

EXHIBIT "F" **BB&T JOINT BANK STATEMENTS & ANCILLARY DOCUMENTS.**



Page 1 of 2 ... /17  
MD 0005250121476

469-09-01-00 13609 D C 001 11 50 004  
YING JIN  
VICTOR H SPARROW III  
1616 PARK AVE APT 2  
BALTIMORE MD 21217-4290

## Your account statement

For 11/17/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

BB&T is pleased to announce that beginning on Dec. 11, 2017, the available balance in your account will be updated multiple times throughout the day upon receipt of a same-day, electronic, direct deposit transaction. If a same-day, direct deposit is received for your account by 5 p.m. local time, Monday through Friday, on regular business days you will have access to your funds earlier in the day.

Please feel free to contact your local financial center or call Phone24 at 800-BANK-BBT (800-226-5228) if you have any questions.

Thank you for banking with BB&T.

BB&T, Member FDIC.

### ■ INVESTORS DEPOSIT ACCOUNT 0005250121476

#### Account summary

Your previous balance as of 10/18/2017	\$23,024.33
Checks	- 0.00
Other withdrawals, debits and service charges	- 2,012.00
Deposits, credits and interest	+ 4.33
Your new balance as of 11/17/2017	= \$21,016.66

#### Interest summary

Interest paid this statement period	\$4.33
2017 interest paid year-to-date	\$28.66
Interest rate	0.25%
Annual percentage yield (APY) earned	0.25%

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
10/20	RETURN DEPOSIT ITEM 99000501	2,000.00
10/20	RETURN DEPOSIT ITEM CHARGE	12.00
Total other withdrawals, debits and service charges		= \$2,012.00

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
11/17	INTEREST PAYMENT	4.33
Total deposits, credits and interest		= \$4.33



Page 1 of 2 .8/17  
MD 0005250121476

469-09-01-00 13609 0 C 001 11 50 004  
YING JIN  
VICTOR H SPARROW III  
1616 PARK AVE APT 2  
BALTIMORE MD 21217-4290

# Your account statement

For 12/18/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

Check out the BB&T Financial Foundations program today!

Our free BB&T Financial Foundations program can help you learn about budgeting, borrowing money, saving for the future and much more. In just three to ten minutes, these interactive, online courses teach you hints and tips to achieve your financial goals. Visit [BBT.com/Knowledge](http://BBT.com/Knowledge), click on "Get Started" and begin learning!

BB&T, Member FDIC.

### ■ INVESTORS DEPOSIT ACCOUNT 0005250121476

#### Account summary

Your previous balance as of 11/17/2017	\$21,016.66
Checks	- 0.00
Other withdrawals, debits and service charges	- 0.00
Deposits, credits and interest	+ 36,632.93
Your new balance as of 12/18/2017	= \$57,649.59

#### Interest summary

Interest paid this statement period	\$10.92
2017 interest paid year-to-date	\$39.58
Interest rate	0.25%
Annual percentage yield (APY) earned	0.25%

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
11/22	IN-BRANCH TRANSFER TRANSFER FROM CHECKING 0005250789760 11-22-17	27,482.01
11/27	IN-BRANCH TRANSFER TRANSFER FROM CHECKING 0005250789760 11-27-17	9,140.00
12/18	INTEREST PAYMENT	10.92
Total deposits, credits and interest		= \$36,632.93



Page 1 of 2  
 MD 0005250121476

469-09-01-00 13609 0 C 001 11 50 004  
 YING JIN  
 VICTOR H SPARROW III  
 1616 PARK AVE APT 2  
 BALTIMORE MD 21217-4290

## Your account statement

For 01/22/2018

## Contact us



BBT.com



(800) BANK-BBT or  
 (800) 226-5228

**Tired of waiting for your statement to arrive in the mail?**

Explore all the benefits of online banking and access your statements 24/7!  
 View your statements online and go paperless. Visit [BBT.com/OnlineBanking](http://BBT.com/OnlineBanking) today.

BB&T, Member FDIC.  
 © 2018, Branch Banking and Trust Company. All rights reserved.

### ■ INVESTORS DEPOSIT ACCOUNT 0005250121476

#### Account summary

Your previous balance as of 12/18/2017	\$57,649.59
Checks	- 0.00
Other withdrawals, debits and service charges	- 0.00
Deposits, credits and interest	+ 13.82
Your new balance as of 01/22/2018	= \$57,663.41

#### Interest summary

Interest paid this statement period	\$13.82
2017 Interest paid year-to-date	\$39.58
Interest rate	0.25%
Annual percentage yield (APY) earned	0.25%

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
01/22	INTEREST PAYMENT	13.82
Total deposits, credits and interest		= \$13.82



Page 1 of 2 J8/17  
MD 0005250789760

408-11-01-00 24111 0 C 001 04 50 004  
VICTOR H SPARROW III  
YING JIN  
1616 PARK AVE APT 1  
BALTIMORE MD 21217-4290

## Your account statement

For 11/08/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

BB&T is pleased to announce that beginning on Dec. 11, 2017, the available balance in your account will be updated multiple times throughout the day upon receipt of a same-day, electronic, direct deposit transaction. If a same-day, direct deposit is received for your account by 5 p.m. local time, Monday through Friday, on regular business days you will have access to your funds earlier in the day.

Please feel free to contact your local financial center or call Phone24 at 800-BANK-BBT (800-226-5228) if you have any questions.

Thank you for banking with BB&T.

BB&T, Member FDIC.

### ■ ELITE GOLD-MM 0005250789760

#### Account summary

Your previous balance as of 10/10/2017	\$27,381.79
Checks	- 0.00
Other withdrawals, debits and service charges	- 0.00
Deposits, credits and interest	+ 0.22
Your new balance as of 11/08/2017	= \$27,382.01

#### Interest summary

Interest paid this statement period	\$0.22
2017 interest paid year-to-date	\$1.86
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
11/08	INTEREST PAYMENT	0.22
Total deposits, credits and interest		= \$0.22



Page 1 of 2 J8/17  
MD 0005250789760

408-24-01-00 41046 0 C 001 04 50 004  
VICTOR H SPARROW III  
YING JIN  
1616 PARK AVE APT 1  
BALTIMORE MD 21217-4290

# Your account statement

For 12/08/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

### Check out the BB&T Financial Foundations program today!

Our free BB&T Financial Foundations program can help you learn about budgeting, borrowing money, saving for the future and much more.

In just three to ten minutes, these interactive, online courses teach you hints and tips to achieve your financial goals. Visit [BBT.com/Knowledge](http://BBT.com/Knowledge), click on "Get Started" and begin learning!

BB&T, Member FDIC.

#### ■ ELITE GOLD-MM 0005250789760

##### Account summary

Your previous balance as of 11/08/2017	\$27,382.01
Checks	- 0.00
Other withdrawals, debits and service charges	- 36,622.12
Deposits, credits and interest	+ 9,240.11
Your new balance as of 12/08/2017	= \$0.00

##### Interest summary

Interest paid this statement period	\$0.11
2017 interest paid year-to-date	\$1.97
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

##### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
11/22	IN-BRANCH TRANSFER TRANSFER TO CHECKING 0005250121476 11-22-17	27,482.01
11/27	IN-BRANCH TRANSFER TRANSFER TO CHECKING 0005250121476 11-27-17	9,140.00
11/29	TRANSFER TO CHECKING 0005163212902 11-29-17	0.11
Total other withdrawals, debits and service charges		= \$36,622.12

##### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
11/22	COUNTER DEPOSIT	9,240.00
11/29	INTEREST PAID ADJUSTMENT	0.11
Total deposits, credits and interest		= \$9,240.11



410-05-01-00 12205 0 C 001 18 50 004  
YING JIN  
1616 PARK AVE APT 2  
BALTIMORE MD 21217-4290

## Your account statement

For 12/28/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

### Check out the BB&T Financial Foundations program today!

Our free BB&T Financial Foundations program can help you learn about budgeting, borrowing money, saving for the future and much more.

In just three to ten minutes, these interactive, online courses teach you hints and tips to achieve your financial goals. Visit [BBT.com/Knowledge](http://BBT.com/Knowledge), click on "Get Started" and begin learning!

BB&T, Member FDIC.

### ■ ELITE GOLD-MM 0005163212902

#### Account summary

Your previous balance as of 11/29/2017	\$49,055.12
Checks	- 0.00
Other withdrawals, debits and service charges	- 902.45
Deposits, credits and interest	+ 0.39
Your new balance as of 12/28/2017	= \$48,153.06

#### Interest summary

Interest paid this statement period	\$0.39
2017 interest paid year-to-date	\$2.31
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
12/06	DEBIT CARD PURCHASE SAMSCLUB #6434 12-05 LAUREL MD 6119	16.38
12/11	DEBIT CARD PURCHASE COSTCO GAS #0203 12-08 GLEN BURNIE MD 6119	13.25
12/14	DEBIT CARD PURCHASE COLDSTONE #22622 12-13 TOWSON MD 9764	5.99
12/14	DEBIT CARD PURCHASE WM SUPERCENTER #24 12-13 ELLICOTT CITY MD 9764	36.41
12/15	DEBIT CARD PURCHASE VILLAGIO CAFE. 12-13 BALTIMORE MD 9764	39.47
12/15	DEBIT CARD PURCHASE AEROPOSTALE #628 12-13 TOWSON MD 9764	4.10
12/18	DEBIT CARD PURCHASE 7-ELEVEN 12-15 WOODLAWN MD 9764	1.80
12/18	DEBIT CARD PURCHASE EXXONMOBIL 4786 12-15 BALTIMORE MD 9764	30.00
12/18	DEBIT CARD PURCHASE KOHL'S #0264 12-15 ELLICOTT CITY MD 9764	12.61
12/18	DEBIT CARD PURCHASE 7-ELEVEN 19926 12-16 BALTIMORE MD 9764	16.67
12/18	DEBIT CARD PURCHASE 7-ELEVEN 23702 12-16 RANDALLSTOWN MD 9764	6.38
12/18	DEBIT CARD PURCHASE SAMS CLUB #6651 12-16 CATONSVILLE MD 9764	61.36
12/18	DEBIT CARD PURCHASE LOTTE PLAZA CATONS 12-16 CATONSVILLE MD 9764	31.46
12/18	DEBIT CARD PURCHASE HAPPY HOUR PANADER 12-17 BALTIMORE MD 9764	10.00
12/19	DEBIT CARD PURCHASE WALGREENS #6320 12-18 BALTIMORE MD 9764	155.95
12/19	DEBIT CARD PURCHASE ROYAL CLEANERS 12-18 BALTIMORE MD 9764	10.00
12/20	DEBIT CARD PURCHASE BIG LOTS STORES - 12-18 CATONSVILLE MD 9764	4.44
12/21	DEBIT CARD PURCHASE ZAUQ KITCHEN 12-20 GWYNN OAK MD 9764	22.54
12/22	DEBIT CARD PURCHASE 7-ELEVEN 19926 12-21 BALTIMORE MD 9764	1.58
12/26	DEBIT CARD PURCHASE EXXONMOBIL 4786 12-21 BALTIMORE MD 9764	30.00

