

USE this proof to check:

- ✓ **Spelling**
of names, addresses, phone numbers, URLs, etc.
- ✓ **Placement and size**
of all text, logos, images and shapes.
- ✓ **Proper use of the Safe and Bleed areas**
(see below).

But NOT to check:

- ✗ **Exact print color**
Designs on digital devices may appear brighter on-screen than they do in person when printed.

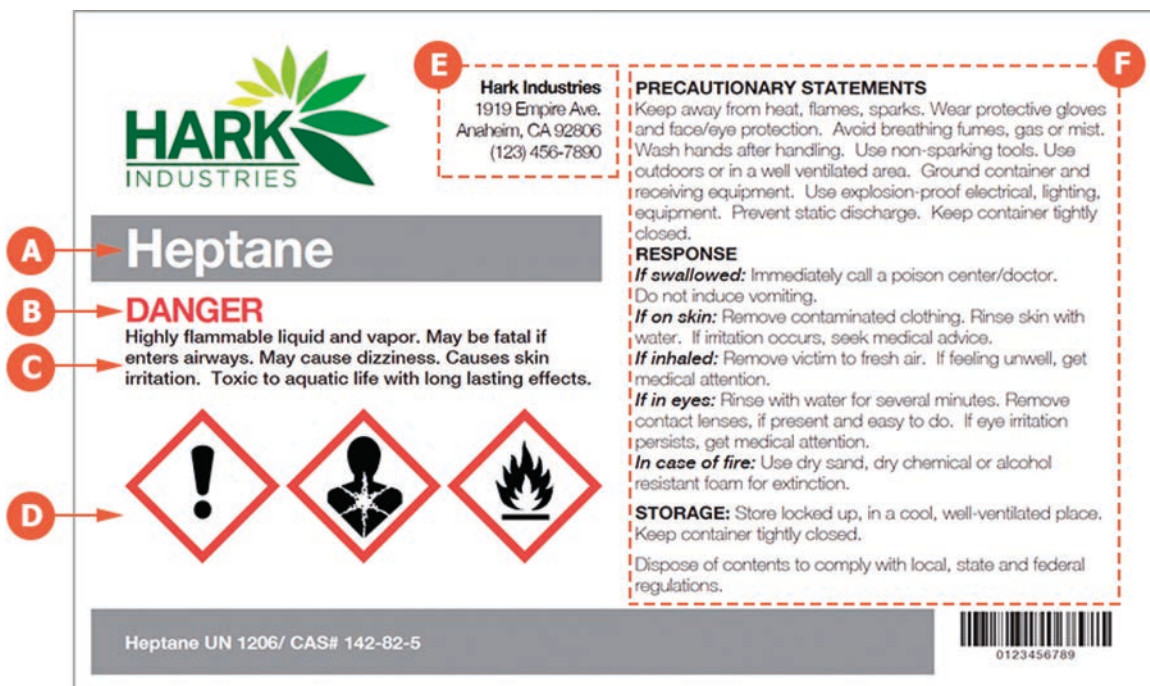
Instructions

1. Check the following pages to verify that your design(s) are error-free.

For reference, see the image below for the parts of the GHS label. Please refer to the safety data sheet for the specific GHS information

2. Edit your design(s). Or if completed, click **Approve My Design** to add to cart.

To make changes to your design(s), return to the **Preview** step and click **Edit My Design** or the **3-Customize** tab at the top of your screen.



A. Product Name / Identifier

Should match product identifier on SDS

B. Signal Word

Indicates relative severity of hazard

C. Hazard Statement

Describes the nature of the hazard.

D. Pictograms

Symbols to convey health, physical and environmental information.

E. Supplier Identification

Name, address, telephone number of supplier.

F. Precautionary Statements

Measures to minimize/prevent effects of hazard (includes first aid).



