

Application for Certificate of Citizenship

Department of Homeland Security

Form N-600

USCIS

OMB No. 1615-0057 rvices Expires 12/31/2018

U.S. Citizenship and Immigration Services

	Date Stamp	Re	eceipt		Action Block
For					
USC					
Onl					
	Remarks				
	To be completed	Select this box if	Attorney State Bar Numbe	er Attorney	or Accredited Representative
	by an Attorney		if applicable)		nline Account Number (if any)
D	or Accredited	attached.	ノハト		
	epresentative (if any).				
► S'	TART HERE - Type or	print in black ink.			
Part	1. Information Abo	out Your Eligibility			ter Your 9 Digit A-Number:
1.	This application is being t	filed based on the fact that	: (Select only one box)		A-
		L child of a U.S. citizen pa		TED child of a	U.S. citizen parent.
	Other (Explain fully)		1-1-(\mathcal{I}	
			ction, use the space provide	d in Part 11. A	dditional Information
Part	2. Information Abo	out You			
NOT	E: Provide information al	out yourself if you are an	applicant applying for the (Certificate of Ci	tizenship. Provide information
			for a Certificate of Citizen		
1.	Current Legal Name (do 1	not provide a nickname)			
	Family Name (Last Name	2)	Given Name (First Name)	Middle Name
		1/1			
2.	Vous Nome Evently As It	Amagas on Vous Bornon	ent Resident Card (if differe	ant from above)	
	Family Name (Last Name	(2)	Given Name (First Name		Middle Name
••	Other Names You Have U			1 1	
	Provide all other names y	ou have ever used, include	nicknames, maiden name,		
	Family Name (Last Name	e)	Given Name (First Name)	Middle Name
4.	U.S. Social Security Num	ber (if any) 5. USCI	S Online Account Number ((if any)	
	>	>			
6.	Date of Birth (mm/dd/yyy	7. Country o	f Birth		
8.	Country of Prior Citizensl	hin or Nationality	9. Gender		
.	Country of Frior Chizensi	mp of Fractionality	1	emale	

Da	42 Information About Von (acrtime 1)	
rar	rt 2. Information About You (continued)	A-
10.	Mailing Address	
	In Care Of Name (if any)	
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code + 4
	Province (foreign address only) Postal Code (foreign address only) Co	ountry (foreign address only)
11.	Physical Address Street Number and Name (Do not provide a PO Box in this space unless it is you	r ONLY address.) Apt. Ste. Flr. Number
	City or Town	State ZIP Code + 4
	Province (foreign address only) Postal Code (foreign address only) Co	ountry (foreign address only)
12.	Current Marital Status	
	Single, Never Married Married Divorced Widowed	Separated Marriage Annulled
	Other (Explain):	
13.	U.S. Armed Forces	
	Are you a member or veteran of any branch of the U.S. Armed Forces?	☐ Yes ☐ No
14.	Information About Your Admission into the United States and Current Immigrate	
- ••	A. I arrived in the following manner:	710
	Port-of-Entry	11×
		f Entry (mm/dd/yyyy)
		(66.)))))
	Exact Name Used at Time of Entry	
	Family Name (Last Name) Given Name (First Name)	Middle Name
	j and a constraint of the real state.	
	B. I used the following travel document to be admitted to the United States	
	Passport Travel Document	
	Passport Number Travel Document Number	
	Country of Issuance for Passport or Date Passport or T	ravel Document
	Travel Document Issued (mm/dd/yyy	

