSI FTC: 08182011 FATHER: (b) (6)  
PFCO: ATL SFCO: DFO: 09052008 BIN: MOTHER: (b) (6)

SSN: (b) (6)  
I-94 ADM #:  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

CONSOLIDATED A-NOS

--OTHER INFORMATION--  
EADS-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

CIMSIN  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY USCIS  
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

11/29/12  
08:49:15

A#: (b) (6) NAME: TODASHEV, IBRAGIM DOB: 09221985

LAST: TODASHEV  
FIRST: IBRAGIM  
MIDDLE: ABDULBAKIEVICH  
ALIASES:

NATZ DATE:  
COURT:  
LOCATION:

SEX: M POE: UNK COB: RUSSI DOE: 06042008  
FCO: NRC COA: AS1 COC: RUSSI FTC: 08182011 FATHER: (b) (6)  
PFCO: ATL SFCO: DFO: 09052008 BIN: MOTHER: (b) (6)

SSN: (b) (6) CONSOLIDATED A-NOS --OTHER INFORMATION--  
I-94 ADM #: EADS-X  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP  
PF6 CIS MAIN MENU PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF11 EOIR

(b) (6)

CIMFTD  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY - USCIS  
CIS FILE TRANSFER DISPLAY (FT

11/29/12  
08:49:25

A#: (b) (6) NAME: TODASHEV , IBRAGIM DOB: 09221985

PREVIOUS FCO: ATL  
CURRENT FCO: NRC  
REQUEST FCO: SSC

FCO CREATING SUB-FILE:  
SUB-FILE CREATION IND:

FILE LOCATED IND: R (FILE REQUESTED)

DATE FTR: 11292012 (MMDDYYYY)  
DATE FTI: 06172011  
DATE FTC: 08182011

ACCESSION NUMBER: 0000  
INS BOX NUMBER:

PERSON/ACTION: (b) (6)

REQUEST NUMBER:  
2ND REQUEST DATE:  
3RD REQUEST DATE:

YOU MAY REQUEST A DISPLAY OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT PF3 REFRESH PF4 FTS MENU PF5 HELP PF6 CIS MAIN MENU

3300089

General Inquiry For (b) (6)				
File #	Seq	Office	Status/Last Action	Location
	000	ATL	<b>Status:</b> RECORD IN USE <b>Audit Date:</b> 06/24/2011 11:09:57 AM <b>Last Action:</b> 06/24/2011 11:09:57 AM Batch Audit	<b>Sect:</b> AC - Decisional (AOS) <b>Resp:</b> 1005 - Pending ISO Decision

JUL 01 2011

ATLANTA RECORDS - REQUEST ROUTING SLIP

EXPEDITE REQUEST

ROUTINE REQUEST

TO (FCC Dept Name)

Specify location, recipient of mail and of files

DATE

Delivered to:

Delivered to:

Delivered to:

Delivered to:

ADD/Change

DEL

INV

ADD/Change

DEL

INV

ADD/Change

DEL

INV

ADD/Change

DEL

INV

NTS / CIS

Change Out

Merge (w/ files)

File Creation

File Request (Internal)

File Creation

Consolidation (w/ files)

File Request (External)

\*\*NOTE: Consolidations & Mergers - must have both files present and have matching programic data

Primary File Number

Secondary File Number

Date File Opened

Applicant's First Name

Last Name

Date of Birth

Action Required

Non-Action (Interfile)

Status Inquiry

Change of jurisdiction (Send file to New FCC)

Unrecoverable

System Search Required (Missing File Number)

System Search Completed (Place in Correspondence File)

SHIPPING

DHL

FEDEX

UPS

USPS

ACCOUNT #

SERVICE

\*\*NOTE: Requests that are missing information will not be honored and will be returned to the requestor.

FROM (FCC Dept Name)

PHONE

NTS CODE

DATE

DUPLICATE

Information Self

06/29/2011

## U.S. Citizenship & Immigration Services Service Request Management



- [Home](#) | [Create](#) | [Users](#) | [Unassigned](#) | [Assigned](#) | [Unassigned Second/For](#) | [Assigned Second/For](#) | [Public](#) | [Alerts](#) | [Search](#)
- [Target Day](#) | [Form Rules](#) | [Case Status Search](#) | [Change Password](#) | [Sign Out](#)
- [Update](#) | [Response Details](#) | [Relocations](#) | [History](#) | [Other Inquiries](#)

Please complete all the required fields marked with a \*

**Referral ID:** CA1.175.11.02237.TSC

**Basic Info**

Category

Reported Receipt #

Receipt Number (b) (6)

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type Select...

Current Case Status

On May 25, 2011, we mailed you a denial decision notice for this case I485 APPLICATION TO REGISTER PERMANENT RESIDENCE OR TO ADJUST STATUS. The notice explains why the denial decision was made and the options that may be available to you. If you have not received this notice within 15 days of May 25, 2011, please call customer service at 1-

**Service Request Type**

Change of Address

Expected Automated Routing

If Manual Override, Actual

Interview Location

Service Center Filed

**Processing Info**

Effective

at Office/SC/NBC Location

Processing Date

Days Exceeding Processing Date

**Caller Info**

Caller Type

First Name

Last Name

**Customer Information**

Customer is a member of the U.S. Military OR was recently discharged from service OR is the spouse of a member of the U.S. Military.

Last Name \* Todashev

First Name \* Ibragim

Customer Date of Birth (MM/DD/YYYY) 09/22/1985

Country of Birth Russia

Date Customer Naturalized (MM/DD/YYYY)

Date Customer Entered with Visa

Where did customer enter the US?

Account

Number A (b) (6)

Asylum Z Number

Company Name

E-mail (x@x.x[xx]) (b) (6)

Phone Number (b) (6)  
(nnn-~~nnn-nnnn~~  
[-xxxx])

Alternate Phone  
Number  
(nnn-~~nnn-nnnn~~  
-xxxx])

**Current Mailing Address**

Mailing Address Line 1 9 Lowell Avenue

Mailing Address Line 2 Apt# AA

ZIP Code 02472 City State

**Previous Mailing Address**

Previous Address Line 1 1023 Spalding Forest Court

Previous Address Line 2

ZIP Code 30328 City State

**Beneficiary Info**

Account Number A

If no Account Number

Last Name Todashev

First Name Ibragim

Date of Birth (MM/DD/YYYY) 09/22/1985

Country of Birth Russia

**Attorney Info**

Last Name

First Name

Firm Name

E-mail (x@x.x[xx])

Phone Number (nnn-~~nnn-nnnn~~  
-xxxx])

Attorney Fax (nnn-~~nnn-nnnn~~  
-xxxx])

Address Line 1

Address Line 2

ZIP Code City State

**Comments**

\*\*\*\* COA Internet Generated - CA1 Office \*\*\*\*  
Zip code filed via CoA app: 02141

