Exhibit 27 SEALED

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

OMB No. 1615-0023; Expires 06/30/15 Form I-485, Application to Register Permanent Residence or Adjust Status

START HERE - Type or Print (Use black i	For USCIS Use Only			
Part 1. Information About You	Returned Receipt			
Family Name (Last Name) Given Name (
Bengézi Hanin	Omar			
Address - Street Number and Name	Apt. No.	Resubmitted		
15907-Ash Way 16325 Vieve	and JT-, APT-4110 = 403	Kestermined Section 1		
C/O (in care of)	one year, one month	2,5		
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Lynnwood Redmond W		Reloc Sent		
Lynnwood Kedmond W	Country of Birth	8		
(mmaayyyy)	LIBYA	ς <u>σ</u>		
Country of Citizenship/Nationality U.S. Soc	ial Security No. (if any) A-Number (if any)	Reloc Rec'd		
CANADA/LIBYA None	Trumber (i) dry	0000		
Date of Last Arrival (mm/dd/yyyy)	1-94 Number	25		
12/21/2014 03 04 2017	47740937930			
Current USCIS Status	Expires on (mm/dd/yyyy)	Applicant S		
K-1=Visa- / nrolee	03/20/2045 03/03/18 (04/06/2045)	05/04/17 BM		
Part 2. Application Type (Check one)		Section of Law		
I am applying for an adjustment to perman	nent resident status because:	Sec. 209(a), INA		
a. An immigrant petition giving me an in that has been approved. (Attach a copy immigrant juvenile, or special immigra	nmediately available immigrant visa number of the approval notice, or a relative, special int military visa petition filed with this	Sec. 249 (b), INA Sec. 13, Act of 9/11/57, Sec. 245, INA		
application that will give you an imme	diately available visa number, if approved.)	Sec. 249, INA Sec. 1 Act of 11/2/66		
b. My spouse or parent applied for adjust permanent residence in an immigrant vafor spouses and children.	ment of status or was granted lawful risa category that allows derivative status	Scc. 2 Act of 11/2/66 Other Country Chargeable		
c. I entered as a K-1 fiancé(e) of a U.S. ci	ancé(e). (Attach a copy of the fiancé(e)	Con ad a Eligibility Under Sec. 245		
/ · · · · ·	lum status as the spouse or child of a person	Approved Visa Petition -1-129F Dependent of Principal Alien Special Immigrant		
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.		Other Preference		
f. I am the husband, wife, or minor unmarried child of a Cuban described above in		Action Block		
(e), and I am residing with that person,	and was admitted or paroled into the United fter have been physically present in the	J.S. Department of Homeland Security, APPROVED		
1 l have continuously resided in the Unit	ed States since before January 1, 1972.	[
status has not been terminated, and I have	example, I was admitted as a refugee, my ave been physically present in the United ditional space is needed, see Page 3 of the	Brian May Chy		
I am already a permanent resident and am permanent residence adjusted to the date I a nonimmigrant or parolee, or as of May 2,	originally arrived in the United States as	S. Citizenship to dipure set for Services Anorney or Representative, it may Fill in box if Form G-28 is attached to		
(Check one)	at the description in (a) share	represent the applicant.		
i. I am a native or citizen of Cuba and me j. I am the husband, wife, or minor unmar	· · · · · · · · · · · · · · · · · · ·	VOLAG No ATTY State License No. 33995		
description in (f) above.				