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Pai	rt 2.	Information About You (continu	ed)		A	- [
	C.	I am:										
		A Lawful Permanent Resident (LPR)		A Nonimmigrant A Refugee/A	sylee							
		Other (Explain):										
		NOTE: If you select "Other" and you nee Additional Information .	d ex	ctra space to complete this section, use the	e spac	e p	rov	ided	in F	Part	11.	
	D.	I obtained LPR status through adjustment	of st	atus in the United States or admission as	a LPI	R (i	f ap	plic	able)).		
				enship and Immigration Services (USCIS Location Where I Was Admitted) Offi	ce	Tha	t Gr	ante	d M	y LF	PR
				DAFT								
15.		ve you previously applied for a Certificate of you answered "Yes" to Item Number 15. , p			ra ena		to o	omr	lata	_	les sect	lon us
		space provided in Part 11. Additional Info			ra spa	ice	10 (om	пеце	ums	Sec	iioii, us
16.	Ha	ve you ever abandoned or lost your LPR sta	us?	TEOF] Y	<i>l</i> es	□ No
		you answered "Yes" to Item Number 16., p			ra spa	ice	to c	omp	olete	this	sect	tion, us
	the	space provided in Part 11. Additional Info	rm	ation.								
15		1 10								7 •	7	
17.		ere you adopted? you answered "Yes" to Item Number 17. , c	mn	lete Items A D.					_	נו	les	N∈
	_	Place of Final Adoption City or Town		State Country								
	_					_	_		_			
	В.	1		Legal Custody Began D. Date I (mm/d)	•		Cus	tody	Beg	an		
			1	0/001								
18.		d you have to be re-adopted in the United St you answered "Yes" to Item Number 18. , co					5] Y	 Yes	No
		Place of Final Adoption	т-г									
		City or Town		State Country								
	В.	Date of Final Adoption (mm/dd/yyyy)			Date I	-			ıstod	ly B	egar	ı
19.	We	ere your parents married to each other when	you	were born (or adopted)?] Y	<i>l</i> es	No.
20.	Dic	d your parents marry after you were born?] Y	<i>l</i> 'es	No
21.	Do	you regularly reside in the United States in	the	legal and physical custody of your U.S. of	itizen				Г	7 1	<i>l</i> 'es	□ N
	par	rent(s), or, if over 18 years of age, did you re S. citizen parent(s) before turning 18 years of	gula	arly reside in the legal and physical custo			ur		L] ,	ı cs	

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Part	t 2.	Information About You (continued)			A-						
22.	Hav	re you been absent from the United States since y	ou fi	rst arrived?					Yes		No
		nplete the following information only if you are ober 10, 1952. If you need extra space to comple		<u> </u>							
	A.	Date You Left the United States (mm/dd/yyyy)	В.	Date You Returned to the United States (mm/dd/yyyy)							
	C.	Place of Entry Upon Return to the United States									
		City or Town	Sta	te							
	D.	Date You Left the United States (mm/dd/yyyy)	E.	Date You Returned to the United States (mm/dd/yyyy)							
	F.	Place of Entry Upon Return to the United States									
		City or Town	Sta	te							
				F()R							
Part	t 3.	Biographic Information									
1.	Ethi	nicity (Select only one box)									
		Hispanic or Latino Not Hispanic or Latin	10	IOTIC			N	1			
2.	Rac	e (Select all applicable boxes) White Asian Black or African American		American Indian Native Hawa or Alaska Native Other Pacific			er				
3.	Hei	ght Feet Inches 4. Weigh	nt]	Pounds							
5.	Eye	color (Select only one box) Black Blue Brown Gray] G	reen Hazel Maroon	P	ink		Unki Othe	nown/ r	,	
6.	Hai	r color (Select only one box)									
		Bald Black Blond Brow (No hair)	vn	Gray Red Sandy		Wh	ite		nknov ther	wn/	
Don	<u> </u>	Information About Vour II & Citizan	Pio	Jagical Father (or Adoptive F	oth	(ar)					
Par	l 4.	Information About Your U.S. Citizen	DIU	nogical Father (of Adoptive F	auı	er)					
infor	mati	Complete this section if you are claiming citizens ion about yourself if you are a U.S. citizen father or adopted child.									
1.		rent Legal Name of U.S. Citizen Father									
		nily Name (Last Name)	Giv	ven Name (First Name)	Mi	ddle	Nan	ne			