Relocate Service Request

06-29-2011 12:09 PM EDT



General Inquiry For (b) (6)

File #	Seq	Office	Status/Last Action	Location
(b) (6)	000	ATL	<b>Status:</b> RECORD IN USE <b>Audit Date:</b> 06/24/2011 11:09:57 AM <b>Last Action:</b> 06/24/2011 11:09:57 AM Batch Audit	<b>Sect:</b> AC - Decisional (AOS) <b>Resp:</b> 1005 - Pending ISO Decision









CIMSIN  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY - USCIS  
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

04/01/10  
07:54:23

A#: (b) (6) NAME: TODASHEV , IBRAGIM DOB: 09221985

LAST: TODASHEV  
FIRST: IBRAGIM  
MIDDLE: ABDULBAKIEVICH  
ALIASES:

NATZ DATE:  
COURT:  
LOCATION:

SEX: F POE: UNK COB: RUSSI DOE: 06042008  
FCO: NRC COA: AS1 COC: RUSSI FTR: 03302010 FATHER: (b) (6)  
PFCO: ZNK SFCO: DFO: 09052008 BIN: MOTHER: (b) (6)

SSN: (b) (6) CONSOLIDATED A-NOS --OTHER INFORMATION--  
I-94 ADM #: EADS-X  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

CLEAR EXIT PF1 NEXT CONS A# PF2 PRIOR CONS A# PF4 RETURN PF5 HELP  
PF6 CIS MAIN MENU PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF11 EOIR

(b) (6)

COMMAND:

07:54:44

TOTAL RECORDS READ = 0000001

SRCH DATA: LN: TODASHEV

DOB: 19851

LEENN ACV

FN: IBRAGIM

AAAAA PAI

NAME

A-NUMBER

DOB

COB

POE

FCO

PRDCI PRO

TODASHEV

,IBRAGIM

(b) (6)

09221985

RUSSE

UNK

NRC

SMSL LDL

X

\*\*\* END OF SEARCH DISPLAY \*\*\*

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP

PF6 MAIN MENU PF9 ALTERNATE SEARCH

CIMIDN  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY - USCIS  
CENTRAL INDEX SYSTEM - ID # SEARCH DISPLAY

04/01/10  
07:54:57

ID # (A/AA/AB/C/DA): (b) (6)  
(DL/FB/FP/I/PP/SS/TD)  
LAST: TODASHEV  
FIRST: IBRAGIM  
MIDDLE: ABDULBAKIEVICH  
ALIASES:

A#: (b) (6)

DOB: 09221985

NATZ DATE:  
COURT:  
LOCATION:

SEX: F POE: UNK COB: RUSSI DOE: 06042008  
FCO: NRC COA: AS1 COC: RUSSI FTR: 03302010  
PFCO: ZNK SFCO: DFO: 09052008 BIN:

FATHER: (b) (6)  
MOTHER: (b) (6)

SSN: (b) (6)

CONSOLIDATED A-NOS

--OTHER INFORMATION--  
EADS-X

I-94 ADM #:  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

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

CIMFID  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY - USCIS  
CIS FILE TRANSFER DISPLAY (F)

04/01/10  
07:55:00

A#: (b) (6) NAME: TODASHEV , IBRAGIM DOB: 09221985

PREVIOUS FCO: ZNK  
CURRENT FCO: NRC  
REQUEST FCO: SSC

FCO CREATING SUB-FILE:  
SUB-FILE CREATION IND:

FILE LOCATED IND: R (FILE REQUESTED)

DATE FTR: 03302010 (MMDDYYYY)  
DATE FTI: 01212009  
DATE FTC: 02102009

ACCESSION NUMBER: 0000  
INS BOX NUMBER:

PERSON/ACTION: (b) (6)

REQUEST NUMBER:  
2ND REQUEST DATE:  
3RD REQUEST DATE:

YOU MAY REQUEST A DISPLAY OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT PF3 REFRESH PF4 FTS MENU PF5 HELP PF6 CIS MAIN MENU

17:05

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611

T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 01 \*\*\*\*\*  
FROM NLETS ON 08/02/10 AT 17:04:43

FR.MAMSP0000

14:02 08/02/2010 06637

14:04 08/02/2010 96357 MAINS03T8

\*CQUQ9B5949

TXT

PUR/C.ATN/

(b) (6), (b) (7)(C)

THIS RECORD IS BASED ONLY ON THE PCF NUMBER IN YOUR REQUEST-  
PCF/3159312

THE FOLLOWING IS NONFINGERPRINT SUPPORTED DATA BASED ON YOUR PCF REQUEST.

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

Controlled Unclassified Information

17:06

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611

T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 02 \*\*\*\*\*

\*\*\*\*\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*\*\*\*\* WARNING \*\*\*\*\* WARNING \*\*\*\*\*

THIS INFORMATION IS CORI. IT IS NOT SUPPORTED BY FINGERPRINTS.

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

17:07

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611  
T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 03 \*\*\*\*\*  
\*PLEASE CHECK THAT THE NAME REFERENCED BELOW MATCHES THE NAME AND DATE OF BIRTH\*

\*OF THE PERSON REQUESTED.  
\*

\*  
\*

\*\*\*\*\*  
\*

\*\*\*\*\* COMMONWEALTH OF MASSACHUSETTS \*\*\*\*\*

MESSAGE IS DISPLAYED. DEPRESS PF5 (MSG INDEX) PF9 (PREV SCRN) PF14 (ACKD MSG)  
PF16 (NEXT MSG) . PF19 (MSG LOG) PF18= (REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

17:07

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611

T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 04 \*\*\*\*\*

CRIMINAL HISTORY SYSTEMS BOARD

\*\*\* PERSONS COURT SUMMARY \*\*\*

NAM: TODASHEV, IBRAGIM  
2

FORMAL-NAM: IBRAGIM

PCF: 0000315931

DOB: 09/22/85 SEX: M RAC: W

POB: RUSSIA

SSN: (b) (6)

MOM: (b) (6) POP (b) (6) HGT: 509 WGT: 165 HAI: BRO EYE: BRO

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

17:07

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611

T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 05 \*\*\*\*\*

ADDRESS: 20 HARDING ST,#1 CAMBRIDGE MA

\*\*\*\*\* ADULT APPEARANCES \*\*\*\*\*

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

17:07

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611

T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 06 \*\*\*\*\*

ARRAIGNMENT: (001)

ARG-DATE: 02/12/10 PD: BOS COURT: BOSTON DISTRICT

DKT#: 1001CR1132

A

OFF: DISORDERLY CONDUCT

DIS COND

DISP: C 9/23/10

STATUS: O WPD:

ARRAIGNMENT: (002)

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

17:07

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611  
T2PD0634

QUEUE TYPE: PERSONAL QUEUE NAME: Q9B5  
MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 07 \*\*\*\*\*

