

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, THI YET THI NGUYEN (Name) residing at _____ (Street and Number)
CINCINNATI (City) OHIO (State) 45202 (ZIP Code if in U.S.) U.S.A (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on ALLG, 10, 1950 at MY THO (SOUTH) VIET NAM
(Date) (City) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

a. If a United States citizen through naturalization, give certificate of naturalization number _____
b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
c. If United States citizenship was derived by some other method, attach a statement of explanation.
d. If a lawfully admitted permanent resident of the United States, give "A" number AC74460715

2. That I am 47 years of age and have resided in the United States since (date) SEPT. 23, 1941

3. That this affidavit is executed in behalf of the following person:

Name	THE KHIONG NGUYEN	Sex	M
		Age	51

Citizen of-(Country) VIET NAM	Marital Status MARRIED	Relationship to Dependent BROTHER-IN-LAW
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Presently resides at—(Street and Number) (City) (State) (Country)
219/9 PHUOC BINH THU DUC HO CHI MINH CITY VIET NAM

Name of spouse and children accompanying or following to join person:

Spouse	LIEN PHUC NQ THI NGO	Sex F	Age 48	Child		Sex	Age
Child	QUANG THANH NGUYEN	Sex M	Age 20	Child		Sex	Age
Child	LIEM THANH NGUYEN	Sex M	Age 20	Child		Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.
5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.
6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.
7. That I am employed as, or engaged in the business of ELECTRICAL ASSEMBLER with KEGO IND. INC.
(Type of Business) (Name of concern)

1315 INDUSTRIAL ROAD FLORENCE KY. 41042
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.) \$ 15,682

I have on deposit in savings banks in the United States (JOINT AMOUNT)

I have other personal property, the reasonable value of which is

S 15.600

5 4.712.81

\$ _____ - _____

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ None
\$ "
\$ "
\$ "

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at _____
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER-IN-LAW
LIEN PHUONG THI NGO	X		48	SISTER-IN-LAW
QIANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name	Date submitted
NONE	

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
NONE		

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Nguyen ODL RM 113992
Subscribed and sworn to (affirmed) before me this 23 day of August 1997

by Tuylet T. Nguyen My commission expires on _____
Signature of Officer Administering Oath Cynthia M. Armbruster Title _____
Notary Public, State of Ohio
My Commission Expires Sept. 16, 1997

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

IMPORTANT This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who execute an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, TUYET THI NGUYEN ; residing at 1
(street and number)
CINCINNATI OHIO , acknowledge that I have read the
City State Zip

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

THE KHUONG NGUYEN M 51 VIET NAM M BROTHER-IN-LAW

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
LIEN PHUC NGHIA NGO	F	48	VIET NAM		SISTER-IN-LAW
QUANG THANH NGUYEN	M	20	VIET NAM		NEPHEW
LIEM THANH NGUYEN	M	20			NEPHEW

Signature of Sponsor(s)

Bà Lê Thị Quê Chi

Florence, KY.

Kính gửi :

Giáo Giá Định Cứ Nhân Chín, Ort Việt Nam

Talls Church, VA.

Kính Ông/Bà Chủ Tịch,

Trường hợp thứ 1 :

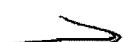
Gia đình em trai là : Nguyễn Khiết Ông
vợ, Ngò thi, Liên Phương và 3 con.

Trước năm 1975, cả hai đều phục vụ cho Quân Đội
Hoa Kỳ tại Long Bình.

Đến ngày 28-4-1975, em trai và gia đình được
hẹn đến phi trường Tân Sơn Nhất để được di tản.
Nhưng khi đến nơi thì phi trường đã đóng và già
định em trai, cũng như nhiều gia đình nhân viên Sở
Mỹ, bị bỏ lại một cách không thường lệ.

Vì lúc đó gia đình em trai cư ngụ tại làng Phê Bình
(Thủ Đức) nên số bon, cán bộ VC ở địa phương trả thù
đã tiêu hủy tất cả giấy tờ và hình ảnh liên quan đến
công việc làm.

Năm 1980, gia đình tôi đã sang Mỹ. Sau đó, với
sự chỉ dẫn của Bà Lê Thị Minh Ông, tôi đã cố gắng xin
lại được các giấy tờ chứng nhận thám niêm đã làm việc
với quân đội Mỹ và do đó mới biết em trai đã phục vụ
cho quân, Đội Hoa Kỳ chưa được 5 năm thì Quân Đội
triệt thoái và sau đó鹀đã sang làm cho hãng thám
Dear Siegler, Inc. cho đến 28-4-75 (Bút tháp, tôi
có gửi thư để xin giấy chứng nhận thám niêm cho em
trai nhưng không được trả lời).



Riêng có em dâu (thiếu giấy chứng nhận) đã phục vụ cho quân Đội Hoa Kỳ hơn 6 năm.

Sau đó cả hai làm đơn xin sang Hoa Kỳ theo diện tị nạn nhưng cách đây hơn 1 năm, các em được gọi ra phỏng vấn nhưng lại bị Phái đoàn bác đơn. Một cách oan ương viên có Không chứng minh được là bị Chính quyền Cộng Sản ngược đãi mặc dù thế ngày 30-4-75. Đến nay, già đình em tôi không xin được việc làm và riêng 3 cháu nhỏ cũng chẳng xin được đại học. Họ chỉ làm việc lặt vặt để kiếm tiền sinh sống qua ngày. Đời sống của già đình em tôi thật là vất vả, nên không nhỏ súi giúp đỡ của già đình tôi.

Đinh xin quý hỏi giúp đỡ để Khiếu nại và xin hộ Cửu Xét lai hồ sơ và xin cho các em sang theo diện Refugee (có thể nhanh hơn). Chúng tôi đã làm hồ sơ bão lanh các em vì sợ các cháu (1 đứa 21 tuổi và 2 đứa song sinh là 20 tuổi) bị kết lai.

Ôn của quý hỏi chúng tôi không bao giờ dám quên.

Trường hợp thứ 2 :

Tôi có một cô em gái duy nhất là: Nguyễn Thị Quê Phương, sinh năm 1942, chồng là Vũ Văn Anh và 6 con.

Sau năm 1975, chồng cô ấy đi cải tạo, mãi đến năm 1980, vì bệnh quá nên mới được thả về. Tuy ngày về, đi chữa trị mới biết là anh ấy bị viêm gan và bệnh van không thuyền giảm và đến tháng 4/1995 thì anh ấy qua đời, để lại vợ và 6 con.

Đinh xin quý hỏi cho biết là trường hợp cô ấy có thể nộp đơn để xin sang Hoa Kỳ theo diện Refugee? Nếu được, tôi sẽ cho cô ấy biết để xin tiền hồ sơ gấp.

Chân thành, cảm ơn quý hỏi và kính thưa
Kính chúc quý hỏi thành công trong mọi lao động. Ngày 8/2/97

NATIONAL PERSONNEL RECORDS CENTER
Civilian Personnel Records
111 Winnebago Street
St. Louis, Missouri 63118

Attn: Mr. William D. Bassman

Verification of employment for the Orderly Departure Program is
needed for the following individual:

NAME: THE, NGUYEN KHUONG

ODP #:

DATE/PLACE OF BIRTH: 3-10-46

Vietnam

EMPLOYING AGENCY: ARMY

POSITION TITLE: CAREER PROGRAM INTERNAL TRAINEE

LOCATION: LONG BINH, RVN

DATES OF SERVICE:

The Official Personnel Folder at NPPC shows the above named
individual worked for the U.S. Government during the following
period:

From: 7-1-70 To: 4-30-72

Type of Separation: RIF

Reason for Separation: DEACTIVATION OF UNIT

[] No record of employment found for the above-named individual.

