

No. 17-1586

May 23, 2017

0 of 10

EXHIBIT 2

CERTIFICATION OF VITAL RECORD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER:

1999-53678

NAME:

JOSHUA THOMAS WATERS

SEX: MALE

DATE OF BIRTH:

OCTOBER 18, 1999

WEIGHT:

7 LBS 14 OZ

PLACE OF BIRTH:

WICOMICO

TIME:

19:02 PM

MAIDEN NAME OF MOTHER:

DEBRA FLORENCE MEADOWS

AGE:

34

MOTHER'S PLACE OF BIRTH:

NEW YORK

NAME OF FATHER:

LEROY THOMAS WATERS JR

AGE:

34

FATHER'S PLACE OF BIRTH:

MARYLAND

DATE RECORD FILED:

OCTOBER 20, 1999

DATE ISSUED:

01-22-2003

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

Geneva B. Sparks

STATE REGISTRAR

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF VITAL RECORDS
Birth Registration Notice**

DATE ISSUED: MARCH 15, 2007 FILE NUMBER: [REDACTED] DATE FILED: MAR. 13, 2007
NAME: MIRIAM LEAH BARTHOLOMEW SEX: FEMALE
DATE OF BIRTH: MAR. 07, 2007 PLACE OF BIRTH: PRINCE GEORGES COUN
MOTHER'S MAIDEN LAST NAME: MEADOWS FATHER'S NAME: ***** NOT *****
MOTHER'S CURRENT NAME: DEBRA FLORENCE MEADOWS ***** STATED *****

This document is not a birth certificate. It is a record of facts reported to the Division of Vital Records (DVR) by the certifiers at birth. Since the information above will appear on your child's birth certificate, contact DVR at 410-764-3069 if you note any errors.

The cost of a certified birth certificate is \$12. Certified copies of certificates are available in person at DVR, 6550 Reisterstown Road Plaza, Baltimore, MD 21215 or at local health departments in all jurisdictions except Montgomery County, Baltimore County, and Baltimore City. You must present a valid, unexpired, government-issued photo ID displaying a date issued and an expiration date. Applicants unable to supply valid photo ID must present two different pieces of alternative documentation. Acceptable documents are social security card, pay stub, current car registration, bank statement, letter from government agency, lease/rental agreement, utility bill with current address, or a copy of your income tax return or W-2 return. At least one of these documents must contain your current mailing address. Applicants unable to provide valid photo ID will not be able to receive their requests the same day. Their requests will be mailed to the address displayed on the documents provided. Birth certificates may also be ordered by mail. Submit clear photocopies of the requested identification when ordering by mail and a self-addressed, stamped envelope. Mail to: DVR, P.O. Box 66760, Baltimore, MD 21215-0020.

DVR offers a Commemorative Birth Certificate for persons born in Maryland. This decorative 11" X 14" document is prepared on heirloom quality paper and includes the signature of Gov. Martin O'Malley and an embossed seal. The cost of the Commemorative Birth Certificate is \$30. Of that amount, \$15 is donated to the Children's Trust Fund and is tax deductible.

Maryland law permits parents to change the name of a child without a court order within one year of the child's birth. Both parents must request this change by letter of affidavit sworn before a Maryland notary public. Call 410-764-2954 for a copy of this form.

Further information on obtaining a birth certificate or Commemorative Certificate may be obtained by calling 410-764-3038 or by accessing the Division's website at <http://www.vsa.state.md.us>. Forms for ordering certificates by mail may also be downloaded from the website.



Martin O'Malley
Governor

Anthony Brown
Lt. Governor

Theodore Dallas
Interim Secretary

Karen S. Butler, MSW
Director
Mailing Address:
200 Kent Avenue
La Plata, MD 20646

Telephone Number:
(301) 392-6400
Toll Free
1-877-871-1177
FAX Numbers:
(301) 870-3958
Family Investment
301)753-4353

CHARLES COUNTY DEPARTMENT OF SOCIAL SERVICES
FAMILY INVESTMENT DIVISION

Employee: DEBRA MEADOWS
Social Security Number: 240-27-3737
Date: 11-8-11 Case #: 008039933

Dear Employer:

This Department needs to verify the wages of the above named employee, whose signed authorization appears below:

A.C. Williams
Case Manager

301-392-6478
Phone #

A. NEW EMPLOYEE

B. TERMINATION/ON LEAVE

First day of work: 8-30-11 Last day of work: _____
Date first pay received: 9-9-11 Date final pay received: _____
Gross pay first check: \$ 205.08 Gross final pay: \$ _____
6 hr per day @ 17.09 per hr = 102.54 Regular gross pay per pay period: 102.54 Leave/vacation pay due: \$ _____
Per: Bi-Weekly Is employee on leave without pay? _____
(Week, Bi-Weekly, etc) Reason employment ended? _____

