Exhibit J

U.S. Department of Justice Immigration and Naturalization Service OMB No. 1115-0009 Application for Naturalization

Part 1. Your Name (The Person App	lying for Naturalization)	Write your INS "A"-	number here:
A. Your current legal name.	And the second states of the	A	001
Family Name (Last Name)		FOR INS	USE ONLY
RAZIĆ		Bar Code	Date Stamp
Given Name (First Name)	Full Middle Name (If applicable)	1 1	
ESO			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. Your name <u>exactly</u> as it appears on you Family Name (Last Name)	r Permanen: Resident Card.		
RAZIC			Remarks
Given Name (First Name)	Full Middle Name (If applicable)	è i	
ESO		Ŧ	
C. If you have ever used other names, pro-	vide them below	579	
Family Name (Last Name) Give	en Name (First Name) Middle Name	LIN*0005	
		5/2003	
D. Name change <i>(optional)</i> Please read the Instructions before you 1. Would you like to legally change yo 2. If "Yes," print the new name you wo	our name? Yes No	25/86/2003	
Please read the Instructions before you 1. Would you like to legally change yo	our name? Yes No No ould like to use. Do not use initials or	E007/90/50	tion
 Would you like to legally change yo If "Yes," print the new name you wo 	our name? Yes No No ould like to use. Do not use initials or	E007/98/50	tion
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Please read the Instructions before you 1. Would you like to legally change yo 2. If "Yes," print the new name you wo abbreviations when writing your ne Family Name (Last Name) Given Name (First Name) Part 2. Information About Your Elig 1 am at least 18 years old AND A. A I have been a Lawful Permanent B. I have been a Lawful Permanent	bur name? Yes No ould like to use. Do not use initials or w name. Full Middle Name gibility (Check Only One) t Resident of the United States for at least 5 yea t Resident of the United States for at least 5 yea og with the same U.S. citizen for the last 3 yea	LINLE. DISTRICT DIMEN	2 2004
Please read the Instructions before you 1. Would you like to legally change yo 2. If "Yes," print the new name you wo abbreviations when writing your ner Family Name (Last Name) Given Name (First Name) Part 2. Information About Your Elig 1 am at least 18 years old AND A. A I have been a Lawful Permanent B. I have been a Lawful Permanent I have been married to and livin	bur name? Yes No ould like to use. Do not use initials or w name. Full Middle Name Full Middle Name gibility (Check Only One) t Resident of the United States for at least 5 ye t Resident of the United States for at least 5 ye t Resident of the United States for at least 3 yea og with the same U.S. citizen for the last 3 yea en for the last 3 years.	LINLE. DISTRICT DIMEN	2 2004

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Social Security Number B. Date of Birth (Month/Da 1966 Country of Birth BOSNIA - Herzegouina Are either of your parents U.S. citizens? (if yes, see Instruct. What is your current marital status? Single, Never Ma Marriage Annulled or Other (Explain)	E. Country of Nationali BOSNIA - ions) Yes	<u>111998</u> y Herzegou	
Country of Birth Bosnia - Herzegouina Are either of your parents U.S. citizens? (if yes, see Instruct. What is your current marital status? Single, Never Ma	E. Country of Nationali BOSNIA - ions) Yes	<u>111998</u> y Herzegou	
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Bosnia - Herzegouina Are either of your parents U.S. citizens? (if yes, see Instruct. What is your current marital status? Single, Never Ma	Bo-snia -	Herzegou	lina
Are either of your parents U.S. citizens? <i>(if yes, see Instruct.</i> What is your current marital status? Single, Never Ma	ions) 🗌 Yes		ina
What is your current marital status? Single, Never Ma		1521	
	IN NING	X No	
Marriage Annulled or Other (Explain)	med Married	Divorced	Widowed
	1		
Are you requesting a waiver of the English and/or U.S. Historequirements based on a disability or impairment and attaching your application?	ory and Government ng a Form N-648 with	Yes No	
Are you requesting an accommodation to the naturalization p disability or impairment? (See Instructions for some example		Yes No	
If you answered "Yes", check the box below that applies:			
I will need another type of accommodation. Please explain Part 4. Addresses and Telephone Numbers	in:		
and a studiesses and receptone realises			
Home Address - Street Number and Name (Do NOT write a	P.O. Box in this space)		Apartment Numb
DUBUQUE DBQ		52001 Cour	ltry
Care of Mailing Address - Street Nur	nber and Name (If different	from home address)	Apartment Numb
SAME			
City State	ZIP Code	Country	
Daytime Phone Number (If Evening Phone Num	mber (If any) E-ma	il Address (If any)	Lange and Lange
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	1 T 1	Form N-4	