DEPARTMENT OF STATE

American Embassy
Orderly Departure Program Office (ODP)
Mr. Bruce A. Beardsley, Director
Box 58
APO San Francisco 96346-0001

W. D. Bassman
WILLIAM D. BASSMAN
Civilian Reference Branch
10-28-91

REPLY TO INQUIRY (NCP)	DATE 10-28-81
SUBJECT: <i>THE, NGUYEN KHUONG</i>	Your reference <i>LETTER</i> Date of inquiry <i>4-9-81</i>

The answer to your inquiry is furnished below. This abbreviated form of reply has been adopted as a means of supplying information speedily.

Attached is a copy of the form we sent to the Orderly Departure Program Office.

<i>CHI QUETHI LE</i>	NCP <i>W. D. Bassman</i> FOR WILLIAM D. BASSMAN, Chief Civilian Reference Branch
<i>CINCINNATI, OHIO</i>	NATIONAL PERSONNEL RECORDS CENTER <input type="checkbox"/> Military Personnel Records 9700 Page Boulevard St. Louis, MO 63132 <input checked="" type="checkbox"/> Civilian Personnel Records 111 Winnebago Street St. Louis, MO 63118

NATIONAL PERSONNEL RECORDS CENTER
Civilian Personnel Records
111 Winnebago Street
St. Louis, Missouri 63118

Attn: Mr. William D. Bassman

Verification of employment for the Orderly Departure Program is
needed for the following individual:

NAME: *Lien, Phuong Ngu* ODP #: *11270424*
DATE/PLACE OF BIRTH: *1949* *Vietnam*
EMPLOYING AGENCY: *ARMY*
POSITION TITLE: *Check Typist*
LOCATION: *Long Binh, RVN*
DATES OF SERVICE: *1966 - 1972*

The Official Personnel Folder at NPPRC shows the above named
individual worked for the U.S. Government during the following
period:

From: 9-23-66 To: 6-17-72

Type of Separation: *R.I.F.*

Reason for Separation: *TRANSFER OF MISSION TO CONTRACTOR*

No record of employment found for the above-named individual.

DEPARTMENT OF STATE
American Embassy
Orderly Departure Program Office (ODP)
Mr. Bruce A. Beardsley, Director
Box 58
APO San Francisco 96346-0001

G. Bruce Beardsley
FOR WILLIAM D. BASSMAN: Chief
Civilian Reference Branch
10-28-91

REPLY TO INQUIRY (NCP)	DATE 10-28-91
SUBJECT: <i>Lien, Phuong NGO Thi</i>	Your reference <i>LETTER</i>
	Date of inquiry <i>8-9-91</i>

The answer to your inquiry is furnished below. This abbreviated form of reply has been adopted as a means of supplying information speedily.

Attached is a copy of the form we sent to the Orderly Departure Program Office.

NCP: *Conrad Collier*

FOR: *WILLIAM D. BASSMAN, Chief*
X-3 Reference Branch

NATIONAL PERSONNEL RECORDS CENTER

Military Personnel Records
9700 Page Boulevard
St. Louis, MO 63132

Civilian Personnel Records
111 Winnebago Street
St. Louis, MO 63118

Applicant/Petitioner A # A25 001 538		Application/Petition I1300 IMMIGRANT PETITION FOR RELATIVE
Receipt # LIN-92-125-50420		Applicant/Petitioner LE, CHI Q.
Notice Date May 26, 1992	Page 1 of 1	Beneficiary NGUYEN, THE K.

CHI Q, LE
3085 NORTHRINGTON AVE
CINCINNATI OH 45211

Approval Notice
Class: F41
Priority Date: March 20, 1992

Notice also sent to:

None

Initials: CHQ

The above petition has been approved.

We have sent it to the Department of State Immigrant Visa Processing Center (TIVPC),
Suite 700, 1401 Wilson Blvd, Arlington, VA 22209.

This completes all INS action on this petition. The Department of State Immigrant Visa Processing Center will communicate shortly with the person the petition is for concerning further immigrant visa processing steps.

Please read the back of this form carefully for more information.

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

NORTHERN SERVICE CENTER Tel:
FEDERAL BLDG/US COURTHOUSE - B26
100 CENTENNIAL MALL NORTH
LINCOLN NE 68508-3898

Additional Information for Applicants and Petitioners

General:

The filing of an application or petition does not in itself allow a person to enter or remain in the United States and does not confer any other right or benefit.

Inquiries:

If you do not hear from us within the processing time given on this notice and you want to know the status of this case, contact your local INS office.

You should also contact your local INS office if you have questions about this notice.

Please have this form with you whenever you contact a local office about this case.

Requests for Evidence:

If this notice asks for more evidence, you can submit it or you can ask for a decision based on what you have already filed. When you reply please include a copy of the other side of this notice and also include any papers attached to this notice.

Reply Period:

If this notice indicates that you must reply by a certain date and you do not reply by that date, then we will issue a decision based on the evidence on file. No extension of time will be granted. After we issue a decision any new evidence must be submitted with a new application or petition, motion or appeal, as discussed under "Denials."

Approval of a Petition:

Approval of an immigrant or nonimmigrant petition means that the person for whom it was filed, called the beneficiary, has been found eligible for the requested classification. However, approval of a petition does not give any status or right. Actual status is given when the beneficiary is given the proper visa and uses it to enter the United States. Please contact the appropriate U.S. Consulate directly if you have any questions about visa issuance.

For nonimmigrant petitions, the beneficiary should contact the consulate after he or she receives our approval notice. For approved immigrant petitions, the beneficiary should wait to be contacted by the consulate.

If the beneficiary is now in the United States and believes he or she may be eligible for the new status without going abroad for a visa, then he or she should contact a local INS office about applying here.

Denials:

A denial means that, after every consideration, INS has concluded that the evidence submitted does not establish eligibility for the requested benefit.

If you believe there is more evidence that will establish eligibility, you can file a new application or petition or you can file a motion to reopen this case. If you believe the denial is inconsistent with precedent decisions or regulations, you can file a motion for reconsideration.

If the front of this notice states that this denial can be appealed and you believe the decision is in error, you can file an appeal.

You can obtain more information about these processes from your local INS office.

THE IMMIGRATION AND NATURALIZATION SERVICE
OF THE UNITED STATES OF AMERICA

Dear/Kính gửi Ngo Thi Lien Phuong : IV# 101-1622
(ODP applicant/Tên người đăng ký)

1) We regret we are unable to approve your application for refugee resettlement admission to the United States.

To be resettled in the United States as a refugee, an applicant must meet the statutory definition of refugee contained in section 101(a)(42) of the Immigration and Nationality Act (INA), as amended. Refugee status can be approved only if the applicant establishes a credible claim of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Additionally, all applicants for refugee status in the United States must establish that they are not precluded from entry into the United States under other sections of law.

During your interview with an officer of the United States Immigration and Naturalization Service (INS), your claim to having been persecuted or having a well-founded fear of persecution was reviewed. At that time, you were given the opportunity to present evidence, documentation, and/or an accumulation of detail through verbal testimony of the events or circumstances that support your claim of persecution or a well-founded fear of persecution. After carefully reviewing your account of these events and surrounding circumstances, it has been determined that you do not qualify for refugee status.

2) You may be eligible for Public Interest Parole (see attached letter).