B ARG-DATE: 02/12/10 PD: BOS COURT: BOSTON DISTRICT

DKT#: 1001CR1132

OFF: RESISTING ARREST

RESIST ARST

DISP: C 9/23/10

STATUS: O WPD:

ARRAIGNMENT: (003)

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)

17:07

TECS II EXTERNAL MESSAGE DISPLAY

08022010 T2MD0611  
T2PD0634

QUEUE TYPE: PERSONAL

QUEUE NAME: Q9B5

MSG STATUS: NACK

\*\*\*\*\* TEXT OF MESSAGE \*\*\*\*\* PAGE 08 \*\*\*\*\*

ARG-DATE: 02/12/10 PD: BOS COURT: BOSTON DISTRICT

DKT#: 1001CR1132

C

OFF: OPERATING RECKLESSLY

110A

DISP: C 9/23/10

STATUS: O WPD:

\*\*\*\*\* END OF ADULT APPEARANCES \*\*\*\*\*

MESSAGE IS DISPLAYED. DEPRESS PF5(MSG INDEX) PF9(PREV SCRN) PF14(ACKD MSG)  
PF16(NEXT MSG). PF19(MSG LOG) PF18=(REROUTE)

USE PF KEYS TO CONTINUE

(PF1=HELP) (PF3=MAIN MENU) (PF4=PREV MENU) (PF7=PREV PAGE) (PF8=NEXT PAGE)



^QR

IMMIGRATION AND NATURALIZATION SERVICE  
AR-11 - ALIEN CHANGE OF ADDRESS QUERY REQUEST

07/23/2010

14:54:42

NUMBER: (b) (6)

FINS NO: 00000000000000000000

ADMISSION NO: 0000000000

NAME: LAST:

FIRST:

FULL OR PARTIAL NAME SEARCH: F (F OR P)  
(MINIMUM 2 CHARACTERS OF LAST NAME FOR A PARTIAL SEARCH)

OPTIONAL SECONDARY CRITERIA FOR NAME SEARCH

COUNTRY OF CITIZENSHIP: (OPTIONAL)

DATE OF BIRTH: 00000000 (MMDDYYYY) (OPTIONAL)

NO DATA FOUND FOR REQUEST

PF3-REFRESH PF5-HELP PF6-MAIN MENU CLEAR-EXIT



OFFICIAL RAP SHEET COVER SHEET

DATE PRINTED: 04/20/2010 10:56 AM

SSC

HH 693

SUBMITTING SITE INFORMATION : CIS BOSTON (XBD6D1)  
170 PORTLAND STREET  
BOSTON, MA 02114

CURRENT TCN : (b) (6)  
DISTRICT ORI : MAINSBS00

FBI NAME : TODASHEV, IBRAGIM  
FBI NUMBER : (b) (7)(E)  
DATE OF BIRTH : 09/22/1985  
ALIEN NUMBER : (b) (6)  
SOCIAL SECURITY NUMBER : UNKNOWN  
ZIP CODE : 02141  
REASON FINGERPRINTED (FORM NUMBER) : I485

REVIEWED BY CIS  
MAY 14 2010  
(b) (6)

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

VTINSWANZ

ICN E2010110000000078892

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI NO.	DATE REQUESTED
TODASHEV, IBRAGIM	(b) (7)(E)	2010/04/20

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1985/09/22	510	165	BRO	BRO

BIRTH PLACE  
ROMANIA

PATTERN CLASS	CITIZENSHIP
LS WU WU WU RS WU WU WU WU LS	RUSSIA
WU RS	WU RS

LS

END OF PART 1 - PART 2 TO FOLLOW

RAP SHEET PRINTOUT  
TCN : (b) (6)  
TSN : VT2010E0408625

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

VTINSWANZ  
PART 2

ICN E2010110000000078892

- FBI IDENTIFICATION RECORD - FBI NO- (b) (7)(E)

1-ARRESTED OR RECEIVED 2010/02/11 SID- MA10517872  
AGENCY-POLICE DEPARTMENT BOSTON (MA0130100)  
AGENCY CASE-2010500647  
CHARGE 1-PERSON, DISORDERLY  
CHARGE 2-RESISTING ARREST  
CHARGE 3-DRIVING TO ENDANGER

2-DATE OF APPLICATION 2010/04/20R (DATE FP)  
AGENCY-DHS/CIS/VSC-WAN SAINT ALBANS (VTINSWANZ)  
AGENCY CASE-201004201047 NAME USED-TODASHEV, IBRAGIM A  
CIVIL PRINT - 04/20/2010

PHOTO INFORMATION  
1-ONE PHOTOS AVAILABLE

RECORD UPDATED 2010/04/20

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON  
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL  
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

SEARCH CRITERIA:

CIDN : (b) (6) ORI: USINS0000  
A-NUMBER : (b) (6)  
NAME (L/F): TODASHEV IBRAGIM A

DATE OF BIRTH : 09/22/1985  
NC REQUEST SENT: 04/01/2010  
PLACE OF BIRTH : RUS

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E)  
DATE PROCESSED BY FBI: 04/01/2010  
DATE/TIME LOADED AT INS: 04/06/2010 11:01:52

FBI NAME: TODASHEV,IBRAGIM A FBI DATE OF BIRTH: 09/22/1985

PF6 PF8  
PRIOR SCREEN LOGOFF

SEARCH CRITERIA: ANUM = (b) (6)

CIDN : (b) (6) ORI: (SC) VTINSWANZ (LOC) MAINSBS00  
A-NUMBER : (b) (6) FORM#: I485  
NAME (L/F/M): TODASHEV IBRAGIM ABDULBAKIE

DATE OF BIRTH : 09/22/1985  
FP REQUEST SENT: 04/20/2010  
PLACE OF BIRTH : SX

TCN: (b) (6)  
TCR: E2010110000000078892

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E) FBI NAME: TODASHEV, IBRAGIM  
DATE PROCESSED BY FBI: 04/20/2010 CONTROL NO: T01098I  
RESP PROCESSED BY LAN: 04/20/2010 FBI NUMBER: (b) (7)(E)  
RESP PROCESSED BY M/F: 04/21/2010 PCN :  
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8  
PG FWD PG BWD PRIOR SCREEN LOGOFF



SEARCH CRITERIA: ANUM = (b) (6)

CIDN : (b) (6) ORI: (SC) VTINSWANZ (LOC) MAINSBS00  
A-NUMBER : (b) (6) FORM#: I485  
NAME (L/F/M): TODASHEV IBRAGIM ABDULBAKIE