THE STATE OF GEORGIA

GEORGIA DEPARTMENT OF PUBLIC SAFETY
[DOR.GEORGIA.GOV | GBI.GEORGIA.GOV]

SONNY L. PERDUE, GOVERNOR
J. KRISTOPH LIM JR | STATE OFFICER

| | | | | | | | | | | | | | | |
|--|--|--|--|--------------------------|--|--------------------------|----|---|-----|------|--------|--------|------|------|
| LEAVE BLANK | | CRIMINAL | | (STAPLE HERE) | | | | LEAVE BLANK | | | | | | |
| | | STATE USAGE | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | |
| | | DIFF SECOND | | | | | | | | | | | | |
| | | SUBMISSION | | APPROXIMATE CLASS | | AMPUTATION | | SCAR | | | | | | |
| STATE USAGE | | LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX | | | | | | | | | | | | |
| SIGNATURE OF PERSON FINGERPRINTED | | | | SOCIAL SECURITY NO. | | LEAVE BLANK | | | | | | | | |
| ALIASES/MAIDEN | | | | | | | | | | | | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX | | | | | | | | | | | | | | |
| UNIVERSAL CONTROL NO. | | STATE IDENTIFICATION NO. | | DATE OF BIRTH | | MM | DD | YY | SEX | RACE | HEIGHT | WEIGHT | EYES | HAIR |
| | | | | | | | | | | | | | | |
| R. THUMB | | 2. R. INDEX | | 3. R. MIDDLE | | 4. R. RING | | 5. R. LITTLE | | | | | | |
| | | | | | | | | | | | | | | |
| 6. L. THUMB | | 7. L. INDEX | | 8. L. MIDDLE | | 9. L. RING | | 10. L. LITTLE | | | | | | |
| | | | | | | | | | | | | | | |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | | | | L. THUMB | | R. THUMB | | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY | | | | | | |

FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306

The FBI's acquisition, preservation, and exchange of identification information is generally authorized under 28 USC 534. This FD-249 is to be used for criminal justice purposes, such as incident to arrests and incarcerations. The Applicant form (FD-258) contains applicable Paperwork Reduction Act and Privacy Act notices and should be used for noncriminal justice purposes. "A Social Security Account Number (SSAN) is helpful to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), any Federal, State, or local government agency which requests an individual to disclose his/her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it."

| | | | | | | | |
|--|--|--|--|---|--------------------|--|-------|
| JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/> | | DATE OF ARREST MM DD YY | | ORI CONTRIBUTOR ADDRESS REPLY YES <input type="checkbox"/> DESIRED? | | | |
| SEND COPY TO: (ENTER ORI) | | DATE OF OFFENSE MM DD YY | | PLACE OF BIRTH (STATE OR COUNTRY) | | COUNTRY OF CITIZENSHIP | |
| MISCELLANEOUS NUMBERS | | SCARS, MARKS, TATTOOS, AND AMPUTATIONS | | | | | |
| | | RESIDENCE/COMPLETE ADDRESS | | | | CITY | STATE |
| OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER) | | LOCAL IDENTIFICATION/REFERENCE | | | | PHOTO AVAILABLE? YES <input type="checkbox"/> PALM PRINTS TAKEN? YES <input type="checkbox"/> | |
| EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO. | | | | | OCCUPATION | | |
| CHARGE/CITATION 1. | | | | | DISPOSITION 1. | | |
| 2. | | | | | 2. | | |
| 3. | | | | | 3. | | |
| ADDITIONAL | | | | | ADDITIONAL | | |
| ADDITIONAL INFORMATION/BASIS FOR CAUTION | | | | | STATE BUREAU STAMP | | |



Invoice

Association of Inspectors General
524 West 59th Street, Room 53334HH
New York, 10019

Invoice to:

JEREMIAH MIANXIN SEBESTIEN LIM I
6421 N FLORIDA AVENUE STA D-1231
NO E-SERVICE PERMITTED US CONSTITUTION OF
CROSS EXAMINATION 18 USC §§ 2381-2382 (HIGH
TREASON)
TPA-MCDIALL AFB-PIE Florida, 33604-6707

Invoice Number: INV011043
Issue Date: 05/25/2022
Due Date: 06/24/2022

| Item | Amount (USD) |
|--|--------------|
| Student + Chapter Membership Membership Membership expires Jun 30th | \$25 |
| Total | \$25 |
| Amount Paid | \$25 |
| Balance Due | 0 |