3) We are unable to approve your application for resettlement in the United States under the Public Interest Parole program because you do not meet the criteria indicated below:

3a) Married sons and daughters (of former re-education camp detainees who are eligible as refugees) must have approved petitions filed on their behalf, or on behalf of their spouse, by a sibling or closer relation who is currently residing in the United States, who is willing to pay transportation costs, and who demonstrates that he/she has the financial ability to support the parolees to ensure they do not become public charges.

3b) Former US government or private company employees who are not eligible for refugee status may be considered for public interest parole only if they have siblings or closer relations currently residing in the United States who are willing to pay transportation costs and demonstrate that they have the financial ability to support the parolees to ensure they do not become public charges.

3c) Unmarried children of former US government or private company employees who are approved as Public Interest Parolees are allowed to accompany their parents to the United States only if the children are under the age of twenty-one.

3d)

U.S. INTERVIEW TEAM	
06 JUN 1996	
Officer of the US Immigration and Naturalization Service (U.S. IMMIGRATION AND NATURALIZATION SERVICE) - HO CHI MINH CITY Viện Chức Sở Di Trú, Bộ Công An, Hồ Chí Minh, Việt Nam	
Date/Ngày <u>June 5, 1996</u>	

SƠ ĐI TRÚ NHẬP CÙ VÀ NHẬP TỊCH HÓA KỲ

1) Chúng tôi rất tiếc chúng tôi không thể chấp thuận đơn xin tị nạn tái định cư tại Hoa Kỳ của Ông/Bà

Để được tái định cư tại Hoa Kỳ như một người tị nạn, người nộp đơn phải hội đủ định nghĩa do luật pháp

qui định về người tị nạn có trong điều khoản 101(a)(42) của Đạo Luật Di Trú Nhập Cù Và Nhập Tịch đã

được bổ sung sau đây.

Điều tị nạn chủ có thể được chấp thuận nếu người nộp đơn đưa ra những lời khai bị ngược đãi đúng tin

cậy, hoặc những lời khai bị ngược đãi thấy rõ, vì lý do chủng tộc, tôn giáo, quốc tịch, hội viên của những

nhóm hội họp đặc biệt, hoặc phát biểu ý kiến chính trị. Thêm vào đó, những người nộp đơn xin tị nạn ở

Hoa Kỳ phải chứng minh không bị loại ra khỏi sự bảo hộ của

Hoa Kỳ do những điều luật khác nêu.

Trong khi được phỏng vấn bởi viên chức Sở Di Trú Nhập Cù Và Nhập Tịch (INS), những lời khai về sự

ngược đãi và sự lo sợ bị ngược đãi thấy rõ đã được quyết xét lại. Ngày lúc đó, Ông/Bà đã có cơ hội để

đưa bằng chứng, tài liệu, và những chi tiết góp phần qua lời chứng về những sự kiện, hoặc hoán cảnh để

bổ túc thêm cho lời khai bị ngược đãi hoặc sự lo sợ bị ngược đãi thấy rõ.

Sau khi đã quyết định rằng Ông/Bà không hội đủ tiêu chuẩn để

điều kiện và hoàn cảnh xung quanh, chúng tôi đã

2) Ông/Bà đủ tiêu chuẩn theo diện Tam Dung Vì Công Ích (PIP) (coi thư định kèm).

3) Chúng tôi không thể chấp thuận đơn xin tái định cư vào Hoa Kỳ theo diện Tam Dung Vì Công Ích (PIP)

bởi vì Ông/Bà không hội đủ tiêu chuẩn đã được chỉ định sau đây:

3a) Con trai và con gái đã có gia đình (của cùu cài tại vien đã được chấp thuận là người tị nạn) phải

có nỗi xin lỗi trước, chấp thuận doanh em họ và thân nhân giam, hiện đang cư ngụ tại Hoa Kỳ nộp

bảo lãnh cho họ hay cho vợ/chồng họ và thân nhân cũng ủng thuận trả tiền di chuyển và chứng tỏ

rằng họ có khả năng tài chính để cung cấp dưỡng cho người tạm dung để bảo đảm người này không trở

thành gánh nặng của xã hội.

3b) Cửu nhân viên của chính phủ Hoa Kỳ hoặc các hàng tử không đủ tiêu chuẩn ở tình trạng tị nạn có

thể được coi như là người tạm dung vì công ích nếu họ có anh em hoặc thân nhân gần hiện đang cư

ngụ tại Hoa Kỳ ủng thuận trả tiền di chuyển và chứng tỏ rằng họ có khả năng tài chính để cung

cấp dưỡng cho người tạm dung để bảo đảm người này không trở thành gánh nặng của xã hội.

3c) Những người còn độc thân của cửu nhân viên của chính phủ Hoa Kỳ hoặc các hàng tử đã được chấp

thuận là người tạm dung vì công ích, chỉ được phép di theo cha mẹ tới Hoa Kỳ nếu những người con

này dưới 21 tuổi.

Please see the reverse for an English translation
(Xin coi bản dịch tiếng Anh ở mặt sau)

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, STEVE LE residing at 1000 1/2 Main Street, Florence, KY 41042
 (Name) (Street and Number)
FLORENCE KENTUCKY 41042 USA
 (City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on SEPT. 1ST, 1932 at GIA DINH (SOUTH) VIET NAM
 (Date) (City) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 12473156
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 65 years of age and have resided in the United States since (date) MARCH 20, 1980

3. That this affidavit is executed in behalf of the following person:

Name <u>THE KHUONG NGUYEN</u>	Sex <u>M</u>	Age <u>51</u>
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Citizen of-(Country) <u>VIET NAM</u>	Marital Status <u>MARRIED</u>	Relationship to Deponent <u>BROTHER-IN-LAW</u>
--------------------------------------	-------------------------------	--

Presently resides at-(Street and Number) <u>219/9 PHUOC BINH THU DUC</u>	(City) <u>HO CHI MINH CITY</u>	(State) <u>Vietnam</u>	(Country) <u>Vietnam</u>
--	--------------------------------	------------------------	--------------------------

Name of spouse and children accompanying or following to join person:

Spouse <u>LIEN PHUONG THI NGO</u>	Sex <u>F</u>	Age <u>48</u>	Child	Sex	Age
Child <u>QUANG THANH NGUYEN</u>	Sex <u>M</u>	Age <u>20</u>	Child	Sex	Age
Child <u>LIEM THANH NGUYEN</u>	Sex <u>M</u>	Age <u>20</u>	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of ASSEMBLER with KECO IND. INC.
 (Type of Business) (Name of concern)

at 7375 INDUSTRIAL ROAD FLORENCE KY 41042
 (Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.) \$ 19,257

I have on deposit in savings banks in the United States JOINT ACCOUNT \$ 10,209
 I have other personal property, the reasonable value of which is \$ 20,000

CERTIFICATE OF DEPOSIT 16,015
 OVER

I have stocks and bonds with the following market value, as indicated on the attached list
which I certify to be true and correct to the best of my knowledge and belief.