DATE OF BIRTH : 09/22/1985 TCN: (b) (6)  
FP REQUEST SENT: 04/20/2010 TCR: E2010110000000078892  
PLACE OF BIRTH : SX

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E) FBI NAME: TODASHEV, IBRAGIM  
DATE PROCESSED BY FBI: 04/20/2010 CONTROL NO: TO1098I  
RESP PROCESSED BY LAN: 04/20/2010 FBI NUMBER: (b) (7)(E)  
RESP PROCESSED BY M/F: 04/21/2010 PCN :  
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8  
PG FWD PG BWD PRIOR SCREEN LOGOFF

SEARCH CRITERIA:

CIDN : (b) (6) ORI: USINS0000  
A-NUMBER : (b) (6)  
NAME (L/F): TODASHEV IBRAGIM A

DATE OF BIRTH : 09/22/1985  
NC REQUEST SENT: 04/01/2010  
PLACE OF BIRTH : RUS

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E)  
DATE PROCESSED BY FBI: 04/01/2010  
DATE/TIME LOADED AT INS: 04/06/2010 11:01:52

FBI NAME: TODASHEV, IBRAGIM A FBI DATE OF BIRTH: 09/22/1985

PF6 PF8  
PRIOR SCREEN LOGOFF

U.S. Department of Homeland Security  
1200 Wall St West  
Fourth Floor  
Lyndhurst, NJ 07071-0000



U.S. Citizenship  
and Immigration  
Services

119

---

US VISIT CHECK SHEET

(b) (6)

A-NUMBER: \_\_\_\_\_

EID-NUMBER: \_\_\_\_\_

FIN-NUMBER: \_\_\_\_\_

1 220246174























COMMSND  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY USCIS  
CENTRAL INDEX SYSTEM - "SOUNDS LIKE" SEARCH

09/08/08  
12:23:54

\* LAST NAME: TODASHEV (40-CHARS MAX)  
FIRST NAME: IBRAGIM (25-CHARS MAX)

LAST NAME MATCH: 0 (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))  
FIRST NAME MATCH: 0 (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))  
PREVIEW NAME: N (Y/N)

EXACT DOB: (MMDDYYYY)  
DOB RANGE: (DATE RANGE = YYYYR; YYYY=YEAR, R=0-9)

COB: (5-CHARACTER COUNTRY CODE)  
COC: (5-CHARACTER COUNTRY CODE)  
POE: (3-CHARACTER PORT OF ENTRY CODE)  
DOE: (MMDDYYYY)  
COA: (3-CHARACTER CLASS OF ADMISSION CODE)  
FCO: (3-CHARACTER FILES CONTROL OFFICE CODE)  
SEX: (M/F)

\*LAST NAME IS REQUIRED FIELD. OTHER FIELDS ARE OPTIONAL.

SPECIFY SEARCH CRITERIA, PRESS ENTER TO INITIATE "SOUND LIKE" SEARCH

CLEAR EXIT PF3 REFRESH PF4 MENU PF5 HELP PF6 MAIN MENU

DISPLAYED NAME NOT FOUND. PLEASE TRY ANOTHER NAME.



CIMDSND  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY USCIS  
CENTRAL INDEX SYSTEM - "SOUNDS LIKE" NAME  
WITH DATE OF BIRTH (DOB) SEARCH

09/08/08  
12:23:43

\* LAST NAME: TODASHEV (40-CHARS MAX)  
\* FIRST NAME: IBRAGIM (25-CHARS MAX)

EXACT DOB: 09221985 (MMDDYYYY; YYYY=YEAR; MM=MONTH; DD=DAY)  
DOB YEAR RANGE: (YYYYR; R=0-9)  
DOB MONTH RANGE: (YYYYMMRR; RR=0-12)  
DOB DAY RANGE: (YYYYMMDDRR; RR=0-31)

LAST NAME MATCH: 0 (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))  
FIRST NAME MATCH: 0 (NUMBER OF EXACT CHARACTERS TO MATCH (0-9))

COB: (COUNTRY CODE) COA: (CLASS OF ADMISSION CODE)  
COC: (COUNTRY OF CITIZENSHIP) FCO: (FILES CONTROL OFFICE CODE)  
POE: (PORT OF ENTRY CODE) SEX: (M/F)  
DOE: (MMDDYYYY)

\* LAST NAME, FIRST NAME AND ONE OF THE DOBS ARE REQUIRED. REMAINING FIELDS ARE  
OPTIONAL. SPECIFY SEARCH CRITERIA, THEN PRESS ENTER TO INITIATE THE SEARCH.  
CLEAR EXIT PF3 REFRESH PF4 MENU PF5 HELP PF6 MAIN MENU  
DISPLAYED NAME/DOB NOT FOUND. PLEASE TRY ANOTHER NAME OR/AND DOB.





TOTAL RECORDS READ = 0000001

SRCH DATA: LN: TODASHEV  
FN: IBRAGIM

LEENN ACV  
DOB: 09221985 AAAAA PAI  
PRDCI PRO

NAME	A-NUMBER	DOB	COB	POE	FCO	SMSSL	LDL
TODASHEV ,IBRAGIM	(b) (6)	09221985	RUSSE	UNK	BOS	X	

\*\*\* END OF SEARCH DISPLAY \*\*\*

TO VIEW PERSON DATA PLACE CURSOR ON LINE - PRESS ENTER.

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP  
PF6 MAIN MENU PF9 ALTERNATE SEARCH

CIMSIN  
COMMAND:

DEPARTMENT OF HOMELAND SECURITY - USCIS  
CENTRAL INTELLIGENCE SYSTEM - DETAILED SEARCH DISPLAY

07/23/10  
14:12:00

A#: (b) (6)

NAME: TODASHEV

, IBRAGIM

DOB: 09221985

LAST: TODASHEV  
FIRST: IBRAGIM  
MIDDLE: ABDULBAKIEVICH  
ALIASES:

NATZ DATE:  
COURT:  
LOCATION:

SEX: F      POE: UNK      COB: RUSSI      DOE: 06042008  
FCO: BOS      COA: AS1      COC: RUSSI      FTC: 07212010      FATHER: (b) (6)  
PFCO: NBC      SFCO:      DFO: 09052008      BIN:      MOTHER: (b) (6)

SSN: (b) (6)

CONSOLIDATED A-NOS

--OTHER INFORMATION--  
EADS-X

I-94 ADM #:  
PASSPORT #:  
FBI #:  
DRIVER LIC:  
FINGER CD#:

CLEAR EXIT      PF1 NEXT CONS A#      PF2 PRIOR CONS A#      PF4 RETURN      PF5 HELP  
PF6 CIS MAIN MENU      PF7 NEXT SEARCH      PF8 VIEW HISTORY      PF9 VIEW EAD      PF11 EOIR

U.S. Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Boston Field Office, District #1  
JFK Federal Building, Government Center  
Boston, Massachusetts 02203



U.S. Citizenship  
and Immigration  
Services

IBRAGIM A. TODASHEV

BY Hand  
Date: 08/05/210

A#(b)(6)

THIS IS A REQUEST FROM UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (CIS) FOR:  
 INITIAL EVIDENCE /  ADDITIONAL EVIDENCE. READ THE FOLLOWING INSTRUCTIONS  
CAREFULLY.