continued

# Toyota Extra Care Vehicle Service Agreement Application

APPLICATION NUMBER  
**EB490U**



**CUSTOMER INFORMATION**

NAME (LAST, FIRST, MIDDLE) **PARSONS AND VICTOR H** (FIRST) (MI)  
**FRANK JIN**

**MAILING ADDRESS**

**1616 PARK AVE APT#2**

CITY **BALTIMORE MD 21217** STATE ZIP CODE PHONE NUMBER  
**(202) 246-7677**

**VEHICLE INFORMATION**

VEHICLE IDENTIFICATION NUMBER (VIN)  
**2T3BFREVBHMS93114**

MAKE **TOYOTA** MODEL **RAV-4** YEAR **2017**

AGREEMENT APPLICATION MILEAGE **20** VEHICLE PURCHASE DATE **02/01/2017** AUTO CODE **01121**

RETAIL/FINANCE  LEASE  CASH

LENHOLDER/LESSOR (COMPLETE ONLY IF AGREEMENT IS FINANCED OR LEASED)  
NAME **SANTAMER CONSUMER USA** TERM (MO) **72**

**MAILING ADDRESS**

**PO BOX 961288**

CITY **MT PLEASANT TX 76161** STATE ZIP CODE

**CUSTOMER'S SIGNATURE**

**02/01/2017**

**DEALER'S SIGNATURE**

**CUSTOMER COPY**

Dealer Instructions: Mail Administrator copy of completed application to:  
Customer Service, P.O. Box 9550, Cedar Rapids, IA 52409-9550.  
(Previous editions may not be used.)

**AGREEMENT TYPE**

NEW PLAN  CERTIFIED USED PLAN

For a Vehicle Service Agreement which is a NEW or CERTIFIED USED Plan, the AGREEMENT EFFECTIVE DATE is the date the vehicle was first placed in service as a new vehicle, even if this date is before your VEHICLE PURCHASE DATE. MILES are total vehicle odometer miles starting at zero, not miles counted from the AGREEMENT APPLICATION MILEAGE as shown on this Application. YEARS are counted from the AGREEMENT EFFECTIVE DATE which is subject to verification by the Administrator.

USED PLAN

For a Vehicle Service Agreement which is a USED Plan, the AGREEMENT EFFECTIVE DATE is equal to the VEHICLE PURCHASE DATE. MILES are in addition to the AGREEMENT APPLICATION MILEAGE as shown on this Application. YEARS are counted from the AGREEMENT EFFECTIVE DATE which is subject to verification by the Administrator.

**DEDUCTIBLE**

\$0  \$100 DISAPPEARING  
 \$50 (SELECT PLANS ONLY)

**COVERAGE LEVEL**

PLATINUM  GOLD  
 POWERTRAIN  
 TOYOTA CERTIFIED PLATINUM  
 TOYOTA CERTIFIED GOLD

Your Vehicle Service Agreement will show the Agreement Expiration Date and Agreement Expiration Mileage.

Retain this form as evidence of your application and receipt of the AGREEMENT PURCHASE PRICE. If you have not received your VSA within 30 days of the AGREEMENT APPLICATION DATE or if you have any questions, please contact us at: TOYOTA FINANCIAL SERVICES, Customer Service Center, P.O. Box 9550, Cedar Rapids, IA 52409-9550, or call 1-800-228-8559, or via email at [extracare@toyota.com](mailto:extracare@toyota.com).  
THE VSA MAY CONTAIN AN ARBITRATION PROVISION DEPENDING ON THE STATE IN WHICH THE AGREEMENT IS PURCHASED. THE ARBITRATION PROVISION SUBSTANTIALLY AFFECTS THE WAY DISPUTES WILL BE RESOLVED. PLEASE REVIEW IT CAREFULLY WHEN YOU RECEIVE YOUR VSA.

**NOTICE TO PURCHASER:** This is not your Vehicle Service Agreement ("VSA"), but an application subject to approval or rejection. The VSA runs concurrent with, and is secondary to, any applicable manufacturer's warranty.

By my signature, I, the Agreement Holder, agree that I have reviewed the information contained in this application, I have been given the opportunity to review the terms and conditions of the VSA and I understand that the VSA will be sent to me. Verbal statements made by the dealer to me contrary to the VSA's provisions shall be of no effect within this application. If the coverage information above is incomplete or does not match my eligibility requirements, I understand that the Administrator may clarify the coverage based on the AGREEMENT PURCHASE PRICE and the program guidelines. The VSA I will receive will reflect any necessary clarification and I may follow the instructions in the VSA for cancelling the VSA if I do not agree with them. I understand the VSA is neither a warranty nor an insurance policy and the purchase of this Agreement is optional, cancellable (see agreement terms), and is NOT REQUIRED in order to purchase, lease or obtain financing for my vehicle.

Toyota Financial Services is a service mark of Toyota Motor Insurance Services, Inc.

**DEALER INFORMATION**

ISSUING DEALER  
**DARGARS OF CHERRY HILL 30  
DRB DARGARS TOYOTA  
12210 CHERRY HILL RD  
SILVER SPRING MD 20904**

DEALER CODE **19043** DEALER PHONE **(301) 622-1**

**AGREEMENT EFFECTIVE DATE**

**01/29/2017**

TOYOTA CERTIFIED USED VEHICLE NUMB (IF APPLICABLE)  
**N/A**

PLAN CODE **B95** YEARS **10** MILES **10000**

AGREEMENT PURCHASE PRICE  
**1500.00**



A 119723

# 3 - HOUR ALCOHOL AND DRUG EDUCATION CERTIFICATE

FULL NAME - FIRST <i>Jim</i>		MIDDLE <i></i>	LAST <i>Ying</i>	BIRTH DATE <i>11/29/1966</i>
FULL ADDRESS <i>1616 Park Ave.</i>		SOCIAL SECURITY NUMBER <i></i>		
CITY/TOWN <i>Baltimore</i>	STATE <i>MD</i>	COUNTY <i></i>	ZIP CODE <i>21217</i>	
SCHOOL NAME Harp String Associate LLC 416 Hungersford Dr. Ste 201 Rockville, MD 20850				

This is to certify that the above named Maryland resident has satisfactorily completed the 3 - Hour Alcohol and Drug course as required by Maryland Motor Vehicle Law TR, § 16-212.1.

I hereby certify the course was conducted in accordance with the standards for an approved course.

In Testimony Thereof This Certificate Is Awarded.

OFFICIAL DOCUMENT - NO DUPLICATES WILL BE ISSUED  
THIS CERTIFICATE MUST BE PRESENTED WHEN APPEARING FOR THE DRIVER'S EXAMINATION.

CLIENT'S SIGNATURE <i>Jim Ying</i>	DATE <i>2-8-17</i>
SCHOOL OFFICIAL'S SIGNATURE <i>[Signature]</i>	DATE <i>02/08/17</i>

THIS CERTIFICATE IS VALID FOR ONE YEAR FROM DATE OF ISSUE

DC-155 (04-16)



Vehicle Administration  
 6601 Ritchie Highway N.E.  
 Glen Burnie, 21062

1-800-950-1MVA (1682)  
 CUSTOMER SERVICE CENTER

1-800-492-4575 (TTY)  
<http://www.mva.maryland.gov>  
 WEB SITE

**INTERIM DOCUMENT**

This interim document expires on: 4/14/2016

<b>Product:</b> Maryland ID Card	<b>Class:</b> I
<b>Type:</b> New	<b>Product Issued:</b> 3/15/2016
<b>DL / ID:</b> Y520414014912	<b>Product Expires:</b> 3/15/2024
<b>JIN</b>	<b>YING</b>
<b>Address:</b> 1616 PARK AVE APT 2 BALTIMORE, MD 21217	
<b>Birth Date:</b> 11/29/1966	<b>Organ Donor:</b> No
<b>Sex:</b> F	<b>Height:</b> 5-03
	<b>Weight:</b> 125 lbs
<b>Restriction(s):</b> NONE	

Product mailed to address on record with MVA. Signature required for delivery of product. Saturday processing of expedited service will be delivered on next business day. No mail delivery on Federal/State holidays.

To track your product, visit:  
[www.mva.maryland.gov/product-tracking](http://www.mva.maryland.gov/product-tracking)

This Interim Document is intended for temporary use only, until you have received your Maryland product in the mail. Once you receive your new Maryland product you should immediately destroy this Interim Document. This document is valid for a maximum of 30 days from the transaction date.



**TRANSACTION RECEIPT**

Transaction Receipt	Unit Price	Qty	Amount
ID Card - New	\$24.00	1	\$24.00
<b>Total Due:</b>			<b>\$24.00</b>
<b>Payment</b>			
Cash			\$24.00
<b>Total Paid:</b>			<b>\$24.00</b>
<b>Change:</b>			<b>\$0.00</b>

Transaction Date: 3/15/2016  
 Branch: Baltimore City  
 5425 Reisterstown Road  
 at Hilltop  
 Baltimore, MD 21215  
 Customer Copy,  
 Printed on 3/15/2016 - 5:02:59 PM.  
 Operator: 24144  
 Thank You Very Much

JIN YING  
 DL / ID #: Y520414014912



2456E875AC



Montgo: County  
 Automated Traffic Enforcement  
 PO Box 10549  
 Rockville, Maryland 20849  
 Telephone: (866) 579-5742

**MAKE PAYMENT IMMEDIATELY**

Mail Date: 01/03/2018

JIN YING  
 1616 PARK AVE APT 2  
 BALTIMORE, MD 21217

Fine Due:	\$40.00
-----------	---------

Your registered vehicle was detected and recorded by an automated enforcement speed camera exceeding the posted speed limit by 12mph or more in violation of Maryland State Law TA 21-809. The vehicle noted below was photographed exceeding the speed limit at 6300 Blk Wisconsin Ave s/b. You failed to respond to the initial notice within thirty (30) calendar days from issuance as required by law and to the overdue notice, mailed to you on 11/24/17. As a result, if you are a Maryland resident, the State of Maryland Motor Vehicle Administration (MVA) has been notified to place a flag on your vehicle's record pending full satisfaction of all fines. **A \$30 MVA flagging fee is assessed for each flag and must be paid directly to the MVA.** MVA administrative fees remaining unpaid may be referred to the Maryland Central Collection Unit for Collection.