| | | | | | |
|--|--|---|--|---|--|
| Completed Internet Form - NOT FOR SUBMISSION DEA/Control Number: W22152122C Submission Date: Sat Nov 26 16:50:21 EST 2022 | | APPLICATION FOR REGISTRATION UNDER CONTROLLED SUBSTANCES ACT OF 1970 | | Form DEA 224 Completed Internet Receipt. NOT FOR SUBMISSION | |
| NAME: Applicant or Business (LAST) LUAY | | (First, MI) HADDAD | | Application Complete. Tracking Number: Fee Paid: 0 | |
| TAX IDENTIFYING NUMBER and/or XX-XXXXX52 | | SOCIAL SECURITY NUMBER XXX-XX-XX52 | | For more information regarding SSN/TIN, See Note 3 under ADDITIONAL INFORMATION below | |
| PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address) 5575 HAVERHILL ATTN NPI 1538106059 18 USC 1345 - USCIS CIVIL SURGEON - FAA AIR SURGEON GENERAL | | | | | |
| CITY WEST BLOOMFIELD | | STATE MI | | ZIP CODE 48322 | |
| APPLICANT'S BUSINESS PHONE NUMBER 2486820741 | | POC CELL PHONE NUMBER 2486824663 | | | |
| POC NAME HADDAD LUAY LLP | | POC EMAIL ADDRESS US-OPM-MUTINY@UMICH.EDU | | | |
| REGISTRATION CLASSIFICATION BUSINESS ACTIVITY: MLP-DOD CONTRACTOR | | | | | |
| INDICATE HERE IF YOU REQUIRE ORDER FORMS. N | | | | | |
| Drug Schedules: 2 2N 3 3N 4 5 | | | | | |
| State License/Liability Information You must be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund. | | | | | |
| State License No. 1144546656 | | State: FL | | Expire Date: 11-27-2022 | |
| State Controlled License No. | | Expire Date: | | | |
| 1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending? Y | | | | | |
| 2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending? Y | | | | | |
| 3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? Y | | | | | |
| 4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? Y | | | | | |
| Registration Fee: Fee Exempt | | | | | |

Certification for Fee Exemption (if applicable)

| | | | | | |
|--|--|---|--|---|--|
| Completed Internet Form - NOT FOR SUBMISSION DEA/Control Number: W22152122C Submission Date: Sat Nov 26 16:50:21 EST 2022 | | APPLICATION FOR REGISTRATION UNDER CONTROLLED SUBSTANCES ACT OF 1970 | | Form DEA 224 Completed Internet Receipt. NOT FOR SUBMISSION | |
| NAME: Applicant or Business (LAST) LUAY | | (First, MI) HADDAD | | Application Complete. Tracking Number: Fee Paid: 0 | |
| TAX IDENTIFYING NUMBER and/or XX-XXXXX52 | | SOCIAL SECURITY NUMBER XXX-XX-XX52 | | For more information regarding SSN/TIN, See Note 3 under ADDITIONAL INFORMATION below | |
| PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address) 5575 HAVERHILL ATTN NPI 1538106059 18 USC 1345 - USCIS CIVIL SURGEON - FAA AIR SURGEON GENERAL | | | | | |
| CITY WEST BLOOMFIELD | | STATE MI | | ZIP CODE 48322 | |
| APPLICANT'S BUSINESS PHONE NUMBER 2486820741 | | POC CELL PHONE NUMBER 2486824663 | | | |
| POC NAME HADDAD LUAY LLP | | POC EMAIL ADDRESS US-OPM-MUTINY@UMICH.EDU | | | |
| REGISTRATION CLASSIFICATION BUSINESS ACTIVITY: MLP-DOD CONTRACTOR | | | | | |
| INDICATE HERE IF YOU REQUIRE ORDER FORMS. N | | | | | |
| Drug Schedules: 2 2N 3 3N 4 5 | | | | | |
| State License/Liability Information You must be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund. | | | | | |
| State License No. 1144546656 | | State: FL | | Expire Date: 11-27-2022 | |
| State Controlled License No. | | Expire Date: | | | |
| 1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending? Y | | | | | |
| 2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending? Y | | | | | |
| 3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? Y | | | | | |
| 4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? Y | | | | | |
| Registration Fee: Fee Exempt | | | | | |
| Certification for Fee Exemption (if applicable) | | | | | |
| Certifying Official's Name CHARLES BEATTY | | Certifying Official's Title PS 454.021 GRANDFATHERED POL | | PS 454.021 GRANDFATHERED POL | |
| Certifying Official's Phone 8504133100 | | Certifying Official's Email LSTUNP@POLICE.UFL.EDU | | LSTUNP@POLICE.UFL.EDU | |
| Name of Fee Exempt Institution UNIVERSITY OF FLORIDA POLICE DEPARTMENT | | | | | |
| Practitioner Information (if applicable) | | | | | |
| National Provider ID 1144546656 | | Professional Degree 1998 | | | |
| Date of Birth 09-10-1975 | | Graduation Year (Medical/Professional School) | | | |
| Medical/Professional School UF AND SHANDS MEDICAL SCHOOL | | | | | |
| Manufacturer Details (if applicable) | | | | | |
| Category/Schedule Bulk, Synthesizer - Extractor | | 1 | | 2 | |
| Dosage Form Repealer - Repealer | | 3 | | 4 | |
| Non-human Consumption | | 5 | | 6 | |