*Extension until 11-10-2010*

Return this form and all attachments, with your response, to this office **WITHIN 50 DAYS**.

Within the time specified, you may submit a complete response containing all requested evidence, submit a partial response, or withdraw the application or petition. *If you do not respond by the required date, CIS may deny the application or petition as abandoned, deny the application or petition on the record, or both.*

In order to submit a complete response containing all requested evidence, *all of the requested materials must be submitted together at one time*, along with this original form. Submission of only *some* of the requested evidence (a partial response) will be treated as a request for a decision on the record.

Please submit a certified court disposition for all your arrest and court appearances but not limited to the following.

Charges Disorderly conduct & Resisting Arrest with Operating Recklessly on 03/12/2010 DKT# 10010CR1132.  
Next court date on 09/23/2010.

*Extension until (next court date, on 11-09-10)  
11-10-2010 per BISO Bureau with 9-23-10*

cc:  
cc:

(b)(6)

Appendix J: Processing Sheet

Form 1-985 Processing Worksheet

(b) (6)

Case Number

[Redacted Case Number]

Case Title

[Redacted Case Title]

Special Handling

- Case Only
- Legal Mail
- Expedited (2-3)
- Other

Interview

Approve

Failure to Appear

Last Continued (check any one of reason for continuation)

Documentation (circle all that apply)

Marriage Licenses

Birth Certificate

Divorce Decree

Other (specify) \_\_\_\_\_

Printing Files: 13

Background Checks (circle all that apply)

FBI Name Check

Fingerprint

Visa Availability

Preference Category \_\_\_\_\_

Priority Date \_\_\_\_\_

Reschedule

Reason \_\_\_\_\_

Other (i.e. refer to interviewer's notes)

Supervisory Review Concurrence

Notes: Need card PDS

no other case in file

(b) (6)

8/9/10

Interviewing Officer's recommendation for Supervisor's Concurrence (if required)

Potentially disqualifying Criminal History in Record

T-file Adjudication

CAJ, P.P. (EST/ Non-EST)

Grant

Deny

Other (explain) \_\_\_\_\_

Supervisory Review Concurrence

Signature

Date

Final Decision

Prior to the decision made on the Form 1-985, final indicator was reviewed as defined in the Final Decision Standard Operating Procedure

Approved

Denied

Withdrawn

Administratively Closed

Appellation Filed

FIVE

SIX

TEN (None)

Order to Appear issued

No

1-485 PROCESSING WORKSHEET

(b) (6)

A-Number:

"Filing with" Filings:

[Empty box for "Filing with" Filings]

G-28 Filed:

Basis for Eligibility:

Family Based

Employment Based

Other

Special Handling	Due Date
Age Out	[Empty box]
Financially (CF-1)	[Empty box]
Other	[Empty box]

Initial: / Date

[Empty box for Initial / Date]

Application accepted as properly filed.  
(Correct Fee or Fee Waiver, Signature, Jurisdiction, Visa Availability)

Other Filings:

I-485 Supplement A Filed

I-130 Filed

I-131 Filed

I-765 Filed

Initial Evidence Received

[Empty box]

Case Denied for Lack of Prosecution

[Empty box]

File placed in Record of Proceeding Order

[Empty box]

I-181 Created and Sent

[Empty box]

G-325A Copy Sent (if Applicable)

[Empty box]

Visa Petition / Diversity Visa File Requested

[Empty box]

Scheduled for Fingerprinting

Waived

A-File(s) Received, verified as pertaining to applicant

Fingerprint Result:

Control Number  
T010981

Process Date  
7/20/2010

Second Result:

[Empty box]

[Empty box]

RAP Sheet / Other Investigative Information Interfied

Potentially Disqualifying Criminal History in Record \*

I-601 / I-602 Filed

Approved

Denied

Interview

Waived

Failure to Appear

Withdrawn

Continued (Note: Complete processing Sheet page 2)

Approved  Visa Number Available Requested

Denied  Discretionary  Certified

EOJF Jurisdiction (Interview terminated and sent to Litigation)

Reinstatement of removal (Interview terminated and file forwarded)

Supervisory Review (\* denotes that this item requires a Supervisory Review)

COMMENTS:

(b) (6)

7/26/2010

7/26/2010

19/210

19/2010

[Empty boxes for comments]

I-485 PROCESSING WORKSHEET

Continued / Special Processing

A-Number: (b) (6)

- Continued For:
- Documentation
  - Visa Availability
  - Reschedule
  - Fingerprint
  - Relating
  - Other

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Notes Attached

Interviewing Officer's Recommendation:

Appeal / Motion Filed:  AAO  BIA  District Office

Approved  Denied  Remand

NTA Issued

Pending Cases

Case Transferred IN Office:

Case Transferred OUT Office:



NBC I-485 INTERVIEW READY CRITERIA  
IMMIGRATION AND NATURALIZATION SERVICE  
FBI FINGERPRINT RESPONSE

6/17/2010

13:54

A-NUMBER : (b) (6)  
NAME : TODASHEV IBRAGIM ABDULB  
DATE OF BIRTH : 9/22/1985

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E)  
DATE PROCESSED BY FBI: 4/20/2010 Control Num: TO1098I

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E)  
DATE PROCESSED BY FBI: 9/16/2008 Control Num: TO6098N

IMMIGRATION AND NATURALIZATION SERVICE  
FBI NAME CHECK RESPONSE

6/17/2010

13:54

A-NUMBER : (b) (6)  
NAME : TODASHEV,IBRAGIM A  
DATE OF BIRTH : 9/22/1985

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E)  
DATE PROCESSED BY FBI: 4/1/2010

FBI NAME: TODASHEV,IBRAGIM A DATE OF BIRTH 9/22/1985

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E)  
DATE PROCESSED BY FBI: 9/17/2008

FBI NAME: TODASHEV,IBRAGIM A DATE OF BIRTH 9/22/1985

(b) (6)

6-28-10



U.S. Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Boston Field Office, District #1  
JFK Federal Building, Government Center  
Boston, Massachusetts 02203



U.S. Citizenship  
and Immigration  
Services

IBRAGIM A. TODASHEV

BY Hand

Date: 08/05/210

A#(b) (6)

**THIS IS A REQUEST FROM UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES (CIS) FOR:**  
 INITIAL EVIDENCE /  ADDITIONAL EVIDENCE. READ THE FOLLOWING INSTRUCTIONS CAREFULLY.

Return this form and all attachments, with your response, to this office **WITHIN 50 DAYS**.