Note: The categories below are those required by the FBI. See Instructions for more information. A. Gender B. Height C. Weight Male Female Image: Comparison of the second s	
A. Gender B. Height C. Weight Male Female D. Race A. Gender B. Height C. Weight D. Race A. Gender B. Height D. He	
Male Female D. Race Multic Asian or Pacific Islander Black American Indian or Alaskan Native Unknown Hair color Eve color	
D. Race	
White Asian or Pacific Islander Black American Indian or Alaskan Native Unknown Hair color Eve color	
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Eve color	
Part 6. Information About Your Residence and Employment	
Part 6. Information About Your Residence and Employment	
Part 6. Information About Your Residence and Employment	
. Where have you lived during the last 5 years? Begin with where you live now and then list every place you lived for the live years. If you need more space, use a separate sheet of paper.	last 5
Street Number and Name, Apartment Number, City, State, Zip Code and Country Dates (Month/Year)	
From From	То
Current Home Address - Same as Part 4.A 01,2002 Pr	resent
11,199801	
	201

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

Employer or	Employer or School Address	Dates (Me	onth/Year)	Your
School Name	(Street, City and State)	From	То	Occupation
		0312001	PRESENT	TRUCK DRIVER
		10,2000	03,2001	TRUCK DRIVER
		11,1998	06,2000	HACHINE OPERATOR
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07,1998 09,1997

List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.	e of the United States during the past 5 years?	days
Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper. Date You Left the United States Month/Day/Year) Date You Returned to the United States (Month/Day/Year) Did Trip Last 6 Months or More? Countries to Which You Traveled Total Out of United States 1 1 1 1 1 1 1 Out of United States Total Out of More? 1 1 1 1 1 1 1 Out of United States Total Out of More? 1 1 1 1 1 1 1 Out of United States Total Out of More? No No Out of United States Out of United States <td< td=""><td>you taken outside of the United States during the past 5 years?</td><td>trips</td></td<>	you taken outside of the United States during the past 5 years?	trips
United States Month/Day/Year) the United States (Month/Day/Year) 6 Months or More? Countries to Which You Traveled Out of United 1	e that you have taken outside of the United States since becoming a our most recent trip. If you need more space, use a separate sheet of paper.	
1 1	6 Months or Out	l Days of the 1 State:
1 1	_ Yes No NO Travel ()	
I I		
I I	Yes No	
I I	_ Yes No	
I I	_ Yes No	
1 1	_ Yes No	
I I	Yes Vo	
I I I Yes No rt 8. Information About Your Marital History If you have NEVER been married, go How many times have you been married (including annulled marriages)? If you have NEVER been married, go If you are now married, give the following information about your spouse: If you are now married, give the following information about your spouse: 1. Spouse's Family Name (Last Name) Given Name (First Name) Full Middle Name (If applical VIDELA) 2. Date of Birth (Month/Day/Year) 3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security N 5. Home Address - Street Number and Name Apartmen	_ Yes No	
urt 8. Information About Your Marital History How many times have you been married (including annulled marriages)? 1 If you have NEVER been married, go If you are now married, give the following information about your spouse: If you are now married, give the following information about your spouse: 1. Spouse's Family Name (Last Name) Given Name (First Name) Full Middle Name (If applicate information) RAZIC VIDELA 4. Spouse's Social Security Normation 2. Date of Birth (Month/Day/Year) 3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security Normation 5. Home Address - Street Number and Name Apartmen	Yes No	
How many times have you been married (including annulled marriages)? 1 If you have NEVER been married, go If you are now married, give the following information about your spouse: If you have NEVER been married, go I. Spouse's Family Name (Last Name) Given Name (First Name) Full Middle Name (If applical RAZIC VIDELA If you have NEVER been married, go 2. Date of Birth (Month/Day/Year) 3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security N 5. Home Address - Street Number and Name Apartmen	Yes No	
1. Spouse's Family Name (Last Name) Given Name (First Name) Full Middle Name (If applicate) RAZIC VIDELA Image (Month/Day/Year) 4. Spouse's Social Security N 2. Date of Birth (Month/Day/Year) 3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security N 5. Home Address - Street Number and Name Apartmen	including annulled marriages)? 1 If you have NEVER been married, go	to Pai
RAZIC VIDELA 2. Date of Birth (Month/Day/Year) 3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security N 011/61/988 4. Spouse's Active Security N 5. Home Address - Street Number and Name Apartmen		
2. Date of Birth (Month/Day/Year) 3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security N 011/61/988 5. Home Address - Street Number and Name Apartmen		ble)
	3. Date of Marriage (Month/Day/Year) 4. Spouse's Social Security N	√umbe
City State ZIP Code	ne Apartmen	it Num
	State ZIP Code	e
DUBUQUE IA 5200		01