LIABILITY EXPLANATIONS

| | |
|---|--|
| Liability Yes Answer To Question: 1 | |
| Date: 01-01-1999 | |
| Location: WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE | |
| Nature: 8 USC § 1345 - REQUIRED STATEMENT OF 18 USC § 2510-2513 | |
| HTTPS://WWW.RCFP.ORG/WP-CONTENT/UPLOADS/IMPORTED/CANWETAPE.PDF | |
| Result: 44 USC § 3512 CONVICTION SUFFICIENT FOR DD2010 | |
| Liability Yes Answer To Question: 2 | |
| Date: 11-09-2022 | |
| Location: UF POLICE DEPT | |
| Nature: 18 USC § 1345 - REQUISITE FS 454.021 - FS 454.028 | |
| /S/ CHARLES BEATTY JR FDLE SPECIAL AGENT | |
| Result: HTTPS://WWW.RCFP.ORG/WP-CONTENT/UPLOADS/IMPORTED/CANWETAPE.PDF | |
| 44 USC 3512 UNOPPOSED | |
| Liability Yes Answer To Question: 3 | |
| Date: 11-09-2022 | |
| Location: WASHINGTON, D.C. | |
| Nature: 8 USC § 1345A - CONTINUING EMPLOYMENT OF ILLEGAL ALIENS | |
| AND ADJOINING 18 USC § 2510-2513 OF INABILITY TO CONSENT OUTSIDE 1239 KIPKE | |
| HTTPS://WWW.RCFP.ORG/WP-CONTENT/UPLOADS/IMPORTED/CANWETAPE.PDF | |
| Result: 44 USC § 3512 - DEMAND D CONTROLLES JUDICIAL PROCEEDINGS | |
| HTTPS://WWW.RCFP.ORG/WP-CONTENT/UPLOADS/IMPORTED/CANWETAPE.PDF | |
| MICHIGAN IS A DUAL PARTY CONSENT STATE | |
| Liability Yes Answer To Question: 4 | |
| Date: 11-09-2022 | |
| Location: 600 E LAFAYETTE, DETROIT MI | |
| Nature: 8 USC § 1324-1324A - REDRESS UPON PANEL OF US GOV/T PHYSICIANS | |

UNITED STATES TAX COURT

WASHINGTON, DC 20217

THE UNITED STATES OF AMERICA
J. KRISTOPH LIM JR, 800-342-8347

Petitioner(s)

v.

COMMISSIONER OF INTERNAL REVENUE,

Respondent

Docket No. 5:13-CV-04395

NOTICE OF INTERVENTION

Intervenor, IN FACT FOR UNITED STATES/CVS, the spouse or former spouse of petitioner, hereby intervenes, pursuant to section 6015(e)(4), I.R.C. 1986, and Rule 325, Tax Court Rules of Practice and Procedure, in the above-entitled action.

The grounds for my intervention and reasons why I agree or disagree with the Petition for Determination of Relief From Joint and Several Liability on a Joint Return served on me by respondent, are as follows:

IN 5:13-CV-04395 AND 5:14-CV-04395; COMES J. KRISTOPH LIM JR, AS ATTY IN FACT
AND BY SAID STATUES OF ... "TWO EYE WITNESSES AND OTHER ATTENUATING ACTS
IN VIOLATE OF HIS DUE PROCESS AND CONSTITUTIONAL RIGHTS TO A JURY TRIAL
AND CROSS EXAMINATION OR OTHER FILINGS IN THE EUROPEAN HIGH COURTS WITH
SUCH EXPERT OR SUBJECT MATTER WITNESSES AND 12 USC 85" DO HEREBY OBJECT

Dated: _____

Intervenor

950 R F KENNEDY AVENUE, WASH D.C. 20201

Present Address

202-456-1414 [ASK FOR WHITEHOUSE ATTY]

Telephone No. (including area code)

Dated: _____

US ATTORNEY FOR NORTHERN CALIFORNIA

Counsel for Intervenor (if retained by intervenor)

QUI TAM FOR INSOLVENT USA OF <3% GDP

Present Address

800-342-8347 / USPSOIG.GOV

Telephone No. (including area code)

307S | SEE NPS.EDU CVB.USCOURTS.GOV

Tax Court Bar No.