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ 55,000

Which is located at 188 BURGESS LANE FLORENCE KY. 41042
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER-IN-LAW
LIEN PHUONG THI NGO	X		48	SISTER-IN-LAW
QUANG THAI HU NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name _____ Date submitted _____
NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name _____ Relationship _____ Date submitted _____
NONE

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent I, Kuan Linh Phu

Subscribed and sworn to (affirmed) before me this 28 day of August, 19 97
at 5/3 BANK My commission expires on 25 NOV 2000

Signature of Officer Administering Oath Thomas L. Price Title NOTARY

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

Steve Florence KY 8-27-97
(Signature) (Address) (Date)

KRATZ-WILDE

MACHINE COMPANY

9826 Crescent Park Drive • West Chester, Ohio 45069 • Phone (513) 779-6888 • Facsimile (513) 779-6891

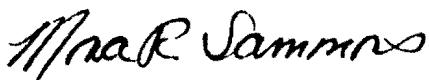
July 28, 1997

To Whom It May Concern:

Tho Nguyen has been a regular full-time employee of Kratz-Wilde Machine Co. since October 18, 1995 and he is currently making \$8.53 as an hourly wage. He is working in the Production Department as a part qualifer.

If you need additional information, please contact me.

Very truly yours,



Mona R. Sammons
H.R. Manager

mrs

ATTACHMENT

IMPORTANT This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who execute an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, STEVE LE ; residing at 188 BURGESS LANE
(street and number)

FLORENCE, KY. 41042, acknowledge that I have read the
City State Zip

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
THE KHUONG NGUYEN	M	51	VIETNAM	M	BROTHER-IN-LAW
LIEN PHUONG THI NGO	F	48			SISTER-IN-LAW
QUANG THANH NGUYEN	M	26	VIETNAM		NEPHEW
LIEM THANH NGUYEN	M	20			NEPHEW

Steve

Signature of Sponsor(s)

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, CHI QIIE THI LF. (Name) residing at _____ (Street and Number)
 (City) FLORENCE (State) KENTUCKY (ZIP Code if in U.S.) _____ (Country) U.S.A

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on MARCH 13, 1937 at GIADINH (SOUTH) VIET NAM (Date) (City) (Country)

If you are not a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 12473142
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am 60 years of age and have resided in the United States since (date) MARCH 20, 1980

3. That this affidavit is executed in behalf of the following person:

Name <u>THE KHUONG NGUYEN</u>	Sex <u>M</u>	Age <u>51</u>
-------------------------------	--------------	---------------

Citizen of-(Country) <u>VIET NAM</u>	Marital Status <u>MARRIED</u>	Relationship to Deponent <u>BROTHER</u>
--------------------------------------	-------------------------------	---

Presently resides at-(Street and Number) <u>219/9 PHUOC BINH THU DUC</u>	(City) <u>HO CHI MINH CITY</u>	(State) <u>VIET NAM</u>
--	--------------------------------	-------------------------

Name of spouse and children accompanying or following to join person:

Spouse <u>LIEN KHUONG THI NGO</u>	Sex <u>F</u>	Age <u>48</u>	Child	Sex	Age
Child <u>QUANG THANH NGUYEN</u>	Sex <u>M</u>	Age <u>20</u>	Child	Sex	Age
Child <u>LIEM THANH NGUYEN</u>	Sex <u>M</u>	Age <u>20</u>	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of PRODUCTION RELEASE PLANNER with KECO IND. INC. (Type of Business) (Name of concern)

at <u>7375 INDUSTRIAL ROAD</u>	(City) <u>FLORENCE</u>	(State) <u>KY</u>	(Zip Code) <u>41042</u>
--------------------------------	------------------------	-------------------	-------------------------

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.) \$ 23,574

I have on deposit in savings banks in the United States (JOINT ACCOUNT) \$ 10,209

I have other personal property, the reasonable value of which is \$ 20,000

CERTIFICATE OF DEPOSIT
OVER 16,015

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$	32,472
\$	40,000
\$	120,000

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ 55,000

Which is located at 188 BURGESS LANE FLORENCE KY 41042
 (Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly* or *partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER
TIEN PHUONG THI NGO	X		48	SISTER-IN-LAW
QUANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name	Date submitted
<u>NONE</u>	

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
<u>NONE</u>		

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent T. Khuong Nguyen

Subscribed and sworn to (affirmed) before me this 27 day of AUGUST, 1997
 at 5/3 BANK My commission expires on 25 NOV 2000

Signature of Officer Administering Oath T. Khuong Nguyen Title NOTARY

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

<u>Chauquehile</u> (Signature)	<u>FLORENCE KY</u> (Address)	<u>8/27/97</u> (Date)
-----------------------------------	---------------------------------	--------------------------

IMPORTANT This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who execute an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, CHI QUOC THI LE; residing at 188 BURGESS LANE
(street and number)

<u>FLORENCE</u>	<u>KY.</u>	<u>41042</u>	acknowledge that I have read the
City	State	Zip	

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

<u>THE KHUONG NGUYEN M</u>	<u>51</u>	<u>Vietnam</u>	<u>M</u>	<u>BROTHER</u>	
NAME	SEX	AGE	COUNTRY OF	MARITAL	RELATIONSHIP TO
<u>LIEN PHUONG THI NGO</u>	<u>F</u>	<u>48</u>	<u>BIRTH</u>	<u>STATUS</u>	<u>SPONSOR</u>
<u>QUANG THANH NGUYEN M</u>	<u>20</u>	<u>Vietnam</u>			<u>SISTER-IN-LAW</u>
<u>LIEM THANH NGUYEN M</u>	<u>20</u>				<u>NEPHEW</u>
					<u>NEPHEW</u>

Chi Quoc Thi Le
Signature of Sponsor(s)



K E C O I N D U S T R I E S , I N C .

7375 INDUSTRIAL ROAD
P.O. Box 428
FLORENCE, KENTUCKY 41022-0428

July 25, 1997

To Whom It May Concern:

The following information is provided per your request.

Employee Name: Chi Le

Date of Employment: 5/18/81

Position: Production Release Planner (permanent position)

Hourly wage: \$10.75

Hours worked per week: 40

Sincerely,

A handwritten signature in black ink that reads "Jean Russell". The signature is fluid and cursive, with "Jean" on top and "Russell" below it.

Jean Russell
Payroll Dept.

Tax Computation

32. Amount from line 3 (adjusted gross income) ► 32a. 39118	33a. Check if <input type="checkbox"/> You were 65 or older. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was 65 or older. <input type="checkbox"/> Blind. ► 33a. 39118
Add the number of boxes checked above and enter the total here	
b. If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ► 33b. <input type="checkbox"/>	
34. Enter the larger of:	
a. Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent.	
b. Single—\$4,000. • Married filing jointly or Qualifying widow(er)—\$6,700	
c. Head of household—\$5,900. • Married filing separately—\$3,500	
35. Taxable income. Subtract line 34 from the 35 in line 30 if more than line 34. ► 35a. 31798	
35b. Tax. See instructions. Check this total includes any tax on line 34. ► 35b. 31798	
36. Add lines 35a and 35b. ► 36. 4001	

Credits

37. Credit for child and dependent care expenses. Attach Form 2441. ► 37. 4001	38. Credit for the elderly or the disabled. Attach Schedule R. ► 38. 4001
39. Foreign tax credit. Attach Form 1116. ► 39. 41	40. Other credit from a. <input type="checkbox"/> Form 3800. b. <input type="checkbox"/> Form 3867. c. <input type="checkbox"/> Form 8801. d. <input type="checkbox"/> Form (specify) ► 40. 42
41. Add lines 37 through 40. ► 41. 4001	
42. Subtract line 41 from line 36. If line 42 is more than line 36, enter—0 ► 42. 4001	