Within the time specified, you may submit a complete response containing all requested evidence, submit a partial response, or withdraw the application or petition. *If you do not respond by the required date, CIS may deny the application or petition as abandoned, deny the application or petition on the record, or both.*

In order to submit a complete response containing all requested evidence, *all of the requested materials must be submitted together at one time*, along with this original form. Submission of only *some* of the requested evidence (a partial response) will be treated as a request for a decision on the record.

Please submit a certified court disposition for all your arrest and court appearances but not limited to the following.

Charges Disorderly conduct & Resisting Arrest with Operating Recklessly on 03/12/2010 DKT# 10010CR1132.  
Next court date on 09/23/2010.

cc:

cc:

(b) (6)

# Adjustment of Status Case Relocation Memorandum

Date: 5 / 28 / 2010

To: District Office:            through NBC             
Attn: 245 Section

From: Unit name Asylum  
Unit address TSC

Officer ID (b) (6)

Subject: Case Relocation (b) (6)  
A# (b) (6); Last Name TODASHEV

### Action Requested (please check all that apply)

<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Expedite
<input type="checkbox"/> Other: _____	

### Reasons for Relocation (please check all that apply)

<input type="checkbox"/> Fingerprints rejected twice by FBI	<input type="checkbox"/> Principal A-file is located at your office
<input checked="" type="checkbox"/> <u>(b) (7)(E)</u>	<input type="checkbox"/> Dependent A-file is located at your office
<input type="checkbox"/> Possible FBI match, results at your location	<input type="checkbox"/> May not be eligible based upon records - _____
<input type="checkbox"/> Medical Condition (list): _____	<input type="checkbox"/> Denied asylum / referred ineligible
<input type="checkbox"/> Needs verification of work experience	<input type="checkbox"/> Asylum applicant
<input type="checkbox"/> Needs verification of current employment	<input type="checkbox"/> Applicant under investigation
<input type="checkbox"/> Jurisdiction	<input type="checkbox"/> Quality control per headquarters
<input checked="" type="checkbox"/> Applicant does not meet interview waiver criteria (list):	<input type="checkbox"/> Age out
1. <u>criminal ident- see rap sheet</u>	<input type="checkbox"/> Multiple A numbers (list):
2. _____	1. _____
3. _____	2. _____
	3. _____
<input type="checkbox"/> Other/Comments _____	

Family Pack: Y/N

If yes, please list all A#(s): \_\_\_\_\_  
\_\_\_\_\_

**A-Number or Receipt Number:** (b) (6)

#	Last Name, First Name	DOB	NO MATCH	DNR	RELATES	Resolution Memo Completed?	
	Todashev, Ibragim	9-22-85	(b) (7)(C), (b) (7)(E)				
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check					
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	3rd Check					
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

**Properly annotate IBIS results on the ROIQ:**

- \*Include the date of query in the appropriate box (NO MATCH, DNR or RELATES).
- \*Include the initials or identifying number of the USCIS personnel conducting the query in the same box as the date.
- \*If the hit was a RELATES and a resolution memo was completed, check the Resolution Memo Completed Box in the last column.

**NO MATCH** - No information found in IBIS

**DNR** - Information found in IBIS but does not relate to the subject

**RELATES** - Information found in IBIS that relates to the subject, case referred for resolution

**A** = Applicant  
**B** = Beneficiary

**P** = Petitioner  
**D** = Derivative/Household Member

-100

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

U.S. Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Headquarters, Primm Detection and National Security  
Washington, DC 20529



U.S. Citizenship  
and Immigration  
Services

(b) (6)

May 03, 2013  
Memorandum

TO: (b) (6)  
CC:  
FROM:

RE: Name: Igorina Abdulkievich TODASHEV  
DOB: 09/22/1985  
Alien Registration/Receipt Number: (b) (6) (b) (6)

SUBJECT: Withholding of Adjudication

(b) (5), (b) (7)(E)

WARNING: This document is FOR OFFICIAL USE ONLY (FOUO). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information. This information shall not be distributed beyond the original addressees without prior authorization of the originator.

# Cover Sheet

## Record of Proceeding

**NOTE:** This is a permanent record of the U. S. Citizenship and Immigration Services.

### Instructions

1. Place a separate cover sheet on the top of each closed Record of Proceeding.
2. Each Record of Proceeding must 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 insert a page describing the section removed, sign and date it, and place it in this record below this cover sheet. The signer is responsible for returning the removed material as soon as it no longer needs to be outside the record.
4. See Records Operations Handbook Part II-24: Record of Proceeding (ROP) - Assembling A-Files for details.

**G-28, Notice of Entry of Appearance as Attorney or Accredited Representative**

Department of Homeland Security

**Part 1. Notice of Appearance as Attorney or Accredited Representative**

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): I-485 / I-765 / I-131     CBP - List the specific matter in which appearance is entered:  
 ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>			A Number or Receipt Number, if any  <b>(b) (6)</b>	<input type="checkbox"/> Petitioner
Name: Last <b>TODASHEV</b>	First <b>IBRAGIM</b>	Middle <b>ABDULBAKIEVICH</b>		<input checked="" type="checkbox"/> Applicant
Address: Street Number and Street Name    Apt. No.    City    State    Zip Code				
<b>6022 Peregrine Ave</b>			<b>Orlando</b>	<b>FL 32819</b>

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent: *Ther...*      Date: 10/31/2012

**Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)**

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: Florida Supreme Court  
 I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation: \_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

**Part 3. Name and Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative <b>(b) (6), Esq.</b>	Attorney Bar Number(s), if any <b>(b) (6)</b>
Signature of Attorney or Accredited Representative <b>(b) (6)</b>	Date <u>11/01/2012</u>
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code) <b>5575 S. Semoran Blvd, Suite 5015 Orlando, FL 32822</b>	
Phone Number (Include area code) <b>(b) (6)</b>	Fax Number, if any (Include area code) <b>(407) 704-8945</b>
E-Mail Address, if any <b>(b) (6)</b>	















13:43  
TID=N3IA

PQH API/HIT DATA

102308

T2MR9208  
T2PR9221

NAME	DOB	DATE	TIME	AGN	QUERY	RSLT	LNE	REF	TERM/	API
TODASHEV, IBRAGIM	092285	060308	1118	CUS	(b)(7)(E)	API	API		/K20	C
JFK -JOHN F KENNEDY INTL	DOC:	630128190					US V	INSP:	(b)(7)(C)	

COA : J1            ADMIT UNTIL : D/S

API DATA ----

INDICATOR	: C	CONFIRMED
CARRIER CODE	: DL	DELTA AIR LINES INC.
FLT/VES NUMBER	: 119	
ARRIVAL LOCATION	: JFK	JOHN F KENNEDY INTL
DEPARTURE LOCATION	: CDG	PARIS, CH. DE GAULLE
TRANSMITTED BY	: AFDCS	AIR FRANCE
INBOUND/OUTBOUND	: INBOUND	