C. REGULAR WAGES: Please list paychecks received in the month shown:

MONTH: OCTOBER 2011 MONTH: _____

Date Recd	Gross Pay	Hours Worked	Date Recd	Gross Pay	Hours Worked
<u>10/7/11</u>	<u>1025.40</u>	<u>60</u>	<u>11/14/11</u>	<u>1059.58</u>	<u>62</u>
<u>10/21/11</u>	<u>1025.40</u>	<u>60</u>			
<u>11/4/11</u>	<u>1059.58</u>	<u>62</u>			

Rate of pay is \$ 17.09 per hour @ 6 hr per day
Usual number of hours per week: 30 per day
Are Medical Benefits Available: YES NO

If yes, when? after probation period
Employer: Keller Transportaion, Inc.
Name and Address: 4472 Gallant Green Road
Waldorf, Md 20601

Signature: [Signature] Date: 11-14-11 Phone: 301-645-5934

I hereby authorize the employer named above to release to the Charles County Department of Social Services information regarding my employment and wages.

SIGNED: [Signature] DATE: 11/14/2011

DHC16CV2897 5

SOPM: From: Keller Transportation

To: 12408079654

: 3018433190

2/ 2

301-843-3190



DEPARTMENT OF HUMAN RESOURCES Charles County DSS

MAR 23 2016

Charles County Department of Social Services

Received

FAMILY INVESTMENT DIVISION

Employee: Debra F Meadows Case #: 008039933
Social Security Number: _____ Date: 3/22/2016

Dear Employer:

This Department needs to verify the wages of the above named employee whose signed authorization appears below.

B. Harrison
Case Manager

301-392-6479
Phone Number

A. NEW EMPLOYEE

B. TERMINATION/ON LEAVE

First Day of Work: _____ Last Day of Work: _____
Date of 1st Pay Received: _____ Date Final Pay Received: _____
Gross Pay of 1st Check: _____ Gross Pay of Final Pay: _____
Regular GROSS/pay period: _____ Leave/Vacation Pay Due: \$ _____
Per (weekly, bi-weekly, etc): _____ On Leave without Pay? _____

Reason Employment Ended?: _____

C. REGULAR WAGES: Please list the gross paychecks received in the month(s) shown:

MONTH: Feb

MONTH: Mar

Date Received	GROSS Pay	# Hrs. Worked	Date Received	GROSS Pay	# Hrs. Worked
2/5/2016	\$ 676.05	37.6	3/14/2016	\$ 59.33	3.3
2/19/2016	\$ 1,071.61	59.6	3/18/2016	\$ 165.42	9.2

Rate of Pay: \$ 17.98 per week Usual # of hours/ week: _____
Are Medical Benefits Available: Y N If Yes, when? _____

D. Employer: Keller Transportation, Inc.

Name: _____

Address: 4472 Gullott Green Rd Waldorf MD 20601

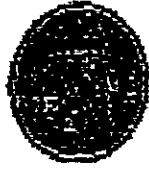
Signature of Employer or Payroll Clerk: [Signature]

Date: 3-22-16 Phone: 301-675-5734

I hereby authorize the employer named above to release to the Charles County Department of Social Services, information regarding my employment and wages.

Signed: [Signature] Date: 3/22/2016

Theresa Wolf Director
Monica Butler Acting Assistant Director Administration
Tracy Ambow Assistant Director Family, Adult and Children Services
Doris Herley Assistant Director Child Support Enforcement
Selena Senterfitt Assistant Director Family Investment Administration
MAIN OFFICE
290 Kent Avenue
P.O. Box 100
Pine, Maryland 20646
Telephone Numbers:
(301) 392-6400
Toll Free:
1-877-871-1177
Fax:
(301) 870-5958



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INQUIRY CLIENT DEMOGRAPHIC 1 - DEM1 dem1 0
Month 08 13 RAA08L 06 18 13

Client Name JOSHUA THOMAS WATERS CL ID 474020

Statewide FIP Group

CSB Notification Date:

Client Ethnicity N CIS Primary Race B Race(s) B V S

Alt SSN SSN APPL More DOB
Name Referral Date SSN1 V SSNs (MM DD YYYY) V Sex
[REDACTED] 093 FV 10 18 1999 OT M

----- Place of Birth ----- MD Mar Living V Dest Boarder Amt
Res Stat Arrgmt Migrant Num Meals for M
City SALISBURY St MD Y N AH CS
Hospital

Concurrent Parental V ----- Pregnant ----- Prenatal V
Out of State Status Due Date V Unborn Num V Care
CA FS MA Eligible Expect
N N N D CS

Message

15-lett 17-mo< 18-mo> 23-ali

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DHC462897

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INQUIRY CLIENT DEMOGRAPHIC 1 - DEM1 DEN1 0
Month 08 13 RAA08L 06 18 13