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ent oner	PENNORER	PETITIONER
HANIN BENGEZI A# NONE APPLICANT (BENEFICIAN)	Hamin Benggei A H nobe A fru Capt (Beneficary)	HAMP Bengezi A Frope Applicant (Beneficary)
HANIN BENGEZI A# NONE APPLICANT (36NEFICWY)	HANIN 1485 BENGEZI A TI NONE APPLICANT (BENEFICIARY)	(BENEFKARY) AFPUCANT BENGES! HANIP

Case 2:17-cv-00094-LK	Document 665-11	Filed 06/13/24	Page 4 of 9

art 3. Processing Information							
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Elmárj , Lyby O		UNEMPLO)XED	<i>abstitute</i>	leacher	LAKEWA	
Your Mother's First Name		Your Fathe	er's First	Name and	sellerne	Jehol Dis	
Anial		Omar/		Dart	Time		
Give your name exactly as it appears of	on your Form I-94. Arrival-	Departure Re	cord	7	•		
Hanin Omar BENGEZI		a opaştaro rec	-				
Place of Last Entry Into the United Sta	ites	In what sta	atus did	you last enter?	Visitor stud	ent exchange	
(City/State)				temporary work			
Toronto, Ontario, Canada	eINA.	-K-1 Visa-	<i>-11</i> \			òle.	
Were you inspected by a U.S. Immigra	ation Officer? Yes	No 🗌		7 1 41	The Miles		
Nonimmigrant Visa Number		Consulate	Where '	Visa Was Issued	i		
		Montreal					
Date Visa Issued (mm/dd/yyyy) Ge	nder	Marital St	atus				
11/04/2014	Male Female	X Mar		Single	Divorced	Widowed	
		_			_	_	
Have you ever applied for permanent r	you ever applied for permanent resident status in the U.S.? Yes (If "Yes" give date and filing and final disposition.				ace of	⊠ No	
						1	
space is needed, see Page 3 of the instr Family Name (Last Name)	Given Name (First N	lame)		Middle Initial	Date of Bir	th <i>(mm/dd/yyyy)</i>	
Country of Birth	Relationship		A-Nun	nber (if any)	Applying w	vith you?	
UNITED STATES OF AMERICA	Spouse		Non		Yes	No X	
Family Name (Last Name)	Given Name (First N	lame)				th (mm/dd/yyyy)	
	and Petihave	8 ch	dren	12 4		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Country of Birth	Relationship	70 011	A-Nun	nber (if any)	Applying w	rith you?	
Kan	15 34 Weeks	Drean	Tra	now.	Yes		
Family Name (Last Name)	Given Name (First N	Iame)	14	Middle Initial		th (mm/dd/yyyy)	
Bey	has & child	reni					
Country of Birth	Relationship	1 . 1	A-Nun	nber (if any)	Applying w	ith you?	
	- Sstep	- child	en.		Yes _	No 🗌	
Family Name (Last Name)	Given Name (First N	(ame), ,			Date of Bir	th (mm/dd/yyyy)	
	O Adop	ted Chil	ldren	MIW.			
Country of Birth	Relationship \		A-Nun	nber (if any)	Applying w		
	-				Yes	No 🗌	
Family Name (Last Name)							
Turniy Traine (East Traine)	Given Name (First N	lame)		Middle Initial	Date of Bir	th <i>(mm/dd/yyyy)</i>	
		lame)					
Country of Birth	Given Name (First N	lame)	A-Nun	Middle Initial nber (if any)	Applying w		

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Part 3. Processing Informati	on (Continued)	<i>r</i> /	/ /		
or similar group in the United write "None," Include the nam	obership in or affiliation with every organization, associates or in other places since your 16th birthday. Incee of each organization, location, nature, and dates of a continuation pages must be submitted according to structions.	lude <mark>any military,servio</mark> membership. If additions	ce in this part. If none, al space is needed,		
Name of Organization	me of Organization Location and Nature Date of Membership From				
None	States none.				
					