Other Taxes

43. Self-employment tax. Attach Schedule SE. ► 43. 4001	44. Alternative minimum tax. Attach Form 6251. ► 44. 4001
45. Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. ► 45. —	46. — ► 46. —
47. Tax on qualified retirement plans, including IRAs. If required, attach Form 5329. ► 47. —	48. — ► 48. —
48. Advance earned income credit payments from Form 9 W-2. ► 48. —	49. — ► 49. —
49. Household employment taxes. Attach Schedule H. ► 49. —	50. — ► 50. —
51. Add lines 44 through 50. This is your total tax. ► 51. 4001	

Payments

52. Federal income tax withheld from Forms W-2 and 1099. ► 52. 4014 53	53. 1996 estimated tax payments and amount applied from 1995 return. ► 53. 0
54. Earned income credit. Attach Schedule EIC if you have a qualifying child. Non-taxable earned income amount ► 54. 0	55. Amount paid with Form 4868 (request for extension) ► 55. 0
56. Excess social security and RRTA tax withheld (see inst.) ► 56. 0	57. Other payments. Check if from a. <input type="checkbox"/> Form 2439. b. <input type="checkbox"/> Form 4136. c. <input type="checkbox"/> Checking. d. <input type="checkbox"/> Savings ► 57. 0
58. Add lines 52 through 57. These are your total payments. ► 58. 4014 53	

Attach Forms W-2, W-2G, and 1099-R on the front.

Refund

Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.

59. If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID. ► 59. 13 53	60a. Amount of line 59 you want REFUNDED TO YOU. ► 60a. 13 53
b. Routing number: <input type="text"/> c. Type: <input type="checkbox"/> Checking. <input type="checkbox"/> Savings	
d. Account number: <input type="text"/>	
61. Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX. ► 61. 62	

Amount You Owe

62. If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. ► 62. 62	
For details on how to pay and use Form 1040-V, see instructions.	
63. Estimated tax penalty. Also include on line 62. ► 63. 63	

Sign Here

Keep a copy of this return for your records.

Your signature ► <i>Steve</i>	Date 4/4/97	Your occupation ASSEMBLER
Spouse's signature. If a joint return, BOTH must sign. ► <i>Chiquetelle</i>	Date 4/4/97	Spouse's occupation PROJECT PLANNER

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no. <input type="text"/>
Firm's name (or yours if self-employed) and address ►	EIN <input type="text"/>	ZIP code <input type="text"/>	



COPY

SCHEDULES A&B

(Form 1040)

Department of the Treasury
Internal Revenue Service

(1)

Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

1996

Attachment
Sequence No. 07

Name(s) shown on Form 1040

STEVE & CHI Q.T. LE

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.	1	1400 00	
	1 Medical and dental expenses (see page A-1)	2	391241	
	2 Enter amount from Form 1040, line 32.	3	2934 30	
	3 Multiply line 2 above by 7.5% (.075)	4	0	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	5	2356 98	
Taxes You Paid (See page A-1.)	5 State and local income taxes	6	744 45	
	6 Real estate taxes (see page A-2)	7	50 09	
	7 Personal property taxes	8	0	
	8 Other taxes. List type and amount ►	9	3151 45	
	9 Add lines 5 through 8.	10	3844 95	
Interest You Paid (See page A-2.)	10 Home mortgage interest and points reported to you on Form 1098	11	0	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-2 and show that person's name, identifying no., and address ►	12	93 33	
Note: Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-3 for special rules.	13	0	
	13 Investment interest. If required, attach Form 4952. (See page A-3.)	14	3938 28	
	14 Add lines 10 through 13.	15	180 00	
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-3	16	50 00	
If you made a gift and got a benefit for it, see page A-3.	16 Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you MUST attach Form 8283	17	0	
	17 Carryover from prior year	18	230 00	
	18 Add lines 15 through 17.	19	0	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.)	20	0	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.) ►	21	0	
(See page A-4 for expenses to deduct here.)	21 Tax preparation fees	22	0	
	22 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	0	
	23 Add lines 20 through 22.	24	24	
	24 Enter amount from Form 1040, line 32.	25	0	
	25 Multiply line 24 above by 2% (.02)	26	0	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	27	0	
Other Miscellaneous Deductions	27 Other—from list on page A-4. List type and amount ►	28	7319 72	
Total Itemized Deductions	28 Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter.			

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

Your social security number

Schedule B—Interest and Dividend Income

Attachment
Sequence No. 08

• Control number		OMB No. 1545-0008	Copy C For EMPLOYEE'S RECORDS (see Notice on back)				
b Employer's identification number 31-0501407			1 Wages, tips, other compensation 17407.13		2 Federal income tax withheld 1603.33		
c Employer's name, address, and ZIP code KECO INDUSTRIES, INC. 2325 INDUSTRIAL ROAD P.O. BOX 420 FLORENCE, KY 41022-0420			3 Social security wages 19257.01		4 Social security tax withheld 1194.00		
			5 Medicare wages and tips 19257.01		6 Medicare tax withheld 279.14		
			7 Social security tips		8 Allocated tips		
			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code CLIFF QUINN, JR. 109 BUSINESS CENTER FLORENCE, KY 41022			11 Nonqualified plans		12 Benefits included in box 1		
			13 See Instrs. for box 13 D 18492.89		14 Other LIFE 42.12		
			15 Statutory employee Deceased Pension plan Legal rep.		Hshd. emp.	Deferred compensation	X
			16 State Employer's state I.D. No. KY 091254	17 State wages, tips, etc. 17407.13	18 State income tax 1011.37	19 Locality name BOOM	20 Local wages, tips, etc. 16666.67
			BOOM	19299.13	154131		
			BOOM	19299.13	96.49		

(T) Department of the Treasury—Internal Revenue Service

For W-2 Wage and Tax Statement **1996**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

• Control number		OMB No. 1545-0008	Copy C For EMPLOYEE'S RECORDS (see Notice on back)				
b Employer's identification number 31-0501407			1 Wages, tips, other compensation 21287.42		2 Federal income tax withheld 2409.18		
c Employer's name, address, and ZIP code KECO INDUSTRIES, INC. 2325 INDUSTRIAL ROAD P.O. BOX 420 FLORENCE, KY 41022-0420			3 Social security wages 23574.84		4 Social security tax withheld 1461.48		
			5 Medicare wages and tips 23574.84		6 Medicare tax withheld 341.90		
			7 Social security tips		8 Allocated tips		
			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code CLIFF QUINN, JR. 109 BUSINESS CENTER FLORENCE, KY 41022			11 Nonqualified plans		12 Benefits included in box 1		
			13 See Instrs. for box 13 D 2287.42		14 Other MEDICAL 222.24		
			15 Statutory employee Deceased Pension plan Legal rep.		Hshd. emp.	Deferred compensation	X
			16 State Employer's state I.D. No. KY 091254	17 State wages, tips, etc. 21287.42	18 State income tax 1011.37	19 Locality name BOOM	20 Local wages, tips, etc. 16666.67
			BOOM	23909.20	191.35		
			BOOM	23909.20	119.55		

(T) Department of the Treasury—Internal Revenue Service

For W-2 Wage and Tax Statement **1996**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