To obtain a release from the registration flag, please remit payment immediately for the total amount due noted above. If you elect to pay via the web or phone, please call (866) 579-5742 and request the release be mailed to your address as listed above. You will need to take the release form to an MVA Office to renew your registration.

**PAYMENT OPTIONS:**

**PAY BY WEB:** Go to [www.montgomerycountymd.gov/safespeedpay](http://www.montgomerycountymd.gov/safespeedpay) to pay by credit card (Visa/MC).

**PAY BY PHONE:** Call (866) 579-5742 and follow the automated prompts. Please have your citation number and credit card ready.

**WALK-IN PAYMENTS:** Pay in person (Monday-Friday) at 4040 Blackburn Ln. (Suite 200) - (8:00am-5:00pm), Burtonsville, MD or 255 Rockville Pike - (8:00am-4:30pm), Rockville, MD. Methods of payment accepted are cash, *certified* check, money order, or credit card (Visa/MC).

**PERSONAL CHECKS WILL NOT BE ACCEPTED.**

**NO MAIL IN PAYMENTS WILL BE ACCEPTED**

<b>Vehicle Tag:</b>	MD 8CT3710	<b>Violation Date:</b>	10/13/2017
<b>Violation Time:</b>	14:25:16	<b>Date Due</b>	<b>DUE UPON RECEIPT</b>
<b>Violation Location</b>	6300 Blk Wisconsin Ave s/b		

Citation Number: MC044821238



MOTOR VEHICLE ADMINISTRATION

land Motor  
Vehicle Administration  
6601 Ritchie Highway, N.E.  
Glen Burnie, Maryland 21062

1-800-950-1MVA (1682)  
CUSTOMER SERVICE CENTER

1-800-492-4575  
TTY

<http://mva.maryland.gov>  
WEB SITE

MVA ADMINISTRATION FLAG FEE INVOICE

DRIVER LICENSE NUMBER

Y520414014912

INVOICE DATE

01/10/2018

[ JIN YING ]  
1616 PARK AVE APT 2  
BALTIMORE MD 21217-4290  
[ ]

Tag / Title 8CT3710 48929178  
Vin # 2T3BFREV8HW593114  
Model / Year / Make 2017 TOYT  
Registration Renewal Date 02 2019

LAG DATE

JURISDICTION CODE & NAME

CITATION NUMBER

CITATION DATE

018-01-02 8000 MONTGOMERY COUNTY POLICE

MC044821238

2017-10-13

\*\*\*\*\*  
PLEASE NOTE: ADDITIONAL ADMIN RECORDS & FEES WILL BE INDICATED WITH \*\*\*\*\*MORE ADMIN FLAGS ON FILE\*\*\*\*\*

CONTACT MVA FOR MORE INFORMATION 1-800-950-1MVA (1682)

TOTAL AMOUNT DUE: [ 30.00 ]

PAYMENT IN FULL UPON RECEIPT

PLEASE CUT STATEMENT BELOW & RETURN WITH CHECK PAYABLE TO MVA OR PROCESS THROUGH WEBSITE WITH CREDIT CARD  
[www.mva.maryland.gov](http://www.mva.maryland.gov)

✂

✂

✂

✂

FS-141(04/13)

INVOICE DATE  
1/10/2018

TAG NUMBER  
8CT3710

TITLE NUMBER  
48929178

DRIVER LICENSE NUMBER  
Y520414014912

[ JIN YING ]  
1616 PARK AVE APT 2  
BALTIMORE MD 21217-4290  
[ ]

Number of Admin Flags: 1  
Total Amount Due: 30.00

PAYMENT IN FULL UPON RECEIPT

DO NOT WRITE BELOW THIS LINE

MVA ADMIN FLAG FEE INVOICE (FS-141) 04/13

DO NOT WRITE BELOW THIS LINE

## AGREEMENT TO FURNISH INSURANCE POLICY

(TO BE USED WITH SECURITY AGREEMENT ON SALE OF VEHICLE)

TO SELLER DARCARS OF CHERRY HILL ROAD, INC. DBA DARCARS TOYOTA Date 02/01/2017  
12210 CHERRY HILL RD SILVER SPRING MD 20904

The undersigned Buyer(s) agree(s) to furnish his/his/their own Insurance Policy, covering a vehicle which is the subject of a Security Agreement (the "Security Agreement") dated this 1st day of FEBRUARY 2017  
 The vehicle referred to herein is described as follows:

Year 2017 Make TOYOTA Model RAV-4 AWD SUV 4AT 2T3BFREV8HM593114 Body Type SUV Vehicle Identification No. 2T3BFREV8HM593114

Such Insurance Policy must be delivered to the Seller within One Month days from the date of this Agreement. The following is not an acceptable policy: Maintenance or repair contracts. One Month Policies or Insurance Certificates that make reference to a "Master Insurance Agreement." If Seller does not receive such Policy by the time stated, Seller may (but is not required to) procure insurance to a "Master Insurance" agreed to be furnished under the terms of the Security Agreement. Such insurance may cover only Seller's interest in the vehicle.  
 Ins.Co. GEICO Agent DIRECT

ONE GEICO BLVD FREDERICKSBURG VA 22412  
 ADDRESS OF AGENT - STREET CITY STATE ZIP  
 Policy No. \_\_\_\_\_ Exp. Date 07/29/2017 AGENT'S PHONE NUMBER 18001841-3000

Fire & Theft -  Additional Coverage -  \$ 500.00 Deductible Comprehensive -  \$ 500.00 Deductible Collision  
 In the event Buyer(s) fail(s) to furnish a valid insurance policy, or written evidence of insurance, of the type required under the Security Agreement, Buyer(s) hereby agree(s) to pay to Seller or its assignees any earned premium for any policy they may have to place for the above described Buyer(s) further agree(s) to assume forthwith any and all responsibility for damage to the vehicle or resulting from the use, maintenance or operation of the vehicle, and agree to hold Seller free of any loss, claim, or liability resulting from any damage to the vehicle or from the vehicle's use, maintenance or operation.

Loss Payee SANTANDER CONSUMER USA  
 Loss Payee's Address PO BOX 1984 CARMEL IN 46002  
 NOTICE TO BUYER: This Agreement does not authorize the ordering of Public Liability or Property Damage Insurance. Any Insurance ordered by the Seller or Seller's Assignee will cover loss of or damage to the vehicle only and will not include Public Liability or Property Damage Insurance.

BUYER'S NAME (Printed) VICTOR HOWARD SPARROW 3RD  
 HOME PHONE 2022246-7677  
 BUSINESS PHONE (202)246-7677  
 ADDRESS 1616 PARK AVE APT#2 BALTIMORE MD 21217

BUYER'S SIGNATURE [Signature]  
 CO-BUYER'S SIGNATURE [Signature]  
 ILAW FORM NO. 228RS-U-CUSTOM REV. 3/13 FOS 19894 Q (9/13)  
 ©2013 The Real Estate and Rentals Company  
 THE PRINTER MAKES NO WARRANTY, EXPRESS OR IMPLIED.



P.O. BOX 31218  
Tampa, FL 33631-3218



December 27, 2017

65595 (260) 017324238616



JIN YING  
1616 PARK AVE APT 2  
BALTIMORE, MD 21217-4290

Dear JIN YING:

Welcome to Kaiser Permanente. Your enrollment has been received and it is being processed.

Please access a copy of your Summary of Benefit Coverage (SBC) for the plan(s) you selected at:

[http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2018-ON-Exchange/KP\\_MD\\_Silver\\_0\\_5\\_CSR\\_Dental\\_6000.pdf](http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2018-ON-Exchange/KP_MD_Silver_0_5_CSR_Dental_6000.pdf)

If you have questions or would like more information, our member service representatives are ready to assist you. Simply call our Member Service Contact Center at

Outside Washington DC area: 800-777-7902 (TTY: 711)  
Washington DC area: 301-468-6000 (TTY: 711)

Monday - Friday 7:30 a.m. - 9:00 p.m. Eastern time

Thank you once again for choosing Kaiser Permanente.

Sincerely,

Kurt Merrick  
Vice President, Membership Administration  
Kaiser Permanente Individual and Family Plans  
Kaiser Foundation Health Plan, Inc.

010442386160



**Italiano (Italian):** Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

**日本語 (Japanese):** あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

**ខ្មែរ (Khmer):** អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំប្រកាសធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

**한국어 (Korean):** 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

**ລາວ (Laotian):** ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີ່ທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມໝາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

**Kajin Majö! (Marshallese):** Ewör jimwe eo am in bök jipañ ilo kajin eo am ejjelok wöñääñ. Ñe ewör am kajjitök kōn peba in aplaiki eo am ak insurance eo am jān Kaiser Permanente, ak ñe enaan in kōjelā in ej aikuj bwe kwōn makūtkūt mokta jān juon raan eo emōj an kallikkar, kaļok nōm̄ba eo ej leļok ñan state eo am ak jikūm̄ bwe kwōn maroñ kōnono ippān juon ri-ukōt.

**Naabeehó (Navajo):** T'áá ni nizaad bee níká i' doolwoł doo bik'é asíníáágóó éi bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yíníkeedgo naaltsoos hadinílaa, éi bína'idííkid doogo, éi doodago díí naaltsoos haa'ída yookáaigo hait'áoda i' díííííí nímíigo éi nitsaa hahoodzojí éi doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bit ahít hodíílnih.

**नेपाली (Nepali):** तपाईंसग कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसग आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरेज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

**Afaan Oromoo (Oromo):** Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

**فارسی (Persian):** شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

**lokaiahn Pohnpei (Pohnpeian):** Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaiang owmi tungoal soun kawehwe.

**Português (Portuguese):** Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

030442386160



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number provided below.