Client Name DEBRA FLORENCE MEADOWS CL ID 008039
Statewide FIP Group

CSB Notification Date: 05 22 96

Client Ethnicity N CIS Primary Race B Race(s) B V O

Alt SSN SSN APPL More DOB
Name Referral Date SSN1 V SSNs (MM DD YYYY) V Sex
Y 3737 FV 12 23 1964 OT F

----- Place of Birth ----- MD Mar Living V Dest Boarder Amt
Res Stat Arrgmt Migrant Num Meals for M
City St Y N AH CS
Hospital

Concurrent Parental V ----- Pregnant ----- Prenatal V
Out of State Status Due Date V Unborn Num V Care
CA FS MA Eligible Expect
N N N

Message 0024

0024 SCREEN ID ENTERED IS EITHER NOT VALID OR DOES NOT APPLY
15-lett 17-MO< 18-MO>

23-ald

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

**Form I-924, Application for Regional Center
Under the Immigrant Investor Pilot Program**

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)

Action Block



RCW1312251130
1924 05/02/2013

(b)(6)

G-28 attached

Attorney's State License No.

Part 1. Information About Principal of the Regional Center

Name: Last Keller	First David	Middle Charles
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C/O: Liberty Nebraska Regional Center, LLC

Street Address/P.O. Box: 17470 N. Pacesetter Way

City: Scottsdale (b)(6)	State: AZ	Zip Code: 85255
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Date of Birth (mm/dd/yyyy): [Redacted]	Fax Number (include area code): (480) 365-0342	Telephone Number (include area code): (480) 797-6475
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Web site address: Liberty-nebraska.com

Part 2. Application Type (Check one)

- a. Initial Application for Designation as a Regional Center
- b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): _____

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: Liberty Nebraska Regional Center

Street Address/P.O. Box: 17470 N. Pacesetter Way

City: Scottsdale	State: AZ	Zip Code: 85255
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COPY

RECEIPT NUMBER RCW1400651632		CASE TYPE I924A Supplement to Form I-924
RECEIVED DATE December 30, 2013		APPLICANT KELLEK, DAVID C
NOTICE DATE January 06, 2014	PAGE 1 of 1	
LIBERTY NEBRASKA REGIONAL CENTER 17470 N PACESETTER WAY SCOTTSDALE AZ 85255		NOTICE TYPE: Receipt Notice

Receipt Notice - This notice confirms that USCIS received your application or petition as shown above. Please reference the receipt number, above, on any correspondence with USCIS. If any of the above information is incorrect, please immediately contact us at USCIS.ImmigrantInvestorProgram@dhs.gov to let us know. This will help avoid future problems.

This notice does not grant any immigration status or benefit. It is not even evidence that this case is still pending. It only shows that the application or petition was filed on the date shown.

Processing time - Processing times vary by kind of case. You can check our website at www.uscis.gov for our current processing times for this kind of case at the particular office to which this case is or becomes assigned. If you do not receive an initial decision or update from us within our current processing time, email us at USCIS.ImmigrantInvestorProgram@dhs.gov. Save this notice, and any other notice we send you about this case, and please make and keep a copy of any papers you send us by any means along with any proof of delivery to us. Please have all these papers with you if you contact us about this case.

If your address changes - If your mailing address changes while your case is pending, notify us at USCIS.ImmigrantInvestorProgram@dhs.gov. Otherwise you may not receive notice of our action on this case.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC
 CALIFORNIA SERVICE CENTER
 P.O. BOX 30111
 LAGUNA NIGUEL CA 92607-0111
 Customer Service Telephone: (800) 375-5283



U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Immigrant Investor Program
Washington, DC 20529



U.S. Citizenship
and Immigration
Services

Date: October 24, 2013

David Charles Keller
Liberty Nebraska Regional Center, LLC
17470 N. Pacesetter Way
Scottsdale, AZ 85255

Application: Form I-924, Application for Regional Center under the Immigrant Investor Pilot Program

Applicant(s): David Charles Keller

Re: Initial Regional Center Designation
Liberty Nebraska Regional Center, LLC
RCW 13 122 51130 / 1312251130

This notice is in reference to the Form I-924, Application for Regional Center Under the Immigrant Investor Pilot Program that was filed by the applicant with the U.S. Citizenship and Immigration Services ("USCIS") on May 2, 2013. The Form I-924 application was filed to request approval of initial regional center designation under the Immigrant Investor Program. The Immigrant Investor Program was established under § 610 of the Department of Commerce, Justice and State, the Judiciary, and Related Agencies Appropriations Act of 1993 (Pub. L. 102-395, Oct. 6, 1992, 106 Stat. 1874).

I. Executive Summary of Adjudication

Effective the date of this notice, USCIS approves the Form I-924 request to designate Liberty Nebraska Regional Center, LLC as a qualifying participant in the Immigrant Investor Program.

II. Regional Center Designation

USCIS approves the applicant's request to focus, promote economic growth, and offer capital investment opportunities in the following geographic area and industry categories:

A. Geographic Area