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	4. Information About Your U.S. Citizen Biological Father Adoptive Father) (continued)	
2.	Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or National	lity
5.	Physical Address Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number and Name (Type or print "Deceased" and the date of death if your father has passed away.)	er
	City or Town State ZIP Code + 4	
	Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)	
6.	My father is a U.S. citizen by	
	Birth in the United States Acquisition after birth through naturalization of alien parent(s)	
	Certificate of Citizenship Number (if any) Alien Registration Number (A-Number) (if any) ▶ A- Naturalization Place of Naturalization (Name of Court or USCIS Office Location)	
	City or Town State	
	Certificate of Naturalization Number A-Number Date of Naturalization (mm/dd/y A-	'yyy)]
7.	Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?	No
	If you answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.	
8.	Marital History	
	A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?	
	B. What is your U.S. citizen father's current marital status?	
	Single, Never Married Married Divorced Widowed Separated Marriage Annulled	
	Other (Explain):	
	If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided Part 11. Additional Information .	d in

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		Information About Your U.S. Citizen Biological Father otive Father) (continued)
9.	Info	mation About U.S. Citizen Father's Current Spouse
	A.	Family Name (Last Name) Given Name (First Name) Middle Name
	В.	Date of Birth (mm/dd/yyyy) C. Country of Birth
	D.	Country of Citizenship or Nationality
	Е.	Spouse's Physical Address Street Number and Name Apt. Ste. Flr. Number
		City or Town State ZIP Code + 4
		Province Postal Code (foreign address only) Province (foreign address only) Province (foreign address only)
	F.	Date of Marriage (mm/dd/yyyy)
	G.	Place of Marriage City or Town State Country
	Н.	Spouse's Immigration Status
		U.S. Citizen Lawful Permanent Resident
		Other (Explain):
		f you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in Part 11. Additional Information .
	I.	s your U.S. citizen father's current spouse also your biological (or adopted) mother?
Par	t 5.	Information About Your U.S. Citizen Biological Mother (or Adoptive Mother)
infor	mati	omplete this section if you are claiming citizenship through a U.S. citizen biological mother (or adoptive mother). Provide n about yourself if you are a U.S. citizen mother applying for a Certificate of Citizenship on behalf of your minor or adopted child.
1.	Cur	ent Legal Name of U.S. Citizen Mother
	Fan	ly Name (Last Name) Given Name (First Name) Middle Name
2.	Dat	of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or Nationality

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		Information About Your U.S. Citizen Biological Mother optive Mother) (continued)
5.		vsical Address
٥.	•	the Number and Name (Type or print "Deceased" and the date of death if your mother has passed away.) Apt. Ste. Flr. Number
	City	y or Town State ZIP Code + 4
	Pro	vince (foreign address only) Postal Code (foreign address only) Country (foreign address only)
6.	My	mother is a U.S. citizen by
		Birth in the United States Acquisition after birth through naturalization of alien parent(s)
		Birth abroad to U.S. citizen parent(s)
		Certificate of Citizenship Number (if any) Alien Registration Number (A-Number) (if any)
		► A-
		Naturalization
		Place of Naturalization (Name of Court or USCIS Office Location)
		City or Town State
		Certificate of Naturalization Number A-Number Date of Naturalization (mm/dd/yyyy)
7.	Has	s your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? Yes No
	If yo	ou answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.
8.	Ma	rital History
	A.	How many times has your U.S. citizen mother been married (including annulled marriages and marriages to the same person)?
	R	What is your U.S. citizen mother's current marital status?
	ъ.	Single, Never Married Married Divorced Widowed Separated Marriage Annulled
		Other (Explain):
		If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in
		Part 11. Additional Information.
9.	Info	ormation About U.S. Citizen Mother's Current Spouse
	A.	Family Name (Last Name) Given Name (First Name) Middle Name
	B.	Date of Birth (mm/dd/yyyy) C. Country of Birth