District of Columbia	1-800-777-7902
Maryland	1-800-777-7902
Virginia	1-800-777-7902
TTY	711

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Professional Account Management, LLC  
386 S. Pickett St.  
PO Box 22147  
Alexandria, VA 22304-4704



495/95 Express Lanes /  
an (USA) Operations Inc.  
PAM Account #: 68374327  
Notice #: 13526831040644  
Plate: 8CT3710  
Amount Due: \$ 105.35

January 12, 2018

**Demand for Payment**  
**Attention Required**

Despite our previous notices to you, as of the date of this letter, you have failed to pay toll violations assigned to us by the 495/95 Express Lanes. Professional Account Management, LLC (PAM), a licensed debt collection agency, has been retained to collect delinquent, unpaid toll violation(s) on behalf of the 495/95 Express Lanes. Please be advised that your failure to pay the amount due may result in further collection actions.

You may be able to resolve this matter for a reduced amount. If you have any questions or if you would like to make payment, please call Professional Account Management at (866) 470-1305, or see the payment information on reverse side.

Individuals with multiple unpaid toll violations may be subject to various remedies, including eventual denial of vehicle registration renewal. See Virginia Code § 46.2-819.3.

Plate	State	Violation	Travel Date	Violation Description	Roadway	Joint Trip*	Amount Due
8CT3710	MD	224433860	07/09/2017	Unpaid Toll Violation	95EL		\$105.35
Amount due may not include all violations issued by 495/95 Express Lanes, including any violations that have not been assigned to PAM for collections or that PAM included in other notices.							\$ 105.35

\*The collection fee is waived on trips identified above as they are part of a joint trip on both the 495 and 95 Express Lanes.

**This communication is from a debt collection agency. This is an attempt to collect a debt and any information obtained will be used for that purpose.**

**This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, [www.wdfi.org](http://www.wdfi.org).**

**See reverse side for important state disclosures and payment options**

\*\*\*Detach Lower Portion and Return with Payment\*\*\*

CSPROF70  
PO Box 1280  
Oaks PA 19456-1280  
ADDRESS SERVICE REQUESTED

Re: Unpaid Toll Violation(s)  
PAM Account #: 68374327  
Notice #: 13526831040644  
Plate: 8CT3710  
Amount Due: \$ 105.35  
PAM (866) 470-1305

ICSPROF705052-619448936



**SEND PAYMENT TO:**  
Professional Account Management, LLC- 495/95 Express Lanes  
386 S. Pickett St.  
PO Box 22147  
Alexandria, VA 22304-4704



YING JIN  
1616 Park Ave Apt 2  
Baltimore MD 21217-4290



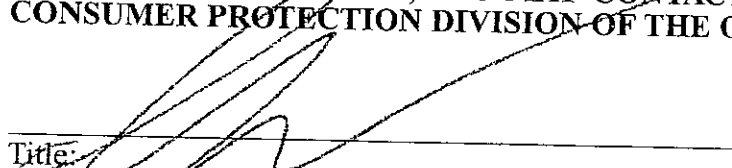


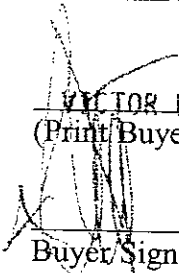
# DARCARS

DARCARS OF CHERRY HILL ROAD, INC.  
DBA DARCARS TOYOTA

## NOTICE PURSUANT TO MARYLAND CODE, TRANSP. §15-311.3(a)

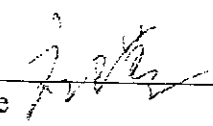
FOR FINANCE OR LEASE SALES: THE FINANCING OR LEASE AGREEMENT YOU ENTERED INTO WITH THE DEALER IS NOT FINAL AND MUST BE APPROVED BY A THIRD-PARTY FINANCIAL INSTITUTION. IF THE TERMS ARE APPROVED, THE SALE CANNOT BE CANCELED. IF THE TERMS ARE NOT APPROVED, THE DEALER MUST NOTIFY YOU IN WRITING WITHIN 4 DAYS OF DELIVERY OF THE VEHICLE TO YOU, AND YOU OR THE DEALER MAY CANCEL THIS SALE. IF THE SALE IS CANCELED, THE VEHICLE DELIVERED TO YOU MUST BE RETURNED TO THE DEALER IN THE SAME CONDITION IT WAS GIVEN TO YOU, EXCEPT FOR NORMAL WEAR AND TEAR, WITHIN 2 DAYS OF YOUR RECEIPT OF A WRITTEN NOTICE OF THE THIRD-PARTY REJECTION. UNLESS YOU AND THE DEALER AGREE ON DIFFERENT TERMS, ANY DOWN PAYMENT, TITLING FEE, EXCISE TAX, DEALER PROCESSING CHARGE, OR ANY OTHER FEE, TAX, OR CHARGE ASSOCIATED WITH THE TRANSACTION, AND ANY TRADE-IN VEHICLE, IN THE SAME CONDITION IN WHICH THE DEALER RECEIVED THE VEHICLE, WILL BE RETURNED TO YOU IMMEDIATELY AND YOU MAY NOT BE CHARGED A FEE FOR USE OF THE VEHICLE THAT WAS THE SUBJECT OF THE SALE. YOU MAY NOT WAIVE ANY OF THESE RIGHTS. IF YOU FEEL THE DEALER HAS FAILED TO COMPLY WITH THE TERMS OF THIS NOTICE, YOU MAY CONTACT THE MOTOR VEHICLE ADMINISTRATION OR THE CONSUMER PROTECTION DIVISION OF THE OFFICE OF THE ATTORNEY GENERAL.

  
Title: \_\_\_\_\_  
For Dealer  
(Print Dealer Name if not identified above)

  
VICTOR HOWARD SPARROW 3RD  
(Print Buyer's Name)

\_\_\_\_\_  
Buyer Signature

JIN YING  
(Print Co-Buyer's Name, if any)

  
Co-Buyer Signature

Buyer(s) consent(s) to dealer contact by any method for which information is provided below, including cell phone.

Buyer(s) Physical Address And Phone Number(s):  1616 PARK AVE APT#2 BALTIMORE MD 21217 (202)246-7677 (202)246-7677	Email Address:  Cell Phone for Text:  Fax Number:
--	---

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X _____</p>
<p>1. Article Addressed to:</p> <p>U.S. CITIZENSHIP &amp; NATURALIZATION SERVICE 75 LOWER WELDEN ST SE ALBAINS, VERMONT 05479</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>_____</p> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below: _____</p> <p style="text-align: center;">FEB 12 2016 VSC 111</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p>91 7199 9991 7034 0989 6921</p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1035</span></p>	

ARTICLES OF ORGANIZATION  
FOR  
ZHONG MEI HOLDINGS, L.L.C.

Pursuant to the Maryland Limited Liability Company Act, the undersigned authorized persons named below adopt and file the following Articles of Organization:

**FIRST:** The name of the limited liability company is "ZHONG MEI HOLDINGS, L.L.C."

**SECOND:** The period of duration for ZHONG MEI HOLDINGS, L.L.C. ends on January 1, 2099.

**THIRD:** The purpose for which this limited liability company has been organized is to invest in real and personal property, import and export personal property to and from the United States including within the State of Maryland and for any other authorized purpose under the law of the State of Maryland.

**FOURTH:** The address of the initial registered office of ZHONG MEI HOLDINGS, L.L.C. is 1616 Park Avenue (Suite #200), Baltimore, Maryland 21217-4290.

**FIFTH:** The resident agent of ZHONG MEI HOLDINGS, L.L.C. is ~~Tung Van-La~~ <sup>JIN YING</sup> whose address is 1616 Park Avenue (Suite #200), Baltimore, Maryland 21217-4290.

Dated: October 24, 2017

Jin Ying  
JIN YING  
Resident Agent

Jin Ying  
JIN YING  
Authorized Person

VICTOR H. SPARROW, III  
Authorized Person

10/24/17  
3  
Janya [Signature]

To:

Department of Assessments and Taxation  
Government of the State of Maryland  
301 West Preston Street  
Baltimore, Maryland 21201-2392

Return to:

Ms. Jin Ying  
1616 Park Avenue (Suite #200)  
Baltimore, Maryland 21217-4290

\*\* EXPEDITED SERVICE \*\*

\*\* KEEP WITH DOCUMENT \*\*

DOCUMENT CODE 40 BUSINESS CODE 20

# \_\_\_\_\_

Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging (Transferor) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surviving (Transferee) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affix Barcode Label Here

\_\_\_\_\_

Affix Barcode Label Here

\_\_\_\_\_

New Name \_\_\_\_\_

\_\_\_\_\_

FEES REMITTED

Base Fee:	<u>100</u>
Org. & Cap. Fee:	<u>70</u>
Expedite Fee:	<u>70</u>
Penalty:	_____
State Recordation Tax:	_____
State Transfer Tax:	_____
Certified Copies:	_____
Copy Fee:	<u>22</u>
Certificates:	_____
Certificate of Status Fee:	_____
Personal Property Filings:	_____
Mail Processing Fee:	_____
Other:	_____

- \_\_\_\_\_ Change of Name
- \_\_\_\_\_ Change of Principal Office
- \_\_\_\_\_ Change of Resident Agent
- \_\_\_\_\_ Change of Resident Agent Address
- \_\_\_\_\_ Resignation of Resident Agent
- \_\_\_\_\_ Designation of Resident Agent and Resident Agent's Address
- \_\_\_\_\_ Change of Business Code
- \_\_\_\_\_ Adoption of Assumed Name
- \_\_\_\_\_ Other Change(s)

TOTAL FEES: 192

Credit Card \_\_\_\_\_ Check  Cash \_\_\_\_\_

\_\_\_\_\_ Documents on \_\_\_\_\_ Checks

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Approved By: IS

Keyed By: \_\_\_\_\_

COMMENT(S): \_\_\_\_\_

Mail: Names and Address

JIN JING

1616 PARK AVENUE

BALTIMORE, MD

21217

Stamp Work Order and Customer Number HERE

\_\_\_\_\_





650 W. BALTIMORE ST, GN317  
BALTIMORE, MD 21201-1510

MASTERCARD  DISCOVER  VISA  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ CVC/SECURITY CODE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ EXP/DATE \_\_\_\_\_

AMOUNT NOW DUE	STATEMENT DATE	ACCOUNT NUMBER	AMOUNT ENCLOSED
160.00	03/01/2019	324454	

v015-12/23/2015 1:00pm

**ADDRESSEE:**

JIN YING [GP8]  
1616 PARK AVE  
APT 1  
BALTIMORE, MD 21217

PAY ON-LINE (MC/VISA only) [www.dental.umaryland.edu/patients/pay-online](http://www.dental.umaryland.edu/patients/pay-online)  
Or SEND PAYMENT TO:  
University of MD School of Dentistry  
PO BOX 17057  
Baltimore, MD 21297-1057

**PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR PAYMENT. RETAIN BOTTOM PORTION FOR YOUR RECORDS.**

PATIENT BALANCE PAYMENT OF \$160.00 IS PAST DUE - THANK YOU Page 1 of 1

**ACCOUNT AGING SUMMARY**

Patient Amount Due Not on Payment Plan  
Patient Amount Due On Payment Plan(s) to date  
Estimated Insurance

Current	> 30	> 60	> 90	> 120	Total
0.00	0.00	160.00	0.00	0.00	160.00
0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00

**PATIENT IS RESPONSIBLE FOR ACCOUNT BALANCE NOT PAID BY INSURANCE**  
Please contact your insurance carrier for Insurance amounts overdue by more than 60 days

Date	Code/Plan/Bal	Procedure	Tooth	Clinic	CHARGE	PAYMENT	BALANCE
01/11/2018		Opening Balance: JIN YING					0.00
10/01/2018	[D0330]	Panoramic film		GP8	62.00		62.00
10/01/2018	[D0140]	Limited oral eval-prob focused		ASE-EN	79.00		141.00
10/01/2018	[D7510]	Incision/drainage,abscess-intr	29	ASE-EN	211.00		352.00
10/01/2018		Cash Pmt				-20.00	332.00
10/01/2018		Cash Pmt				-62.00	270.00
10/01/2018		Credit Card Pmt				-92.00	178.00
10/01/2018		Cash Pmt				-92.00	86.00
10/01/2018		Credit Card Pmt				-178.00	-92.00
10/01/2018		Pmt Reversal-Wrong Pat/\$/Dup			92.00		0.00
10/05/2018	[D0999]	Unspecified Diagnostic Procedure by report		GP8			0.00
10/16/2018	[D0210]	Intraoral-complete series		GP8	136.00		136.00
10/19/2018	[D9450.7]	TPW Treatment Plan Workup		GP8			136.00
10/19/2018	[D0350]	Oral/facial images		GP8			136.00
11/01/2018	[D9450.2] (i)	Periodontal Treatment Plan Presentation		GP8			136.00
12/10/2018	[D0140] (\$)	Limited oral eval-prob focused *		GP8	68.00		204.00
12/10/2018	[D0999]	Unspecified Diagnostic Procedure by report		GP8			204.00
12/10/2018		Patient Check# 1610				-136.00	68.00
12/21/2018	[D7140] (\$)	Extraction, eruptd tth/ exp rt	29	GP2	92.00		160.00
12/21/2018	[D9430]	Office visit -observation only		GP2			160.00
<b>Account Summary</b>							<b>160.00</b>

NOTE: Account Summary amount includes All Patient Balances Due plus Estimated Insurance

LEGEND: (i) In Process Treatment (pp) Treatment on Payment Plan (\$) Treatment Not Paid in Full

**NO INSURANCE/POLICIES ON FILE**

**Next Appointment(s):**

None Scheduled

Should you need to schedule, please call the clinic.

We will not participate in MedicareDentalPlans after 1/30/2018. Still accepting MedicaidDentalPlans.

PAY ON-LINE (MC/VISA only) [www.dental.umaryland.edu/patients/pay-online](http://www.dental.umaryland.edu/patients/pay-online)

**YING JIN**

1616 PARK AVENUE  
BALTIMORE, MARYLAND 20707  
PHONE: (443) 438-3801

E-MAIL: [BILL2THEWEST@YAHOO.COM](mailto:BILL2THEWEST@YAHOO.COM)

Exhibit "5"; Form SSA-1099 for 2017 and 2018 and IRS Form 2848 (Calendar Year: 2018) for Ying Jin and Victor H. Sparrow.

# FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

## 2017

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

VICTOR H SPARROW III

Box 2. Beneficiary's Social Security Number

207-34-2696

Box 3. Benefits Paid in 2017

\$18,816.00

Box 4. Benefits Repaid to SSA in 2017

NONE

Box 5. Net Benefits for 2017 (Box 3 minus Box 4)

\$18,816.00

DESCRIPTION OF AMOUNT IN BOX 3	
Paid by check or direct deposit	\$14,881.80
Medicare Part B premiums deducted from your benefits	\$1,308.00
Treasury Benefit Payment Offset, Garnishment and/or Tax Levy	\$2,626.20
Total Additions	\$18,816.00
Benefits for 2017	\$18,816.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

VICTOR H SPARROW III  
 1616 PARK AVE APT 1  
 BALTIMORE MD 21217-4290

Box 8. Claim Number (Use this number if you need to contact SSA.)

207-34-2696A

CU8441978-11278221859-2

CU8441978-11278221859-2

# FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

## 2018

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

VICTOR H SPARROW III

Box 2. Beneficiary's Social Security Number

207-34-2696

Box 3. Benefits Paid in 2018

\$19,200.00

Box 4. Benefits Repaid to SSA in 2018

NONE

Box 5. Net Benefits for 2018 (Box 3 minus Box 4)

\$19,200.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	\$14,349.36
Medicare Part B premiums deducted from your benefits	\$1,608.00
Medicare Prescription Drug Premiums (Part D) deducted from your benefits	\$710.40
Treasury Benefit Payment Offset, Garnishment and/or Tax Levy	\$2,532.24
Total Additions	\$19,200.00
Benefits for 2018	\$19,200.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

VICTOR H SPARROW III  
 1616 PARK AVE APT 1  
 BALTIMORE MD 21217-4290

Box 8. Claim Number (Use this number if you need to contact SSA.)

207-34-2696A

C08548294-11270274

C08548294-11270274229-2

Form **4868**

**Application for Automatic Extension of Time To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form4868](http://www.irs.gov/Form4868) for the latest information.

**2018**

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment* on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).



**It's Convenient,  
Safe, and Secure**

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to [IRS.gov](http://IRS.gov) and click on *freefile*.



**Pay Electronically**

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).



**E-file Using Your Personal Computer or Through a Tax Professional**

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2017 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).



**File a Paper Form 4868**

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

**Note:** If you're a fiscal year taxpayer, you must file a paper Form 4868.

**General Instructions**

**Purpose of Form**

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040NR, 1040NR-EZ, 1040-PR, or 1040-SS.

**Gift and generation-skipping transfer (GST) tax return (Form 709).** An extension of time to file your 2018 calendar year income tax return also extends the time to file Form 709 for 2018. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2018. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2018, see the instructions for Forms 709 and 8892.

**Qualifying for the Extension**

To get the extra time, you must:

1. Properly estimate your 2018 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



*Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.*

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

Form **4868**

**Application for Automatic Extension of Time To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2018, or other tax year beginning , 2018, and ending , 20

**2018**

Part I Identification		Part II Individual Income Tax	
1 Your name(s) (see instructions) Victor H. Sparrow, III / Ying Jin		4 Estimate of total tax liability for 2018 . . . \$ 100.00	
Address (see instructions) 1616 Park Avenue		5 Total 2018 payments . . . . .	
City, town, or post office Baltimore		6 Balance due. Subtract line 5 from line 4 (see instructions) . . . . .	
State D		7 Amount you're paying (see instructions) . . . ▶ 100.00	
ZIP code 21217		8 Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) . . . ▶ <input type="checkbox"/>	
2 Your social security number 207342696	3 Spouse's social security number 194434523	9 Check here if you file Form 1040NR or 1040NR-EZ and didn't receive wages as an employee subject to U.S. income tax withholding . . . ▶ <input type="checkbox"/>	

YING JIN

1616 PARK AVENUE  
BALTIMORE, MARYLAND 20707  
PHONE: (443) 438-3801

E-MAIL: BILL2THEWEST@YAHOO.COM

Exhibit "6:" English Language Certificate of Achievement for  
2017-2018 Academic Year awarded to Ying Jin.

CERTIFICATE  
OF ACHIEVEMENT

awarded to

*Jin Ding*

In recognition of perfect attendance in one more or more sessions of Adult Learning  
Center Program in the 2017—2018 Academic Year

*Regina T. Boyce*  
Regina T. Boyce, Director



*Cathleen O'Neal*  
Cathleen O'Neal, Assistant Director

**YING JIN**

1616 PARK AVENUE  
BALTIMORE, MARYLAND 20707  
PHONE: (443) 438-3801

E-MAIL: BILL2THEWEST@YAHOO.COM

Exhibit "7." BB&T Bank letter dated April 22, 2019 and joint account statement for Ying Jin and Victor H. Sparrow, III for March/April 2019.



**BB&T**

1510 FLEET STREET  
BALTIMORE, MD 21231

April 22, 2019

To whom it may concern:

The purpose of this letter is to confirm the status Mr. Victor H. Sparrow III and Ms. Ying Jin account here at Branch Banking & Trust. As of April 22, 2019 the accounts are open and active and in good standing.

The address on the account is 1616 Park Avenue Apt 1 Baltimore, MD 21217. Victor H Sparrow III banking relationship started in June 1998.

Please feel free to contact me at (410)563-7201 if you should have any additional questions.

Sincerely,



Shakera Parker

Branch Banker Team Leader



999-99-99-99 13609 0 C 001 11 S 66 002  
YING JIN  
VICTOR H SPARROW III  
1616 PARK AVE APT 2  
BALTIMORE MD 21217-4290

# Your account statement

For 04/18/2019

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

Zelle® in the U by BB&T app is a fast, safe and easy way to send money to almost anyone you know with a bank account in the U.S. Using just the recipient's email address or U.S. mobile phone number, you can quickly and easily send money with Zelle through the security of your U by BB&T app. Money is received typically in minutes between enrolled users. All you have to do is enroll with Zelle within U. And the best part it's free for BB&T clients!

You can even send money to someone who hasn't enrolled with Zelle. Just send a payment to their email address or U.S. mobile phone number, and they'll get a notification that money is waiting for them. Once they enroll with Zelle, they'll receive that payment typically within minutes. For security reasons, we recommend you don't use Zelle to send money to people you do not know.

Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license. Mobile network carrier fees may apply. ©2019 Branch Banking & Trust. Member FDIC.

If you are traveling outside of the USA and have concerns about accessing your account while you are traveling, please contact your Branch Banker or call us a 800-BANK BBT.