FTNK DISP DDA 56289480		POSTED	7/24/97
LED \$ 7,086.91	ACCT TYPE 16	OPENED	2/25/94
AVL \$ 7,086.91	PRIVILEGE		
ACH MEMO	HELD FUNDS	LST ACTV DTE	7/24/97
HOLDS	STATUS CODE	LST MISC DTE	3/13/95
1DAY FLT	ALERT CODE	LST DEP DTE	7/18/97
2DAY FLT	INDICATOR	DEP AMT	343
TELLER HOLD NO.	MISC CODE	LST STMT DTE	7/03/97
AMOUNT	RESTRAINT	ST BAL	6,983.08
TELLER DEP. NO.	PROC. IND. DL	AVG BAL	9,615
AMOUNT	SIGNERS REQ.		
CUSTOMER STEVE LE		BRANCH NO.	250
OVD # 12	UCF # 12	DIVISION CODE	
OVD DAYS 12	UCF DAYS 12	ASSIGNMENT CODE	
OVD \$ 12	UCF \$ 12	RELATED GROUP	
OVD # RETURNS		COMPOSITE GROUP	
PRV OVD DATE	PRV UCF DATE	ANALYSIS CODE	T
PRV OVD DAYS	PRV UCF DAYS	STMT CYCLE CODE	05
PRV OVD \$	PRV UCF \$	ANAL. CYCLE CODE	05
CUR OVD DATE	CUR UCF DATE	TAX CODE	00
CUR OVD DAYS	CUR UCF DAYS	CLOSE OVERRIDE	
CUR OVD \$	CUR UCF \$	COMP ANL METHOD	0

DEPRESS ENTER TO CONTINUE

FTNK DISP DDA 56289480 STEP=01S PAGE=002

Fifth Third Bank of Northern Ky. Inc.
 7911 U. S. 42
 Florence Kentucky 41042

Debbie L. Collins
 Acct. Rep.

Fifth Third Bank

Debbie L. Collins
 New Accounts Representative

U.S. 42 Banking Center
 7911 U.S. 42 • Florence, KY 41042
 Tel 606-371-1666 • Fax 606-371-9042

FTNK DISP DDA 56289480

POSTED

7/24/97

LED \$	ACCT TYPE	16	
AVL \$	PRIVILEGE		
ACH MEMO	HELD FUNDS		
HOLDS	STATUS CODE		
1DAY FLT	ALERT CODE		
2DAY FLT	INDICATOR		
TELLER HOLD NO.	MISC CODE		
AMOUNT	RESTRAINT		
TELLER DEP. NO.	PROC. IND. DL		
AMOUNT	SIGNERS REQ.		
CUSTOMER STEVE LE			
OVD # 12	UCF # 12		
OVD DAYS 12	UCF DAYS 12		
OVD \$ 12	UCF \$ 12		
OVD # RETURNS			
PRV OVD DATE	PRV UCF DATE		
PRV OVD DAYS	PRV UCF DAYS		
PRV OVD \$	PRV UCF \$		
CUR OVD DATE	CUR UCF DATE		
CUR OVD DAYS	CUR UCF DAYS		
CUR OVD \$	CUR UCF \$		
DEPRESS ENTER TO CONTINUE			

FTNK DISP DDA 56289480 STEP=01S PAGE=002

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Fifth Third Bank

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 7911 U.S. 42 • Florence, KY 41042
 Tel 606-371-1666 • Fax 606-371-9042



CHI LE
 5/3 BANK CUSTODIAN U/A IRA
 188 BURGESS LANE
 FLORENCE KY 41042-9513

PAGE	1
STATEMENT DATE	JUNE 30, 1987
TAX IDENTIFICATION #	
12/31/86 BALANCE,	15,483.84
2 DEPOSITS	31,669.37
2 WITHDRAWALS	31,669.37
INTEREST EARNED	510.88
06/30/87 BALANCE	15,894.52
INTEREST ACCRUED	21.40
FAIR MARKET VALUE	16,015.92

IRA NUMBER

TYPE 10 MONTHS
 ISSUE DATE 03/21/86
 CLOSED DATE 01/21/87
 BEGINNING BALANCE 15,483.84
 01/21/87 INTEREST EARNED 191.21+
 01/21/87 WITHDRAWAL 15,674.85-
 ENDING BALANCE .00
 INTEREST ACCRUED .00+
 FAIR MARKET VALUE .00

IRA NUMBER

TYPE 5 MONTHS
 ISSUE DATE 01/21/87
 CLOSED DATE 06/21/87
 BEGINNING BALANCE .00
 01/21/87 DEPOSIT 15,674.85+
 03/21/87 INTEREST EARNED 124.14+
 06/21/87 INTEREST EARNED 195.53+
 06/21/87 WITHDRAWAL 15,894.52-
 ENDING BALANCE .00
 INTEREST ACCRUED .00+
 FAIR MARKET VALUE .00

IRA NUMBER

TYPE 5 MONTHS
 ISSUE DATE 06/21/87
 NEXT MATURITY 11/21/87
 CURRENT RATE 4.88000%
 BEGINNING BALANCE .00
 06/21/87 DEPOSIT 15,894.52+
 ENDING BALANCE 15,894.52
 INTEREST ACCRUED 21.40+
 FAIR MARKET VALUE 16,015.92

FEDERAL TAX WITHHELD THIS YEAR .00



TELEPHONE 606-525-2102
FAX 606-525-6667

KECO INDUSTRIES, INC.

P.O. Box 428
7975 INDUSTRIAL ROAD
FLORENCE, KENTUCKY 41022-0428

June 28, 1996

To Whom It May Concern:

TUYET THI NGUYEN

Tuyet Thi Nguyen is a full time employee of Keco Industries, Inc.

She was hired on November 6, 1995 as a full time Electrical Assembler. Her hourly rate is \$ 6.63.

If you require further information, you may call me at the above listed telephone number.

A handwritten signature in black ink that reads "Marylee Burgess".

Marylee Burgess
Personnel Manager



Western Woods Office

6240 Glenway Avenue
Cincinnati, Ohio 45211
Phone: (513) 389-4200
Fax: (513) 389-4208

AUGUST 5, 1997

**U.S. DEPARTMENT OF JUSTICE
AFFIDAVIT OF SUPPORT**

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THIS LETTER AS VERIFICATION OF ACCOUNT NUMBER 48371-0307 IN THE NAME OF THO K NGUYEN & TUYET T NGUYEN. THIS ACCOUNT WAS OPENED 7/10/95 AND HAS A CURRENT BALANCE OF \$4712.81. THERE HAVE BEEN DEPOSITS TOTALING \$39,271.14 SINCE THE ACCOUNT WAS OPENED.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME AT 389-4200.

SINCERELY,

CYNTHIA M. ARMBRUSTER
ASSISTANT MANAGER



KECO INDUSTRIES, INC.

P.O. Box 428
7375 INDUSTRIAL ROAD
FLORENCE, KENTUCKY 41022-0428

23 July 1997

To Whom It May Concern:

STEVE LE

Steve Le is a full time employee of Keco Industries, Inc.

He was hired on August 8, 1988, as a full time (40 hr wk) Mechanical Assembler. His hourly rate is \$8.60.

If you require further information, you may call me at the telephone number listed above.

Marylee Burgess
Marylee Burgess
Personnel Manager

Label

(See page 15.) Use the IRS label. Otherwise, please print in ALL CAPITAL LETTERS.

OMB No. 1545-008

LABEL HERE	Your first name THO	Init. K	Last name NGUYEN
	If a joint return, spouse's first name TYET	Init. T	Last name NGUYEN
	H		Apt. no.
City, town or post office. If you have a foreign address, see page 15. CINCINNATI		State ZIP code	

Your social security num

Spouse's social security n

For Privacy Act and
Paperwork
Reduction Act
Notice, see page 9.Note: Checking "Yes"
not change your tax
reduce your refund.

Presidential Election Campaign Fund (See page 15.)

Yes

No

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

✓

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

✓

- 1 Single
- 2 Married filing joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here. ►
- 4 Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
- 5 Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 16.)