that you are not entitled to adjust s 1. Have you EVER, in or outside a. Knowingly committed any arrested? b. Been arrested, cited, charge or ordinance, excluding traff.	crime of moral turpitude or a drug-related offense for d, indicted, convicted, fined, or imprisoned for break fic violations?	which you have not bee	n Yes No X		
 c. Been the beneficiary of a pa d. Exercised diplomatic immu 	Yes No X Yes No X				
2. Have you received public assist	tance in the United States from any source, including cipality (other than emergency medical treatment), or	the U.S. Government or	Yes No X		
3. Have you EVER:					
a. Within the past 10 years be activities in the future?	en a prostitute or procured anyone for prostitution, or	intend to engage in such	Yes∏ No 🕅		
b. Engaged in any unlawful co	ommercialized vice, including, but not limited to, illeg	gal gambling?	Yes No X		
c. Knowingly encouraged, ind illegally?	uced, assisted, abetted, or aided any alien to try to en	er the United States	Yes		
 d. Illicitly trafficked in any co trafficking of any controlled 	ntrolled substance, or knowingly assisted, abetted, or is substance?	colluded in the illicit	Yes No No		
membership or funds for, or has support to any person or organi	onspired to engage in, or do you intend to engage in, we you through any means ever assisted or provided a zation that has ever engaged or conspired to engage in g, or any other form of terrorist activity?	ny type of material	d Yes∏ No⊠		
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Par	rt 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 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 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 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 No
9.	Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) 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 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 X
	b. Killing any person?	Yes No 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 Xo X
	e. Limiting or denying any person's ability to exercise religious beliefs?	Yes No 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, milita, or insurgent organization?	Yes No No
	b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes No 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 No

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Part 3. Processing Information (Continued)		1
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 7 of the before completing this section.)	instructio	ns/
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 indicate which language (e.g., American Sign Language)):	e interpret	ter,
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 in accommodation(s) you are requesting):	mpairmen	t(s) and
Part 5. Signature (Read the information on penalties on Page 8 of the instructions before completing	this section	on. You

Your Registration With U.S. Citizenship and Immigration Services

must file this application while in the United States.)

"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."

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Part 5. Signature (Continued)				
TALLY DIGITALITY (COMMINGS)	Applicant's Statement (Chec	ck one)	·	
I can read and understand English, an as my answer to each question.	d I have read and understand each and	every quest	ion and instructi	on on this form, as well
language, a l	on on this form, as well as my answer t anguage in which I am fluent, by the pe my question and instruction on this form	erson name	in Interpreter	's Statement and
I certify, under penalty of perjury under the all true and correct. I certify also that I ha	e laws of the United States of America ve not withheld any information that w	, that the in yould affect	formation provi the outcome of	ded with this application this application.
I authorize the release of any information determine eligibility for the benefit I am s		and Immig	ation Services (USCIS) needs to
			Date	Daytime Phone Number
Signature (Applicant)	Print Your Full Name		(mm/dd/yyyy)	(include area code)
- Jessey	Hanin Omar Bengezi		Q/cl/2015	(206) 972-2353
NOTE: If you do not completely fill out the eligible for the requested benefit, and this		uments listed	t in the instructi	ons, you may not be four
	Interpreter's Statement and Si	لمتعادمة الما		
ri aanisa ay ah		gnature		
certify that I am fluent in English and the	below-mentioned language.			
Language Used (language in which appli	cant is fluent)			400
N/A				
I further certify that I have read each and e applicant in the above-mentioned language well as the answer to each question.				
was to mid to the same displayer.			Date	Phone Number
Signature (Interpreter)	Print Your Full Name		(mm/dd/yyyy)	(include area code)
The state of the s	N/A			
Part 6. Signature of Person Prepari	ng Form, If Other Than Above	· · · · · · · · · · · · · · · · · · ·		
declare that I prepared this application have knowledge.	ı at the request of the above applican	-		
Signature	Date State Test No.		Date	Phone Number (include area code)
agnature (A)	Print Your Full Name Devin Therlot-Orr	····	(mm/dd/yyyy)	(206) 682-1080
			7.11	(20,0) 002 1009
Firm Name and Address			iress (if any)	
	1	dévin@ghp	-law-uet	
Gibbs Houston Pauw				
1000 Second Avenue, Suite 10	500			
	500			
1000 Second Avenue, Suite 10	500			

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