### ■ HIGH PERFORMANCE MONEY MARKET 0005250121476

#### Account summary

Your previous balance as of 03/19/2019	\$46,344.03
Checks	- 0.00
Other withdrawals, debits and service charges	- 2,188.77
Deposits, credits and interest	+ 37.58
Your new balance as of 04/18/2019	= \$44,192.84

#### Interest summary

Interest paid this statement period	\$37.58
2019 interest paid year-to-date	\$129.85
Interest rate	1.00%
Annual percentage yield (APY) earned	1.00%

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
04/09	INTERNET PAYMENT PAYMENT CITI CARD ONLINE 132930217357019	1,732.10
04/15	INTERNET PAYMENT PAYMENT CITI CARD ONLINE 142934456695011	456.67
Total other withdrawals, debits and service charges		= \$2,188.77

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
04/18	INTEREST PAYMENT	37.58
Total deposits, credits and interest		= \$37.58

**AMENDMENT TO YOUR DEPOSIT AGREEMENT**

**EFFECTIVE IMMEDIATELY**

The following changes have been made to the Bank Services Agreement (BSA) that you were provided when you opened your account at BB&T. Continued use of your account after the effective date of this Amendment constitutes your acceptance of the change. You are directed to obtain the most current version of the BSA from any branch or online at [www.bbt.com](http://www.bbt.com). The current version of the BSA will govern your account upon receipt of this Amendment. If you have any questions about this change, contact your local BB&T financial center, your relationship manager, or call 1-800-BANK BBT (1-800-226-5228).

**16. OVERDRAFTS**

The 10th paragraph of the OVERDRAFTS section of your current BSA is replaced with the following:

You are in the only position to ensure that your account has sufficient funds to cover all of your checks, debits and fees by maintaining an accurate record of your outstanding credits and debits. You cannot rely only on your "available balance" to determine whether you have sufficient funds in your account to cover your checks, debits and fees. The available balance does not include the transactions that you have initiated or previously authorized; such as outstanding checks and authorized automatic withdrawals that we have not received for payment (or received too close to our nightly processing to deduct from your available balance). If you initiate a point-of-sale transaction without sufficient funds in your account to cover the entire transaction amount at the time you initiate the transaction, you may create an overdraft and incur applicable fees. Please see the "Point of Sale Transaction/Holds on Funds" section for more details on point-of-sale transactions. You also agree not to make withdrawals, write checks or initiate electronic debits against funds that are needed to pay the full amount of a point-of-sale transaction that has been authorized, but not yet presented for payment, as this will also likely result in an overdraft and incur fees.



## Questions, comments or errors?

For general questions/comments or to report errors about your statement or account, please call us at 1-800-BANK BBT (1-800-226-5228) 24 hours a day, 7 days a week. BB&T Care Center Associates are available to assist you from 6 a.m. until midnight ET. You may also contact your local BB&T financial center. To locate a BB&T financial center in your area, please visit BBT.com.

**Electronic fund transfers (For Consumer Accounts Only. Commercial Accounts refer to the Commercial Bank Services Agreement.)**

Services such as Bill Payments and Zelle® are subject to the terms and conditions governing those services, which may not provide an error resolution process in all cases. Please refer to the terms and conditions for those services.

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, IMMEDIATELY call 1-800-226-5228 or write to:

Fraud Management  
P.O. Box 1014  
Charlotte, NC 28201

Tell us as soon as you can, if you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and deposit account number (if any)
- Describe the error or transfer you are unsure of, and explain as clearly as you can why you believe it is an error or why you need more information
- Tell us the dollar amount of the suspected error

If you tell us orally, we may require that you also send us your complaint or question in writing within ten (10) business days. We will tell you the results of our investigation within ten (10) business days after we hear from you, and we will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or questions for ATM transactions made within the United States and up to ninety (90) days for new accounts, foreign initiated transactions and point-of-sale transactions. If we decide to do this, we will re-credit your account within ten (10) business days for the amount you think is in error, minus a maximum of \$50. If we ask you to put your complaint in writing, and we do not receive it within ten (10) business days, we may not re-credit your account and you will not have use of the money during the time it takes us to complete our investigation.

Tell us AT ONCE if you believe your access device has been lost or stolen, or someone may have electronically transferred money from your account without your permission, or someone has used information from a check to conduct an unauthorized electronic fund transfer. If you tell us within two (2) business days after you learn of the loss or theft of your access device or the unauthorized transaction, you can lose no more than \$50 if someone makes electronic transfers without your permission.

If you do NOT tell us within two (2) business days after you learn of the loss or theft of your access device or the unauthorized transaction, and we can prove we could

have stopped someone from making electronic transfers without your permission if you had told us, you could lose as much as \$500. Also, if your periodic statement shows transfers you did not make, tell us at once. If you do not tell us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days if we can prove we could have stopped someone from taking the money if you had told us in time.

### Important information about your Constant Credit Account

Once advances are made from your Constant Credit Account, an INTEREST CHARGE will automatically be imposed on the account's outstanding "Average daily balance." The INTEREST CHARGE is calculated by applying the "Daily periodic rate" to the "Average daily balance" of your account (including current transactions) and multiplying this figure by the number of days in the billing cycle. To get the "Average daily balance," we take the beginning account balance each day, add any new advances or debits, and subtract any payments or credits and the last unpaid INTEREST CHARGE. This gives us the daily balance. Then we add all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average daily balance."

### Billing Rights Summary

#### In case of errors or questions about your Constant Credit statement

If you think your statement is incorrect, or if you need more information about a Constant Credit transaction on your statement, please call 1-800-BANK BBT or visit your local BB&T financial center. To dispute a payment, please write to us on a separate sheet of paper at the following address:

Bankcard Services Division  
PO Box 200  
Wilson NC 27894-0200

We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

During our investigation process, you are not responsible for paying any amount in question; you are, however, obligated to pay the items on your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

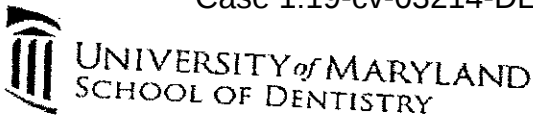
### Mail-in deposits

If you wish to mail a deposit, please send a deposit ticket and check to your local BB&T financial center. Visit BBT.com to locate the BB&T financial center closest to you. Please do not send cash.

### Change of address

If you need to change your address, please visit your local BB&T financial center or call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).

How to Reconcile Your Account		Outstanding Checks and Other Debits (Section A)			
1. List the new balance of your account from your latest statement here:		Date/Check #	Amount	Date/Check #	Amount
2. Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount. Add up all of the debits, and enter the sum here:					
3. Subtract the amount in Line 2 above from the amount in Line 1 above and enter the total here:					
4. Record any outstanding credits in section B. Record the transaction date, credit type and the credit amount. Add up all of the credits and enter the sum here:					
5. Add the amount in Line 4 to the amount in Line 3 to find your balance. Enter the sum here. This amount should match the balance in your register.					
		Outstanding Deposits and Other Credits (Section B)			
		Date/Type	Amount	Date/Type	Amount



650 W. BALTIMORE ST, GN317  
BALTIMORE, MD 21201-1510

MASTERCARD   
  DISCOVER   
  VISA   
  AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ CVC/SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXP/DATE \_\_\_\_\_

AMOUNT NOW DUE	RECEIPT DATE	ACCOUNT NUMBER	AMOUNT ENCLOSED
0.00	03/28/2019	324454	

PAY ON-LINE (MC/VISA only) [www.dental.umaryland.edu/patients/pay-online](http://www.dental.umaryland.edu/patients/pay-online)

**SEND PAYMENT TO:**  
University of MD School of Dentistry  
PO BOX 17057  
Baltimore, MD 21297-1057

**ADDRESSEE:** \_\_\_\_\_

JIN YING [GP8]  
1616 PARK AVE  
APT 1  
BALTIMORE, MD 21217

**PLEASE DETACH AND RETURN THE TOP PORTION WITH YOUR PAYMENT. RETAIN BOTTOM PORTION FOR YOUR RECORDS.**

Page 1 of 1

**ACCOUNT AGING SUMMARY**

Patient Amount Due Not on Payment Plan  
Patient Amount Due On Payment Plan(s) to date  
Estimated Insurance

Current	> 30	> 60	> 90	> 120	Total
0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00

**PATIENT IS RESPONSIBLE FOR ACCOUNT BALANCE NOT PAID BY INSURANCE**  
Please contact your insurance carrier for Insurance amounts overdue by more than 60 days

Date	Code/Plan/Bal	Procedure	Tooth	Clinic	CHARGE	PAYMENT	BALANCE
03/28/2019		Opening Balance: JIN YING			160.00		160.00
03/28/2019		Credit Card Pmt				-160.00	0.00
					<b>Account Summary</b>		<b>0.00</b>

NOTE: Account Summary amount includes All Patient Balances Due plus Estimated Insurance  
LEGEND: (i) In Process Treatment (pp) Treatment on Payment Plan (\$) Treatment Not Paid in Full

**NO INSURANCE/POLICIES ON FILE**

**Next Appointment(s):**

None Scheduled  
Should you need to schedule, please call the clinic.

PAY ON-LINE (MC/VISA only) [www.dental.umaryland.edu/patients/pay-online](http://www.dental.umaryland.edu/patients/pay-online)

**ABOUT THIS RECEIPT**

**PATIENT PAYMENT & BALANCE INFORMATION**

- We accept payment by check, money order, and credit card (MC/VISA/DISC/AMEX) by mail or in person
- PAY ON-LINE (MC/VISA only) [www.dental.umaryland.edu/patients/pay-online](http://www.dental.umaryland.edu/patients/pay-online)
- Allow 10 business days for your statement to reflect your payment.
- Final responsibility for payment rests with the person to whom this statement is addressed.

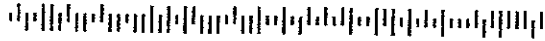
**INSURANCE PAYMENT & BALANCE INFORMATION**

- Allow 8 weeks from the completion of procedure for insurance payment to be received.
- Due to constantly changing insurance regulations, benefits, and deductibles, we are only able to estimate your insurance balance.