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

b Spouse

c Dependents. If more than six dependents, see page 17.

(2) Dependent's social security number. If born in Dec. 1996, see page 18.

(3) Dependent's relationship to you

(4) No. of months lived in your home in 1996

(1) First name HUNG D.	Last name NGUYEN	3 0 1 9 6 0 3 1 8	SON	1 2

No. of boxes checked on lines 6a and 6b

No. of your children on line 6c who:
• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers entered in boxes above

d Total number of exemptions claimed ►

7 Wages, salaries, tips, etc. This should be shown in box 1 of your W-2 form(s). Attach Form(s) W-2.

7 \$ **33789**

8a Taxable interest income. If over \$400, attach Schedule 1.

8a \$ **00000**

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

8b \$

9 Dividends. If over \$400, attach Schedule 1.

9 \$ **00000**10a Total IRA distributions. 10a \$

10b Taxable amount (see page 20).

10b \$ **00000**11a Total pensions and annuities. 11a \$

11b Taxable amount (see page 20).

11b \$ **00000**

12 Unemployment compensation.

12 \$ **00000**

13a Social security benefits.

13a \$

13b Taxable amount (see page 22).

13b \$ **00000**

14 Add lines 7 through 13b (far right column). This is your total income. ►

14 \$ **33789**

15a Your IRA deduction (see page 22).

15a \$

b Spouse's IRA deduction (see page 22).

15b \$

c Add lines 15a and 15b. These are your total adjustments.

15c \$

16 Subtract line 15c from line 14. This is your adjusted gross income.

If under \$28,495 (under \$9,500 if a child did not live with you), see the instructions for line 29c on page 29. ►

16 \$ **33789**

Attach Copy B of W-2 and 1099-R here.

Cat. No. 11327A

1996 Form 1040A pa

17 Enter the amount from line 16.

17 \$ 3379000

18a Check if: You were 65 or older Blind Spouse was 65 or older Blind

Enter number of boxes checked ► 18a

b If you are married filing separately and your spouse itemizes deductions, see page 26 and check here ► 18b

19 Enter the standard deduction for your filing status. But see page 26 if you checked any box on line 18a or b OR someone can claim you as a dependent.

- Single—4,000
- Married filing jointly or Qualifying widow(er)—6,700
- Head of household—5,900
- Married filing separately—3,350

19 \$ 670000

20 Subtract line 19 from line 17. If line 19 is more than line 17, enter 0.

20 \$ 2709000

21 Multiply \$2,550 by the total number of exemptions claimed on line 6d.

21 \$ 765000

22 Subtract line 21 from line 20. If line 21 is more than line 20, enter 0. This is your taxable income. If you want the IRS to figure your tax, see page 26. ► 22 \$ 1944000

23 Find the tax on the amount on line 22 (see page 26).

23 \$ 291400

24a Credit for child and dependent care expenses. Attach Schedule 2. 24a \$ 000000

b Credit for the elderly or the disabled. Attach Schedule 3. 24b \$ 000000

c Add lines 24a and 24b. These are your total credits. 24c \$ 000000

25 Subtract line 24c from line 23. If line 24c is more than line 23, enter 0.

25 \$ 291400

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

26 \$ 000000

27 Household employment taxes. Attach Schedule H.

27 \$ 000000

28 Add lines 25, 26, and 27. This is your total tax. ► 28 \$ 291400

29a Total Federal income tax withheld from Forms W-2 and 1099. 29a \$ 295395

b 1996 estimated tax payments and amount applied from 1995 return. 29b \$ 000000

c Earned income credit. Attach Schedule EIC if you have a qualifying child. 29c \$ 000000

Nontaxable earned income: amount ► \$ 000000 and type ►

d Add lines 29a, 29b, and 29c (do not include nontaxable earned income). These are your total payments. ► 29d \$ 295395

30 If line 29d is more than line 28, subtract line 28 from line 29d. This is the amount you overpaid.

30 \$ 3995

31a Amount of line 30 you want refunded to you. If you want it sent directly to your bank account, see page 35 and fill in 31b, c, and d.

31a \$ 3995

b Routing number c Type: Checking Savingsd Account number 32 Amount of line 30 you want applied to your 1997 estimated tax. 32 \$ 33 If line 28 is more than line 29d, subtract line 29d from line 28. This is the amount you owe. For details on how to pay, including what to write on your payment, see page 36. 33 \$ 34 Estimated tax penalty (see page 36). 34 \$

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

Sign here

Your signature

Date

2/17/97

Your occupation

QUALIFIER

Keep a copy of this return for your records.

Spouse's signature. If joint return, BOTH must sign.

Date

2/17/97

Spouse's occupation

ELECTRICAL ASSEMBLER

Paid preparer's use only

Preparer's signature

Date

Check if self-employed Preparer's SSN

Firm's name (or yours if self-employed) and address

EIN

ZIP code

a Control number		OMB No. 1545-0008	Copy C For EMPLOYEE'S RECORDS (see Notice on back.)				
b Employer's identification number 31-0601407			1 Wages, tips, other compensation 13637.10		2 Federal income tax withheld 1063.53		
c Employer's name, address, and ZIP code KECO INDUSTRIES, INC. 7375 INDUSTRIAL ROAD P.O. BOX 428 FLORENCE, KY 41022-0428			3 Social security wages 13637.10		4 Social security tax withheld 6815.39		
			5 Medicare wages and tips 13637.10		6 Medicare tax withheld 197.58		
			7 Social security tips		8 Allocated tips		
d Employee's social security number [REDACTED]			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code TUYET T. NGUYEN 1218 PURCELL AVE. #1 CINCINNATI, OH 45205			11 Nonqualified plans		12 Benefits included in box 1		
			13 See Instrs. for box 13		14 Other LTFE 40.50		
15 Statutory employee		Deceased	Pension plan	Legal rep.	Hshd. emp.	Deferred compensation	
16 State OH	Employer's state I.D. No. 51-061400-1	17 State wages, tips, etc. 13637.10	18 State income tax 475.35	19 Locality name BCMH MOTON	20 Local wages, tips, etc. 13677.60	21 Local income tax 20.61	107.32

(T) Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement 1996

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1996 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1996 paystub plus any adjustments submitted by your employer.

Gross Pay	19647.20	Social Security Tax Withheld	1218.13	OH. State Income Tax	446.79
		Box 4 of W-2		Box 18 of W-2	
				Local Income Tax	294.82
Fed. Income Tax Withheld	1890.42	Medicare Tax Withheld	284.88	Box 21 of W-2	
Box 2 of W-2		Box 6 of W-2		SUI/SDI	
				Box 14 of W-2	

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH. State Wages, FAIRFIELD Tips, Etc. Box 17 of W-2	Local Wages, Tips, Etc. Box 20 of W-2
Gross Pay	19,647.20	19,647.20	19,647.20	19,647.20	19,647.20
Reported W-2 Wages	19,647.20	19,647.20	19,647.20	19,647.20	19,647.20

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll department.