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										_
	. Information About 'loptive Mother) (continued)	Your U.S. Citizen Biolo nued)	gical M	other	A-					
D.	•	,								
D.	Country of Citizenship of	Nationality								
T	Consider Dhaming LA diduce									
Е.	1 2	5				A 4	Ct. 1	D1	NT1	
	Street Number and Name					Арι.	Sie. I	rir. 1	Number	٦
	~							ш <u>[</u>		┙
	City or Town			Si	ate			Code	+ 4	\neg
									-	
	Province (foreign address only)	Postal Code (foreign addre	ss only)	Country (foreign addres	s only)				
	(Totelgii address omy)	(Toroign address	33 OHIY)	(Toleign addres	3 Omy	,				٦
F.	Date of Marriage (mm/dd	(17777)								
г.	Date of Warrage (IIIII/dd	yyyy)								
C	DI 634 :			- 0 0						
G.	Place of Marriage		- 1							
	City or Town	State		Country						٦
										╛
Н.	1 0									
	U.S. Citizen La	wful Permanent Resident								
	Other			, /		ιN				
	If you selected "Other," p Part 11. Additional Info	rovide an explanation. If you	need extr	a space to complete this	sectio	n, use t	he spac	ce pro	vided in	
т		r's current spouse also your b	siological	(or adopted) father?			_	l Voc	. 🗆 🔊	T.
I.	is your O.S. Chizen mone	i s current spouse also your t	nological	(or adopted) rather?				Yes	, r	Ю
Dowt 6	Dhysical Dugger as in	the United States From	n Divida	Until Filing of Four	NI .	(00				
		the United States From								
		le the United States claiming ther or U.S. citizen biological								
	ntil the date you file your F		i inounci re	esided in the Office Stat	.cs. 111	iciuuc i	an uau	29 11 01	in your	
1. In	dicate whether this informat	on relates to your U.S. citize	n father o	mother						
	U.S. Citizen Father	U.S. Citizen Mother								
 	_									
	ysical Presence in the Unite		ъ	T (11/		TD (/11/	,		
Α.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	В.	From (mm/dd/yyyy)		To (m	m/dd/y	ууу)		٦
										╛
C.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	D.	From (mm/dd/yyyy)		To (m	m/dd/y	yyy)		7
E.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	F.	From (mm/dd/yyyy)		To (m	m/dd/y	yyy)		_
G.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Н.	From (mm/dd/yyyy)		To (m	m/dd/y	уууу)		_
			1			1				

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Pa	rt 7. Information About Military Service of U. S. Citizen Parents
NO'	FE: Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.
1.	Has your U.S. citizen parent served in the U.S. Armed Forces?
2.	If you answered "Yes" to Item Number 1. , which parent served in the U.S. Armed Forces?
	U.S. Citizen Father U.S. Citizen Mother
3.	Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)
	A. From (mm/dd/yyyy) To (mm/dd/yyyy) B. From (mm/dd/yyyy) To (mm/dd/yyyy) [
4.	Type of Discharge Honorable Other than Honorable Dishonorable
Pa	rt 8. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
NO'	ΓΕ: Read the Penalties section of the Form N-600 Instructions before completing this section.
Ap_{I}	plicant's Statement
NO'	TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
1.	Applicant's Statement Regarding the Interpreter
	A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
	B. The interpreter named in Part 9. read to me every question and instruction on this application and my answer to every question, in
2.	Applicant's Statement Regarding the Preparer
	At my request, the preparer named in Part 10. , prepared this application for me based only upon information I provided or authorized.
Ap_{I}	plicant's Contact Information
3.	Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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Part 8. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)	A-						
understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or ignature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:							
1) I reviewed and understood or authorized all of the information contained in, and submitted	with	, my	applic	ation;	and;		
2) All of this information was complete, true, and correct at the time of filing.							
I certify, under penalty of perjury, that all of the information in my application and any document su authorized by me, that I reviewed and understand all of the information contained in, and submitted of this information is complete, true, and correct.				-			
Applicant's Signature							
6. Applicant's Signature (sign in ink)	Dat	te of	Signa	ure (r	nm/de	d/yyyy)	
NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit Instructions, USCIS may deny your application.	t requ	iired	docun	nents l	listed	in the	
Part 9. Interpreter's Contact Information, Certification, and Signature							
Provide the following information about the interpreter.							
Interpreter's Full Name							
1. Interpreter's Family Name (Last Name) Interpreter's Given Name (Family Name) Interpreter's Business or Organization Name (if any)	irst N	Vame					
Interpreter's Mailing Address							
3. Street Number and Name City or Town State	Ste.	Flr.	Num ZIP (ber Code -	 + 4] - [
Province Postal Code Country							
Interpreter's Contact Information							
4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone	phone	e Nu	mber (if any)		
6. Interpreter's Email Address (if any)							