CERTIFIED TO BE A TRUE AND EXACT COPY
OF THE ORIGINAL AT SUCH TIME FOR
LIM / J DOD 1570300918 | DOB JUNE 18
LIM / J GB 540004 | DOB FEB 14
IN ATTESTATION OF 10 USC 12401 / 931

PLAINTIFF[S]

L.D.T.I.INTERNATIONAL
ORI 81000025J - MIUSA0400

WWW.GEOCITIES.WS/LDTI/POST-LEGAL
HOST OF EUROPEAN UNION BELGIUM24.EU
SKYBONUS.DELTA.COM | SKYBONUS LCS - LIMMIL CONSULTING SERVICES

Updated Personal Information

DEPT OF ARMY

**Employer Added
to Report** -

Employers are usually reported by your lenders after you list them on applications. Even though personal information has no effect on your score, you may want to review this information for accuracy.

DEPT OF ARMY

AIR FORCE

**Employer Added
to Report** -

Employers are usually reported by your lenders after you list them on applications. Even though personal information has no effect on your score, you may want to review this information for accuracy.

AIR FORCE

Hide changes ^

You're all caught up for now!



Today



Credit



Money



Explore

HEREBY AND HEREAFTER CERTIFIED IN THE AFFIRMATIVE BY SAID EYE
WITNESS AND AUTHORIZED ISSUER OF SAID WARRANTS PURSUANT TO
44 USC 3512 UPON AND UNTIL SUCH TIME PROVEN ALLEGED OF OTHER
VIOLATIONS OR WANTS OR WARRANTS BY OTHER COURTS BY SELF
ADMISSION OR FAILURE TO APPEAR OR ACTS WITHOUT PREJUDICE OR
COST INCURRED BY SUCH DIRECT JUDICIARY ABSENT CRIMINAL
COMPLAINT - ARRESTING OFFICER OR MAGISTRATE OR CLERK OF
COURT ; NOW ACCUSING U.S. GOVT OF 18 USC 922[G][2] OR U.S. JUDGE
JUAN RAMON SANCHEZ OF NATIONAL ORIGIN DISCRIMINATION FOUND
UNLAWFULLY EITHER IN MISPRISION OF 26 USC 7201 - 546 - 568 OR DEA
FUGITIVES W/O LICENSURE



/S/ MILITARY OFCR 1 AT TRIAL _____

/S/ MILITARY OFCR 2 _____



U.S. Tax Court Fees Application for Admission to Practice

This form may be used for the ordering and paying of services rendered by the United States Tax Court.

* Required Field

| First Name * | Middle Initial | Last Name * |
|---------------------------|----------------|-------------|
| JEREMIAH TARHEELS KRISTOP | K | LIM JR |

Firm Name

LIM JR/J.T. TARHEELS KRISTOPH - 26 USC 7456 ATTY

Street Address 1 *

UNIT 9 CHANCERY GATES BIZ CENTRE

Street Address 2

MS 205589 HORTON CLOSE

Country *

United Kingdom

| City * | State/Province | Zip/Postal Code |
|--------------|----------------|-----------------|
| WEST DRAYTON | MIDDLE SEX | UB78EB |

| Phone Number * | Extension | Fax Number |
|------------------|-----------|------------|
| 0114407752168855 | | 6465596011 |

Email Address *

Application Fee *

\$50.00

The content of this document may contain Sensitive But Unclassified (SBU) data and/or Controlled Unclassified Information

CERTIFIED TO BE A TRUE AND EXACT COPY OF THE
ORIGINAL PURSUANT TO 10 USC 1044A - F AND ALSO 28
USC 1754 WHERE CONTESTED; AS SHOWN IN SAID SEAL.

/S/ J. KRISTOPH LIM JR | TECS AGENT 307S
** SIGNED WHERE PERTINENT AND JURIS ATTACHED **