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Part 8. Information About Your Marital H	Istory (Communed)	ite your INS "A"- number here:
C. Is your spouse a U.S. citizen?	es No	0.61
D. If your spouse is a U.S. citizen, give the follow	ving information:	
1. When did your spouse become a U.S. citize		At Birth Other
If "Other," give the following information:		
2. Date your spouse became a U.S. citizen	3. Place your spouse became a U.S. citiz	zen (Please see Instructions)
		LA A
	City	and State
E. If your spouse is NOT a U.S. citizen, give the	following information :	
1. Spouse's Country of Citizenship	2. Spouse's INS "A"- Number (If applic	able)
	A	
3. Spouse's Immigration Status		
1. Prior Spouse's Family Name (Last Name)	Given Name (First Name)	Full Middle Name (If applicable)
	A REAL PROPERTY AND A REAL	
2. Prior Spouse's Immigration Status	3. Date of Marriage (Month/Day/Year)	4. Date Marriage Ended (Month/Day/Year
U.S. Citizen		4. Date Marriage Ended (Month/Day/Year
U.S. Citizen	5. How Marraige Ended	
U.S. Citizen	5. How Marraige Ended	
U.S. Citizen Lawful Permanent Resident Other	5. How Marraige Ended	
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 U.S. Citizen Lawful Permanent Resident Other G. How many times has your current spouse been If your spouse has EVER been married before 	5. How Marraige Ended Divorce Spouse Died d married (including annulled marriages)?	Other Define Define Define Define Define Define Define Define Define Define Define Spouse's prior marriage.
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 U.S. Citizen Lawful Permanent Resident Other G. How many times has your current spouse been If your spouse has EVER been married before If your spouse has more than one previous ma 1 - 5 below. 	5. How Marraige Ended Divorce Spouse Died married (including annulled marriages)? , give the following information about your rriage, use a separate sheet of paper to prov Given Name (<i>First Name</i>)	Other Dete
 U.S. Citizen Lawful Permanent Resident Other G. How many times has your current spouse been If your spouse has EVER been married before If your spouse has more than one previous ma 1 - 5 below. Prior Spouse's Family Name (Last Name) 2. Prior Spouse's Immigration Status 	5. How Marraige Ended Divorce Spouse Died married (including annulled marriages)? , give the following information about your rriage, use a separate sheet of paper to prov Given Name (<i>First Name</i>)	Other Cother Cother Cother Cother Cother Cother Cother Cother Cother Cother Cother Cother Cother Cother Spouse's prior marriage. ide the information requested in questions Full Middle Name (If applicable)
 U.S. Citizen Lawful Permanent Resident Other Other G. How many times has your current spouse been If your spouse has EVER been married before If your spouse has more than one previous ma 1 - 5 below. Prior Spouse's Family Name (Last Name) 	5. How Marraige Ended Divorce Spouse Died married (including annulled marriages)? , give the following information about your rriage, use a separate sheet of paper to prov Given Name (<i>First Name</i>)	Other C.e. Definition requested in questions Full Middle Name (If applicable)

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Part 9. Information About Your Children	Children	Your	About	tion	Informa	art 9.	p
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INS "A" - number	

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

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06

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

Full Name of Son or Daughter	Date of Birth (Month/Day/Year)	INS "A"- number (if child has one)	Country of Birth	Current Address (Street, City, State & Country)
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		A		
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Part 10. Additional Questions

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

A. General Questions

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

Ko Ko Ko Ko Ko
No No No
No No

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Part 10. Additional Questions (Continued)

Write your INS "A"- number here: 06

Yes

X No

A

B. Affiliations

- 8. a. Have you EVER been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place?
 - b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of Group
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