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	t 9. Interpreter's Contact Information, Certification, and Signature ntinued)
Inte	erpreter's Certification
I cert	ify, under penalty of perjury, that:
Item appli	fluent in English and, which is the same language specified in Part 8. , B. in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this cation and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, answer on the application, including the Applicant's Declaration and Certification , and has verified the accuracy of every er.
Inte	erpreter's Signature
7.	Interpreter's Signature (sign in ink) Date of Signature (mm/dd/yyyy)
	t 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if ner Than the Applicant
Provi	ide the following information about the preparer.
Pre	parer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)
Pre	parer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code + 4
	Province Postal Code Country
Pre	parer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)

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			ontact Information. Declaration, and Signature of the Person this Application, if Other Than the Applicant (continued)
Prep	are	r's	Statement
7.	A.		I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	В.		I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.
			NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. Members of the Armed Forces applying outside the United States for a Certificate of Citizenship under INA section 320 may file Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States with this application, if applicable.
Prep	are	r's	Certification
By m	y sig	natu	re, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then

Preparer's Signature

or use.

8. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain

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Par	t 11	. Additional Information A-				
If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.						
1.	Fan	nily Name (Last Name) Given Name (First Name) Middle Name				
2.	A-N	Number (if any) ► A-				
3.	A.	Page Number B. Part Number C. Item Number				
	D.	DRAFI				
4.	A. D.	Page Number B. Part Number C. Item Number				
5.	A.	Page Number B. Part Number C. Item Number				
	D.					
		04/18/2018				
6.	A. D.	Page Number B. Part Number C. Item Number				

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Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW) I, the (applicant, parent, or legal guardian) do swear or affirm, under penalty of perjury under the laws of the United States, that I know and understand the contents of this application signed by me, and the attached supplementary pages number _____ to ____ inclusive, that the same are true and correct to the best of my knowledge, and that corrections number _____ to ____ were made by me or at my request. Applicant's, Parent's, or Legal Guardian's Signature (Sign in ink) Date of Signature (mm/dd/yyyy) Subscribed and sworn or affirmed before me upon examination of the applicant (parent, legal, guardian) on Date (mm/dd/yyyy) at (Location) USCIS Officer's Printed Name USCIS Officer's Title USCIS Officer's Signature (Sign in ink) Date of Signature (mm/dd/yyyy) Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use **ONLY**) On the basis of the documents, records, the testimony of persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are: True and correct 1. 2. The applicant derived or acquired U.S. citizenship on Date (mm/dd/yyyy) The applicant derived or acquired U.S. citizenship through (Select the box next to the appropriate section of law, or if the 3. section of law is not reflected, type or print the applicable section of law in the space next to "Other.") INA Section 301 INA Section 309 INA Section 320 INA Section 321 Other 4. The applicant has not been expatriated since that time

NOTE: Do not complete Parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.

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Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use ONLY) (continued)						
I recommend that this Form N-600 be: Ap	proved Denied					
Issue Certificate of Citizenship in the name of						
Family Name (Last Name)	Given Name (First Name)	Middl	e Name			
USCIS Officer's Printed Name	USCIS Officer's Title					
USCIS Officer's Signature (Sign in ink)			Date of Signature (mm/dd/yyyy)			
	DALL					
	 					
☐ I do ☐ do not concur with the USCIS Office	cer's recommendation of Form N-600.					
USCIS District Director's or Field Office Director	's Signature (Sign in ink)		Date of Signature (mm/dd/yyyy)			

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