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
P.O. Box 371860  
Denver, CO 80237-9998

AB 01 007019 66174 H 19 A



68 b

Jin Ying  
1616 PARK AVE APT 2  
BALTIMORE, MD 21217-4290

11/01

### This is not a bill

**If you owe anything, you'll get a bill.**

This Explanation of Benefits is a summary of services you've received. It shows the charges, the date of your visit, and the name of the provider you visited. Use it to:

- **Keep track of your expenses** and make sure everything is accurate.
- **Check your progress** – have you reached your deductible or out-of-pocket maximum?
- To reduce clutter and get your next EOB online, sign up at [kp.org/choosepaperless](http://kp.org/choosepaperless).

### Call us if you have questions

Weekdays 7:30 am - 9:00 pm (Eastern Time)

1-800-777-7902

[kp.org](http://kp.org)

## Track your care

Medical record number: 73254202  
Plan type: HMO - HMO COMMERCIAL-HMO  
Plan year: 01/01/2019 through 12/31/2019

Group identification: 48000\*2320  
Account holder identification: 73254202  
Membership Relationship to Subscriber: Self

### Explanation of Benefits for Jin Ying

Here's a snapshot of your share of the charges for the services you've received.

February 28, 2019

\$0.00

Amount you owe or have already paid



000000

p. 1/

02/12/19

JIN YING  
1616 PARK AVENUE  
BALTIMORE MD 21217

Account:  
XXXX-XXXXX6-91003

Dear JIN YING,

056746 1/2

We are writing to provide you with an important notice regarding the account referenced above. You can find this information on the back of this letter or on the additional page(s) enclosed. Please review and keep this notice for your reference.

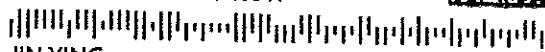
As a reminder, you can always manage your account by logging in to [americanexpress.com](http://americanexpress.com). If you have any questions, call us at the number on the back of your Card or at 1-800-528-4800.

We hope you find this information helpful.

Sincerely,  
American Express Customer Care

0000000075 RD1RKR1 04319 ( )

AB 01 056746 88179 B 166 A



JIN YING  
1616 PARK AVENUE  
BALTIMORE MD 21217

Getting the app



AB 01 034704 95560 B 122 A  
JIN YING  
1616 PARK AVE APT 1  
BALTIMORE MD 21217-4290

Learn more @  
t-mo.co/Tuesdays

**T-MOBILE**  
**TUESDAYS**  
GET THANKED. GET THE APP.

T-Mobile

# Love our new look?

You might have noticed a new look and feel to your bill.  
We have been working to make your bill easier to understand.

Go to [t-mo.co/BillSurvey](http://t-mo.co/BillSurvey) and let us know what you think.

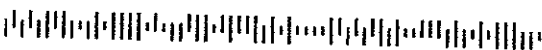


Please detach this portion and return with your payment. Please make sure address shows through window.

Pay by phone: \*PAY(\*729) Pay online: [t-mobile.com/pay](http://t-mobile.com/pay)

T-Mobile

T-MOBILE  
PO BOX 742596  
CINCINNATI OH 45274-2596



Total due by Mar 11, 2019

Amount enclosed

\$120.00

You are paying by AutoPay

JIN YING

Account number: 965650756

Change your address - Check box and provide new address on reverse side

0409656507560311190000120006212174290





**KAISER PERMANENTE®**

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.



**Go paperless!**

Get renewal documents online  
and cut the clutter.

It's a fast, easy, and secure way  
to view and keep your important  
documents.

Visit [kp.org/paperlessrenewals](http://kp.org/paperlessrenewals)  
to get started.

October 8, 2018



G48879469A+2-1 / 2191



Jin Ying  
1616 Park Ave Apt 2  
Baltimore, MD 21217-4290

## 2019 Member Renewal Information

Dear Jin,

Your health coverage does more than help you stay well. It offers you peace of mind. By having coverage, you know you're making it easier to get the care you need — as well as avoid the stress of unexpected health expenses. We thank you for your membership, and look forward to continuing to provide you with excellent care.

The enclosed renewal materials tell you about changes to your plan for 2019. Your current plan will renew automatically on January 1, 2019 — you don't need to do anything.

However, you may be able to choose a different Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. plan that better fits your lifestyle or budget, while still giving you the benefits you need and the healthy extras you're used to. You can choose a new plan during open enrollment, which runs from November 1, 2018, to December 15, 2018.

- To compare benefits and rates for different Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. plans, visit [kp.org/compareplans/renewal](http://kp.org/compareplans/renewal) during open enrollment or see the "Health plan benefit highlights" and 2019 monthly rate information at [kp.org/renewalinfo](http://kp.org/renewalinfo).
- To select a different plan through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., contact Member Services at 1-800-777-7902 (for TTY, call 711).
- To select a different plan through Maryland Health Connection, visit [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov).

We appreciate the chance to provide you with care and coverage, and we're committed to your well-being. Be sure to get the most from your coverage by taking advantage of all the healthy extras you get with Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., including 24/7 care and advice by phone, online prescription refills at [kp.org](http://kp.org) or with our mobile app, and special rates on complementary and alternative care at [kp.org/choosehealthy](http://kp.org/choosehealthy).

Thank you for choosing us as your partner in health. We look forward to helping you continue to thrive.

Sincerely,

Mitch Ross  
Vice President, Individual and Family Plans  
Kaiser Foundation Health Plan, Inc.

YING JIN

1616 PARK AVENUE  
BALTIMORE, MARYLAND 20707  
PHONE: (443) 438-3801

E-MAIL: BILLETHEWEST@YAHOO.COM

Exhibit "8:" Maryland Automobile Registration & Cincinnati  
Insurance Company Data for jointly owned Toyota RAV-4  
Automobile.

20  
0434996

TAG NUMBER <b>8CT3710</b>		UNIT #	STICKER NUMBER <b>2020-0434996</b>	
TITLE NUMBER 49971142		MAKE AND BODY STYLE OF VEHICLE TOYT TK		
YEAR 2017	CLASS M	EXCEPT N/A	VEHICLE IDENTIFICATION NUMBER 2T3BFREV8HW593114	
GR. VEH. WT. -3700	GR. COMB. WT. 00N/A	FEE 67.50	EXPIRATION DATE 02/29/2020	
OWNER'S LICENSE SOUNDIX NO. Y520414014912		CO-OWNER'S LICENSE SOUNDIX NO. S160847313020		

The Maryland Vehicle Law requires that you provide your insurance information when involved in an accident. The certificate of registration must be carried in this vehicle or on the person operating the vehicle.

A person may not drive a vehicle on a highway if the maximum speed capability of the vehicle does not exceed the posted speed limit for the highway by at least 5 miles per hour.

Maryland Vehicle Law requires you to display both a front and rear license plate on vehicles they are issued for.

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)  
**JIN YING**  
**VICTOR HOWARD SPARROW 3RD**  
**1616 PARK AVE APT 2**  
**BALTIMORE MD 21217-4290**

NOTIFY THE MVA WITHIN 30 DAYS OF ANY NAME / ADDRESS CHANGE.

- PEEL HERE
- INSTRUCTIONS:
- 1) Remove decal by bending paper.
  - 2) Lift edge of decal and slowly peel.
  - 3) Apply year sticker on upper right, month sticker on upper left of rear plate.

JIN YING  
 VICTOR HOWARD SPARROW 3RD  
 TR DATE 04/23/2018  
 TR NO 39A22118113017  
 TR TYPE T3  
 TITLE 49971142  
 CTL NO  
 CL/TAG M /8CT3710  
 STKR  
 MULTI 02  
 VIN 2T3BFREV8HW593114  
 1ST LIEN 2016  
 SANTANDER CONSUMER USA  
 P O BOX 961288  
 FORT WORTH TX 76161

MARYLAND  
 M.V.A.  
 TITLE/REG. RECEIPT

T TAX	0.00
T FEE	100.00
LN	20.00
TM TAG	0.00
TRF	10.00
ADM	0.00
MISC	0.00
REG	50.50
RG SRCHG	17.00
SAL INSP	0.00
FEEES	\$197.50

MARYLAND  
 M.V.A.  
 TITLE/REG. RECEIPT

CASH RECV	0.00
CK	0.00
CV+	0.00
CV-	0.00
C CRD V	227.50
CREDIT	0.00
CHANGE	0.00
PAID	\$227.50
TRANS	2

Visit our MVA Website for Motor Vehicle Information and On-Line Services at <http://www.mva.maryland.gov>

MVA Fraud Hotline 1-800-296-4709





A01 0936090

Image 3

# AUTO DECLARATIONS

**Policy Period: From 12/01/2017 To 12/01/2018**  
12:01 a.m. Standard Time at the Address of the Named Insured

**Endorsement  
Effective 07/09/2018**



A01 0936090

**Named Insured & Address**

Victor H Sparrow, III  
Ying Jin  
1616 PARK AVE  
BALTIMORE, MD 21217-4290

**Please refer any questions to your agent:**

McGriff Insurance Services, Inc.  
414 GALLIMORE DAIRY RD STE F  
GREENSBORO, NC 27409-9693  
800-228-1820

**Agency 32161**

County of BALTIMORE CITY

In the event of a claim, you may call your agent or The Cincinnati Insurance Company at 877-242-2544.

Insurance is provided where a premium or 'Included' is shown for the coverage.

PAYOR - Insured

<b>Billing Method:</b>	<b>Direct Bill</b>
<b>Current Pay Plan:</b>	<b>Monthly EFT</b>
<b>Total Premium:</b>	<b>\$2,790.00</b>

THIS IS NOT A BILL. You will receive a separate invoice if a premium charge or return is due.

**\*\*\* DESCRIPTION OF CHANGES \*\*\***

Change Additional Interest; add LH Kinecta FCU eff 07/09/18

1A (7/15)

07/09/2018  
ORIGINAL

M795486

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY STYLE	CLASS	ODOMETER	BRAND	TITLE NUMBER
2T3BFREV8HW593114	17	TOYT	TK	M	18000	A	49971142
EXCEPT	GR. VEH. WT.	GR. COMB. WT.	FEE (TAGS)	INSPECTION DATE	DATE ISSUED		
N/A	-3700	00N/A	\$50.50	N/A	04/23/18		
OWNER'S SOUNDEX / DRIVER'S LICENSE NO.				CO-OWNER'S SOUNDEX / DRIVER'S LICENSE NO.			
Y-520-414-014-912				S-160-847-313-020			
NAME(S) AND ADDRESS OF REGISTERED OWNER(S)							

JIN YING  
 VICTOR HOWARD SPARROW 3RD  
 1616 PARK AVE APT 2  
 BALTIMORE MD 21217-4290

ODOMETER CODES  
 A. Actual Mileage  
 B. Exceeds Mechanical Limits  
 C. Not Actual Mileage



CAL LEV

CONTROL NO.  
(This is not a Title No.)