(PF3=MAIN MENU)

(PF4=PREV MENU)

13:44  
TID= N3IA

TECS II - I-94 ARRIVAL/DEPARTURE DISPLAY  
DETAIL VIEW

102308 T2MRM203  
T2PRM211

ADMN REC 001 OF 001

ADMISSION/DEPARTURE NBR 84747092019 ADMISSION CODE J1 VALID TO  
NAME (LAST, FIRST) TODASHEV, IBRAGIM  
CITIZENSHIP RU RUSSIA DOB 09221985 GENDER M MISC  
PASSPORT NBR 63N0128190 WORK  
COUNTRY OF RESIDENCE RU RUSSIA  
ALIAS LN ALIAS DOB  
ALIAS FN ALIAS COC

\*\*\*\*\* ARRIVAL INFORMATION \*\*\*\*\*

AIRLINE DL DELTA AIR LINES INC. FLIGHT NBR 00119 ARRIVAL DATE 06032008  
VISA ISSUE CITY MOSCOW VISA ISSUE DATE 04252008 PORT OF ENTRY NYC  
U.S. ADDRESS- STREET 3435 SPORTSMAN RD CITY GREENCASTLE STATE PA  
INSPECTOR NUMBER (b) (7)(C) MICROFILM NUMBER TRAVEL MODE AIR  
COMMENTS STATUS CODE A

\*\*\*\*\* DEPARTURE INFORMATION \*\*\*\*\*

PORT DEPARTURE DATE TRAVEL MODE  
CARRIER FLIGHT NBR/SHIP NAME

(F1/F2=HELP) (F3=MAIN MENU) (F4=HITLIST) (F9=VW ACCESS) (F16=PRINT REC)  
(F7=PRIOR PAGE) (F8=NEXT PAGE) (F10=FIRST PAGE) (F11=LAST PAGE) (F12=INQUIRY)

Skip Navigation

# US-VISIT

PRINT | CLOSE

## Secondary Processing

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### Previous Encounters for FIN (b) (6)

#### Page Summary

(b) (6)

(b) (6)

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**DHS CBP AIRENTRY**

(Click to Enlarge) Encounter ID: 1196288559  FIN: (b) (6)	<b>Bio Data</b>						
	<b>Name</b>						
	TODASHEV, IBRAGIM						
	<b>DOB</b>	<b>Nationality / Birth Place</b>	<b>Citizenship</b>				
	1985 September 22	/					
	<b>Gender</b>	<b>Race</b>	<b>Height (ins.)</b>				
	M						
	<b>Weight (lbs.)</b>	<b>Eye Color</b>	<b>Hair Color</b>				
	<b>Transaction Data</b>						
<b>Date Finger Printed</b>	<b>Site Code</b>	<b>Terminal ID</b>	<b>Date Loaded</b>	<b>Reason Finger Printed</b>			
2008 June 3 11:19 AM	WJFK07B	WJFK07B520	2008 June 3 11:19 AM				
<b>Docs Associated with this Encounter</b>							
<b>Type</b>	<b>Document ID</b>	<b>Issuing Country</b>	<b>Name</b>	<b>Gender</b>	<b>DOB</b>	<b>Nationality</b>	<b>Issued</b>
V	630128190	USA	TODASHEV, IBRAGIM	M	1985 September 22		

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<b>DOS CON-AFF NIV</b>							
(Click to Enlarge) Encounter ID: 1188354847  FIN: (b) (6)	<b>Bio Data</b>						
	<b>Name</b>						
	TODASHEV, IBRAGIM ABDULBAKIYEVICH						
	<b>DOB</b>	<b>Nationality / Birth Place</b>	<b>Citizenship</b>				
	1985 September 22	RUS /	RUS				
	<b>Gender</b>	<b>Race</b>	<b>Height (ins.)</b>				
	M						
	<b>Weight (lbs.)</b>	<b>Eye Color</b>	<b>Hair Color</b>				
	<b>Transaction Data</b>						
<b>Date Finger Printed</b>	<b>Site Code</b>	<b>Terminal ID</b>	<b>Date Loaded</b>	<b>Reason Finger Printed</b>			
2008 April 23 08:00 PM	MOS		2008 April 24 12:20 AM	VISA APPLICANT -			

Docs Associated with this Encounter							
Type	Document ID	Issuing Country	Name	Gender	DOB	Nationality	Issued
630128190	P	RUS	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		
630128190	V	USA	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		
95688176	V	USA	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		
MOS0A4J5	V	USA	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		

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DOS CON-AFF NIV							
(Click to Enlarge) Encounter ID: 1084086188    FIN: (b) (6)	<b>Bio Data</b>						
	<b>Name</b>						
	TODASHEV, IBRAGIM ABDULBAKIYEVICH						
	<b>DOB</b>	<b>Nationality / Birth Place</b>		<b>Citizenship</b>			
	1985 September 22	RUS /		RUS			
	<b>Gender</b>	<b>Race</b>		<b>Height (ins.)</b>			
	M						
	<b>Weight (lbs.)</b>	<b>Eye Color</b>		<b>Hair Color</b>			
	<b>Transaction Data</b>						
<b>Date Finger Printed</b>	<b>Site Code</b>	<b>Terminal ID</b>	<b>Date Loaded</b>	<b>Reason Finger Printed</b>			
2006 June 1 01:44 AM	MOS		2006 June 1 01:44 AM				
<b>Docs Associated with this Encounter</b>							
Type	Document ID	Issuing Country	Name	Gender	DOB	Nationality	Issued
603136389	P	RUS	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		
603136389	V	USA	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		
			TODASHEV, IBRAGIM		1985		

82522094	V	USA	ABDULBAKIYEVICH	M	September 22		
MOS05N37	V	USA	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		
603136389	P	RUS	TODASHEV, IBRAGIM ABDULBAKIYEVICH	M	1985 September 22		

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# COPY OF OFFICIAL RAP SHEET COVER PAGE INFORMATION

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\*\*\*\*\* LIMITED OFFICIAL USE ONLY \*\*\*\*\*

COVER SHEET DATA PRESENTED IS CURRENT AS OF 01/04/2013

SUBMISSION TCN : (b) (6)  
DISTRICT ORI : FLINS0500  
  
FBI PROCESS DATE : 01/04/2013  
FBI NAME : TODASHEV, IBRAGIM  
DATE OF BIRTH : 09/22/1985  
ALIEN NUMBER : (b) (6)  
SOCIAL SECURITY NUMBER : UNKNOWN  
ZIP CODE : 32819  
DHS FORM NUMBER : I485

## COPY OF OFFICIAL RAP SHEET AS OF 01/04/2013

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\*\*\*\*\* LIMITED OFFICIAL USE ONLY \*\*\*\*\*