THO KHUONG NGUYEN
1218 PURCELL AVE #1
CINCINNATI OH 45205

Social Security
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0
LOCAL: 0

1 Wages, tips, other comp. 19647.20	2 Federal income tax withheld 1890.42	
3 Social security wages 1 19647.20	4 Social security tax withheld 1218.13	
5 Medicare wages and tips 19647.20	6 Medicare tax withheld 284.88	
b Control Number 00106 3UM	Dept. 024000	
Corp. A	Employer use only 236	
c Employer's name, address, and ZIP code KRATZ-WILDE MACHINE CO INC 9826 CRESCENT PARK DR WEST CHESTER OH 45069		
Batch #00315		
b Employer's FED ID number 61-0252064	d Employer's state ID OH	
7 Social security tips	8 Allocated tips	
9 Advance EIC payment	10 Dependent care benefits	
11 Nonqualified plans	12 Benefits included in box 1	
13 See instru. for box 13	14 Other	
15 Stat emp. Deceased IP	Legal rep. If stat. emp. Deferred comp.	
e/f Emp' name, address and ZIP code THO KHUONG NGUYEN 1218 PURCELL AVE #1 CINCINNATI OH 45205		
16 State OH	Employer's state ID 51-5681013	17 State wages, tips, etc. 19647.20
18 State income tax 446.79	19 Locality name FAIRFIELD	
20 Local wages, tips, etc. 19647.20	21 Local income tax 294.82	
Employee Reference Copy W-2 Wage and Tax Statement 1996 Copy C for Employee's Records. OMB No. 1545-0008		

© 1996 AUTOMATIC DATA PROCESSING, INC

FOLD AND DETACH HERE

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, THO KHUONG NGUYEN residing at _____
(Name) (Street and Number)
CINCINNATI OHIO U. S. A.
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on JUNE 19, 1948 at GIA DINH (SOUTH VIET NAM)
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number _____
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number A074460714

2. That I am _____ years of age and have resided in the United States since (date) SEPT. 23, 1994

3. That this affidavit is executed in behalf of the following person:

Name	<u>THE KHUONG NGUYEN</u>	Sex	<u>M</u>	Age	<u>51</u>
------	--------------------------	-----	----------	-----	-----------

Citizen of-(Country)	<u>VIET NAM</u>	Marital Status	<u>MARRIED</u>	Relationship to Deponent	<u>BROTHER</u>
----------------------	-----------------	----------------	----------------	--------------------------	----------------

Presently resides at-(Street and Number)	<u>219/9 PHUOC BINH THU DUC</u>	(City)	<u>HO CHI MINH CITY</u>	(State)	<u>VIET NAM</u>
--	---------------------------------	--------	-------------------------	---------	-----------------

Name of spouse and children accompanying or following to join person:

Spouse	<u>LIEN PHUONG THI NGO</u>	Sex	<u>F</u>	Age	<u>48</u>	Child		Sex		Age
Child	<u>QUANG THANH NGUYEN</u>	Sex	<u>M</u>	Age	<u>20</u>	Child		Sex		Age
Child	<u>LIEM THANH NGUYEN</u>	Sex	<u>M</u>	Age	<u>20</u>	Child		Sex		Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of PART QUALIFIER with KRATZ-WILDE MACHINE CO.
(Type of Business) (Name of concern)

WEST CHESTER OHIO

at	<u>(Street and Number)</u>	<u>(City)</u>	<u>(State)</u>	<u>(Zip Code)</u>
----	----------------------------	---------------	----------------	-------------------

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

I have on deposit in savings banks in the United States (JOINT ACCOUNT)

I have other personal property, the reasonable value of which is

\$ 17,742.40

\$ 4,712.81

\$ -

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ NONE
\$ 0
\$ 0
\$ 0
\$ 0

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at _____

(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
THE KHUONG NGUYEN	X		51	BROTHER
LIEN PHUONG THI NGUYEN	X		48	SISTER-IN-LAW
QUANG THANH NGUYEN	X		20	NEPHEW
LIEM THANH NGUYEN	X		20	NEPHEW

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name _____ Date submitted _____

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name _____ Relationship _____ Date submitted _____

NONE

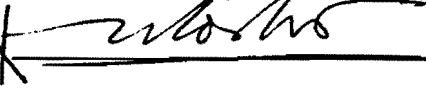
11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent 

Subscribed and sworn to (affirmed) before me this 19 day of August 1997

at Cincinnati Ohio My commission expires Notary Public, State of Ohio

VICTORIA LANE-JOHNSON

My Commission Expires June 23, 1999

Signature of Officer Administering Oath Victoria Lane-Johnson Title Notary Public

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)

IMPORTANT This document must be read and signed by persons wishing to submit an affidavit of support on behalf of an alien applying for an immigrant visa. A signed copy of this document must be attached to each copy of any affidavit of support submitted on behalf of an applicant.

The Social Security Act, as amended, establishes certain requirements for determining the eligibility of aliens for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) benefits. The Food Stamp Act, as amended, contains similar provisions. These amendments require that the income and resources of any person (and that person's spouse) who execute an affidavit of support or similar agreement on behalf of an immigrant alien be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

The eligibility of aliens for SSI, AFDC, and Food Stamp benefits will be contingent upon their obtaining the cooperation of their sponsors in providing the necessary information and evidence to enable the Social Security Administration and/or State Welfare Agencies to carry out these provisions. An alien applying for SSI, AFDC, or Food Stamp benefits must make available to the Social Security Administration and/or sponsors, including documentation concerning his income or resources or those of his sponsors, including information which he provided in support of his application for an immigrant visa or adjustment of status. The Secretary of Health and Human Services and/or State Welfare Agencies are authorized to obtain copies of any such documentation from other agencies.

The Social Security Act and the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC, and Food Stamp benefits which are incorrectly paid because of misinformation provided by sponsor or because of sponsor's failure to provide information. Also, any incorrect payments of SSI and AFDC benefits which are not repaid will be withheld from any subsequent payments for which the alien or sponsors are otherwise eligible under the Social Security Act.

These provisions do not apply to aliens admitted as refugees or granted political asylum by the Attorney General. They also will not apply to the SSI eligibility of aliens who become blind or disabled after entry into the United States. The AFDC provisions do not apply to aliens who are dependent children of the sponsor or sponsor's spouse.

I, THO KHUONG NGUYEN; residing at _____
(street and number)
CINCINNATI OHIO, acknowledge that I have read the
City State Zip

above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. This attachment is submitted on behalf of the following persons:

NAME	SEX	AGE	COUNTRY OF BIRTH	MARITAL STATUS	RELATIONSHIP TO SPONSOR
THE KHUONG NGUYEN	M	51	VIETNAM	M	BROTHER
LIEN PHUONG THI NGO	F	48	VIETNAM		SISTER-IN-LAW
QUANG THANH NGUYEN	M	26	VIETNAM		NEPHEW
LIEN THANH NGUYEN	M	20	VIETNAM		NEPHEW

2/20/81
Signature of Sponsor(s)

FROM: CH/QUE THI LE

FLORENCE, KY



U.S. POSTAGE
FLORENCE, KY
\$1.24
OCT 22 1987

To: HỘI GIA ĐÌNH TỰ NHÂN CHÍNH TRỊ VIỆT NAM
FALLS CHURCH, VA.

Thiêc khôc can thiệp và gián điệp:
1) rò rỉ thông tin hai nhà nước và kinh
tế bao lì và cho rệp mổ bẫy dài
2) và chống an ninh, chống lí chết sau
khiến di cư tị nạn.

SEP 05 1987

4 6/9.

632 4371
207 2662

Pages Removed (S.S.)

9 page(s) was/were removed from the file of NGUYỄN KHUỐNG THẾ
(3-10-1946) due to containing Social Security numbers. The page(s) was/were copied
with the Social Security numbers covered up. The copy/copies was/were placed back into
the above mentioned file and the original(s) was/were placed into the Restricted/Reserved
files.

-Anna Mallett

Date: APRIL 22nd 2008