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

a. The Communist Party?	Yes	No
b. Any other totalitarian party?	Yes	No
c. A terrorist organization?	Yes	No No
10. Have you EVER advocated <i>(either directly or indirectly)</i> the overthrow of any government by force or violence?	Yes	No No
11. Have you EVER persecuted <i>(either directly or indirectly)</i> any person because of race, religion, national origin, membership in a particular social group, or political opinion?	Yes	No
12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way <i>(either directly or indirectly)</i> with:		
a. The Nazi government of Germany?	Yes	No
b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?	Yes	No
c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?	Yes	No No
C. Continuous Residence		
Since becoming a Lawful Permanent Resident of the United States:		. ()
13. Have you EVER called yourself a "nonresident" on a Federal, state, or local tax return?	Yes	X No
14. Have you EVER failed to file a Federal, state, or local tax return because you considered yourself to be a "nonresident"?	Yes	No No

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Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

06

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

15.	Have you EVER committed a crime or offense for which you were NOT arrested?	Yes	X No
16.	Have you EVER been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason?	Yes	
17.	Have you EVER been charged with committing any crime or offense?	Yes	X No
18.	Have you EVER been convicted of a crime or offense?	Yes Yes	X No
19.	Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	Yes	10 No
20.	Have you EVER received a suspended sentence, been placed on probation, or been paroled?	Yes	XXO
21.	Have you EVER been in jail or prison?	Yes	X No

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

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged (Month/Day/Year)	Where were you arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed, jail, probation, etc.)
			and the second
	E. C. C.		

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

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

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Part 10. Additional Questions (Continued) Write your I A	NS "A"- number here: $0.6/$
E. Removal, Exclusion, and Deportation Proceedings	
25. Are removal, exclusion, rescission or deportation proceedings pending against you?	Yes No
26. Have you EVER been removed, excluded, or deported from the United States?	Yes No
27. Have you EVER been ordered to be removed, excluded, or deported from the United States?	Yes No
28. Have you EVER applied for any kind of relief from removal, exclusion, or deportation?	Yes No
F. Military Service	
29. Have you EVER served in the U.S. Armed Forces?	Yes No
30. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces?	Yes No
31. Have you EVER applied for any kind of exemption from military service in the U.S. Armed Forces?	Yes No
32. Have you EVER deserted from the U.S. Armed Forces?	Yes No
G. Selective Service Registration	1
33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant?	Ves No
If you answered "NO", go on to question 34.	
If you answered "YES", provide the information below.	>
If you answered "YES", but you did NOT register with the Selective Service System and are still under you must register before you apply for naturalization, so that you can complete the information below.	
Date Registered (Month/Day/Year)	
If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years a statement explaining why you did not register.	s old or older, attach
H. Oath Requirements (See Part 14 for the text of the oath)	
Answer questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written ex was "No" and (2) any additional information or documentation that helps to explain your answer.	planation why the answer
34. Do you support the Constitution and form of government of the United States?	X Yes No
35. Do you understand the full Oath of Allegiance to the United States?	X Yes No
36. Are you willing to take the full Oath of Allegiance to the United States?	Wes No
37. If the law requires it, are you willing to bear arms on behalf of the United States?	X Yes No
38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces?	Yes No
39. If the law requires it, are you willing to perform work of national importance under civilian direction?	Yes No

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Part 1	1.	Your	Signa	fure

ESO RAZIC'

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

Your Signature	Date (Month/Day/Year)	Date (Month/Day/Year)		
	0413012003			

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

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

Preparer's Printed Name	Preparer's Si	gnature	-
Date (Month/Day/Year) Preparer's	Firm or Organization Name (If applica	<i>ible)</i> Preparer's I	Daytime Phone Number
Preparer's Address - Street Number and N	lame City	State	ZIP Code
Do Not Complete Pa	rts 13 and 14 Until an INS Offi	cer Instructs You To Do	So 🎾
Part 13. Signature at Interview			
Subscribed to and sworn to (affirmed) before	Officer's Printed Nam		e (Month/Day/Year)
Part 14. Oath of Allegiance		and a start of the start	
If your application is approved, you will be following oath of allegiance immediately pe willingness and ability to take this oath: I hereby declare, on oath, that I absolutely state, or sovereignty, of whom or which we that I will support and defend the Constitu- that I will bear true faith and allegiance to that I will bear arms on behalf of the United that I will perform noncombatant service is that I will perform work of national impor- that I take this obligation freely, without a	and entirely renounce and abjure all all hich I have heretofore been a subject or ttion and laws of the United States of A the same; ed States when required by the law; n the Armed Forces of the United State tance under civilian direction when req	By signing below, you acknow legiance and fidelity to any fore citizen; merica against all enemies, for es when required by the law; uired by the law; and	vledge your eign prince, potentate,
Printed Name of Applicant	Complete Signatu	ire of Applicant	

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TNIC "A"

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her here:

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