M795486

I, THE UNDERSIGNED, HEREBY CERTIFY THAT AN APPLICATION FOR CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON, PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS STATE, AND THE APPLICANT NAMED ON THE FACE HEREOF HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE.

THE ADMINISTRATION WILL NOT BE RESPONSIBLE FOR FALSE OR FRAUDULENT ODOMETER STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE OR FOR ERRORS MADE IN RECORDING BY THE ADMINISTRATION.

NAME(S) AND ADDRESS OF SECURED PARTIES IN RECORDED ORDER

SANTANDER CONSUMER USA  
 P O BOX 961288  
 FORT WORTH TX 76161

LIEN RELEASE

MVA USE ONLY

OFFICIALLY ISSUED ON THE DATE SET FORTH ABOVE

*Cristine Naylor*  
 ADMINISTRATOR OF MOTOR VEHICLES

CONTROL NO.  
(This is not a Title No.)

M795486

VR-002 (10/12)

THIS TITLE CONTAINS AN EAGLE WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT



**KINECTA**

P.O. Box 10503  
 Manhattan Beach, CA 90267-7503  
 800.854.9846 www.kincta.org

**Statement of Account**

Member No.	Statement Period	Page
3811965	10/01/18 thru 12/31/18	1 of 1

**Take Advantage of a Valuable Member Benefit This Tax Season!**

Kinecta Federal Credit Union members can save up to \$15 on TurboTax<sup>®</sup> and get a chance to win \$25,000! Start now and save!

Visit [Kinecta.org/Member-Benefits](http://Kinecta.org/Member-Benefits) to find about your exclusive offer.



JIN YING  
 1616 PARK AVE  
 BALTIMORE MD 21217

**ACCOUNT SUMMARY THIS PERIOD**

Share Savings Certificates	\$ 5.00	Checking	\$ 0.00
	\$ 0.00	Loans	\$ 11,112.29

**SAVINGS 01**

VICTOR HOWARD SPARROW 3RD (Joint Owner)

Dividends Earned in 2018: \$ 0.00

Beginning Balance	\$5.00	+ Deposits & Other Credits (0)	\$0.00	- Withdrawals & Other Debits (0)	\$0.00	= Ending Balance	\$5.00
-------------------	--------	--------------------------------	--------	----------------------------------	--------	------------------	--------

**2017 TOYOTA RAV4 01**

VICTOR HOWARD SPARROW 3RD (Joint Owner)

Finance Charges Paid in 2018: \$ 315.09

Annual Percentage Rate	3.890%	Daily Periodic Rate	.010657%
------------------------	--------	---------------------	----------

Trans. Date	Eff. Date	Transaction Description	Transaction Amount	Late Charge	Finance Charge	Principal	New Balance
10/10	10/10	Payment by Check	-243.38	0.00	37.53	-205.85	11,533.28
11/06	11/06	Payment by Check	-243.38	0.00	33.19	-210.19	11,323.09
12/03	12/03	Payment by Check Mail Payment	-243.38	0.00	32.58	-210.80	11,112.29

Dividends Earned - 2018: \$0.00  
 IRA Dividends Earned - 2018: \$0.00



Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

**NCUA**  
 National Credit Union Administration, a U.S. Government Agency

YING JIN

1616 PARK AVENUE  
BALTIMORE, MARYLAND 20707  
PHONE: (443) 438-3801

E-MAIL: BILL2THEWEST@YAHOO.COM

Exhibit "9:" Ying Jin Chinese Passport Pages.





Upon endorsement, sign as as (temporary I-751 evidence of permanent residency) for one year.

Issue Date MAR 27, 2019

Officer NTP ISO BAL

EMPLOYMENT AUTHORIZED

Valid Until MAR 26, 2020

00023

A059225843 CR1  
 Pending I-751  
 EAC1915200137

DEPARTMENT OF HOMELAND SECURITY  
 ADMITTED  
 JAN 20 2017  
 2017-08-27

2017-05-01  
 北京(出)  
 111118  
 00111118-C-4-00111118

2017-08-31  
 北京(出)  
 111118  
 00111118-C-4-00111118

2017-09-12  
 北京(出)  
 111118  
 00111118-C-4-00111118

DEPARTMENT OF HOMELAND SECURITY  
 ADMITTED  
 NOV 2 2017  
 北京(出)  
 111118  
 00111118-C-4-00111118

2018-08-14  
 北京(出)  
 111118  
 00111118-C-4-00111118

2018-08-14  
 北京(出)  
 111118  
 00111118-C-4-00111118

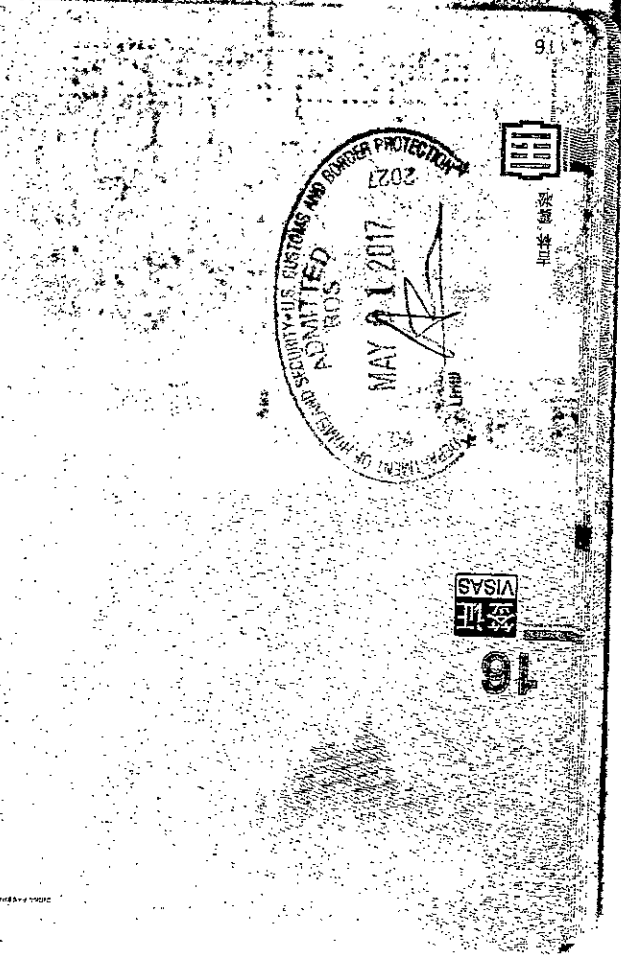
2018-08-14  
 北京(出)  
 111118  
 00111118-C-4-00111118

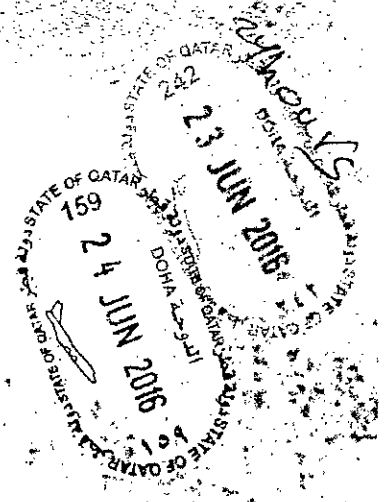
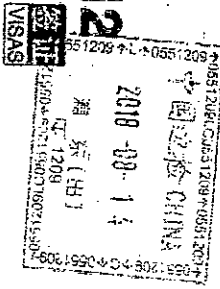
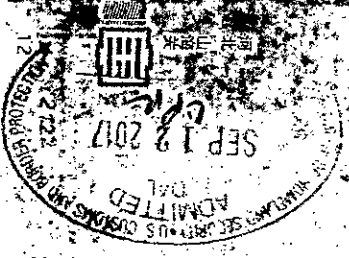
DEPARTMENT OF HOMELAND SECURITY  
 ADMITTED  
 MAY 1 2017  
 北京(出)  
 111118  
 00111118-C-4-00111118

2018-08-14  
 北京(出)  
 111118  
 00111118-C-4-00111118

2018-08-14  
 北京(出)  
 111118  
 00111118-C-4-00111118

2018-08-14  
 北京(出)  
 111118  
 00111118-C-4-00111118





12 13

NOV 2 2017  
RIS, J50, W45  
NOV 1, 2018  
CR1/A099225843  
VOID

I-751 PENDING  
(EAC19152100137)

LPR

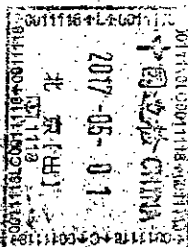
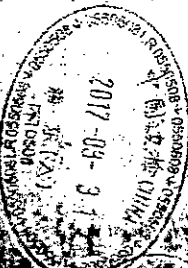
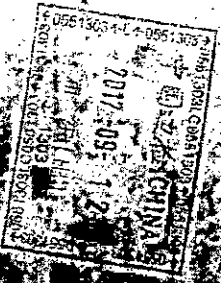
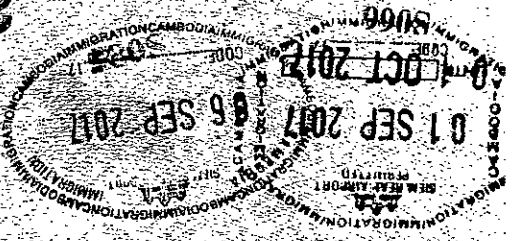
27



27



27





**YING JIN**

1616 PARK AVENUE  
BALTIMORE, MARYLAND 20707  
PHONE: (443) 438-3801

E-MAIL: BILL2THEWEST@YAHOO.COM

Exhibit "10:" Physical Presence Spreadsheet Worksheet

**PHYSICAL PRESENCE CALCULATION**

<b>LEFT US</b>	<b>RETURNED TO US</b>	<b>DAYS OUTSIDE US</b>
8/21/2017	9/12/2017	22
3/31/2017	5/1/2017	31
6/24/2016	1/23/2017	213
10/2/2015	1/25/2016	115
9/14/2015	9/27/2015	13
7/17/2015	8/8/2015	22
	SUM=	416
<b>INITIAL ENTRY TO US</b>	<b>APPLIED FOR NATURALIZATION</b>	<b>TOTAL DAYS AS LPR</b>
6/26/2015	4/6/2018	1015
	<b>QUALIFYING DAYS =</b>	1015-416=599