UNITED STATES DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
 CLARKSBURG, WV 26306

TXINSWANZ

ICN E2013004000000154972

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE  
 FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI NO.	DATE REQUESTED
TODASHEV, IBRAGIM	(b) (7)(E)	2013/01/04

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1985/09/22	510	165	BRO	BRO

BIRTH PLACE

ROMANIA

PATTERN CLASS	CITIZENSHIP
LS WU WU WU RS WU WU WU WU LS	RUSSIA
WU RS            WU RS	
LS	

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
 CLARKSBURG, WV 26306

TXINSWANZ  
PART 2

ICN E2013004000000154972

- FBI IDENTIFICATION RECORD - FBI NO (b) (7)(E)

1-ARRESTED OR RECEIVED 2010/02/11 SID- MA10517872  
 AGENCY-POLICE DEPARTMENT BOSTON (MA0130100)  
 AGENCY CASE-2010500647  
 CHARGE 1-PERSON, DISORDERLY  
 CHARGE 2-RESISTING ARREST  
 CHARGE 3-DRIVING TO ENDANGER

2-DATE OF APPLICATION 2013/01/04R (DATE FP)  
 AGENCY-USCIS-TSC DALLAS (TXINSWANZ)  
 AGENCY CASE-201301041431  
 CIVIL PRINT - 01/04/2013

PHOTO\_INFORMATION  
1-ONE PHOTOS AVAILABLE

RECORD UPDATED 2013/01/04

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON  
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL  
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

FDDETL3A

IMMIGRATION AND NATURALIZATION SERVICE  
FD258 TRACKING SYSTEM

01/16/2013  
12:13

SEARCH CRITERIA: ANUM = (b) (6)  
CIDN : (b) (6) ORI: (SC) TXINSWANZ (LOC) FLINS0500  
A-NUMBER : (b) (6) FORM#: I485  
NAME (L/F/M): TODASHEV IBRAGIM

DATE OF BIRTH : 09/22/1985  
FP REQUEST SENT: 01/04/2013 TCN: (b) (6)  
PLACE OF BIRTH : RA TCR: E2013004000000154972

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E) FBI NAME: TODASHEV, IBRAGIM  
DATE PROCESSED BY FBI: 01/04/2013 CONTROL NO: T00498I  
RESP PROCESSED BY LAN: 01/07/2013 FBI NUMBER: (b) (7)(E)  
RESP PROCESSED BY M/F: 01/08/2013 PCN :  
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

NCXPREV

IMMIGRATION AND NATURALIZATION SERVICE  
FBI NAME CHECK RESPONSE

01/16/2013  
12:13:26

PAGE 0001 OF 0001

TOTAL RECORD COUNT 000003

SEARCH CRITERIA: ANUMBER-(b) (6)

DATE SENT	A-NUMBER	LAST NAME	FIRST NAME	BIRTH DATE	ORI	RSP
11/27/2012	(b) (6)	TODASHEV	IBRAGIM	09/22/1985	USINS0000	NR
04/01/2010	(b) (6)	TODASHEV	IBRAGIM A	09/22/1985	USINS0000	NR
09/16/2008	(b) (6)	TODASHEV	IBRAGIM A	09/22/1985	USINSASYZ	NR

\*\*\* END OF DATA TO DISPLAY \*\*\*  
PLACE CURSOR ON LINE TO VIEW AND PRESS ENTER

SEARCH CRITERIA: ANUM = (b) (6)

CIDN : (b) (6) ORI: (SC) VTINSWANZ (LOC) MAINSBS00  
A-NUMBER : (b) (6) FORM#: I485  
NAME (L/F/M): TODASHEV IBRAGIM ABDULBAKIE

DATE OF BIRTH : 09/22/1985  
FP REQUEST SENT: 04/20/2010  
PLACE OF BIRTH : SX

TCN: (b) (6)  
TCR: E2010110000000078892

\*\*\*\*\* FBI RESPONSE INFORMATION \*\*\*\*\*

FBI RESPONSE DESC : (b) (7)(E) FBI NAME: TODASHEV, IBRAGIM  
DATE PROCESSED BY FBI: 04/20/2010 CONTROL NO: TO1098I  
RESP PROCESSED BY LAN: 04/20/2010 FBI NUMBER: (b) (7)(E)  
RESP PROCESSED BY M/F: 04/21/2010 PCN :  
REJECT DESCRIPTION :

SUCCESSFUL FD258 DETAIL SCREEN DISPLAY

PF1 PF2 PF6 PF8  
PG FWD PG BWD PRIOR SCREEN LOGOFF

(b) (6)

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

# **Cover Sheet**

## **Record of Proceeding**

**NOTE:** This is a permanent record of the U. S. 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 must 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 that must 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













**Record of System Query (ROSQ)**

A-Number or Receipt

(b) (6)

Date: 2/1/2013

Principal

Derivative

**YES** = Screen reviewed; no new derogatory information.

**NO** = Not applicable, not subject, or no evidence of excessive traveling.

**RAPS**

CSTA screen checked  
EOIR screen checked

Yes No

(b) (7)(E)

AR11

**CIS**

9101 screen checked  
9102 screen checked  
9103 screen checked  
9106 screen checked  
9222 screen checked  
9504 screen checked

(b) (7)(E)

Signature:

(b) (6)

Date:

2/4/13

### Record of IBIS Query (ROIQ)

At the time of final adjudication of I-485, SQ11 query results for primary name and date of birth are:

A#: (b) (6) Receipt #: (b) (6) Form(s): I-485

#	LAST NAME, FIRST NAME	DOB	No Match	DNR	RELATES	Resolution Memo Completed?
1	TODASHEV, IBRAGIM	9/22/1985				
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	A P B D					
2						<input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	A P B D					
3						<input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	A P B D					
4						<input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	A P B D					
5						<input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	A P B D					
6						<input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
	A P B D					

**Properly annotate IBIS results on the ROIQ:**  
 -- Include the date of query in the appropriate box (NO MATCH, DNR, or RELATES)  
 -- Include the initial or identifying number of the USCIS personnel conducting the query in the same box as the date.

SS=Short String  
 A - Applicant P - Petitioner B - Beneficiary D - Derivative Household Member

**NO MATCH** - No information found in IBIS  
**DNR** - Information found in IBIS but does not relate to the subject  
**RELATES** - Information found in IBIS that relates to the subject, case referred for resolution

#### IIT IBIS Check:



**MASSACHUSETTS**

DRIVER'S LICENSE

NUMBER  
S36960396

EXP. DATE  
08-22-2012 09-22-1985

CLASS	HEAT	HGT	SEX
D		5-09	M

**TOOASHEV**  
IBRAGIM  
39 CARRY AVE  
UNIT 18  
CHELSEA, MA  
02150-2536



*Paula Reynolds*

*[Signature]*