

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 11/26/2021 @ 10:00:56 AM

Local Governing Body Report

**LICENSE**

Number:	09020036	Type:	009 LIQUOR STORE
Name:	SV FOODMART		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2022
Original Issue Date:	12/17/1965		
Location:	430 N 7TH STREET STE A SIERRA VISTA, AZ 85635 USA		
Mailing Address:	430 N 7TH STREET STE A SIERRA VISTA, AZ 85635 USA		
Phone:	(520)458-3986		
Alt. Phone:	(562)350-9486		
Email:	ROZINASHILPI718@GMAIL.COM		

Currently, this license has pending applications.

**AGENT**

Name:	ROZINA SHILPI ISLAM
Gender:	Female
Correspondence Address:	430 N 7TH STREET STE A SIERRA VISTA, AZ 85635 USA
Phone:	(562)350-9486
Alt. Phone:	
Email:	ROZINASHILPI718@GMAIL.COM

**OWNER**

Name: TWO STARS ENTERPRISE LLC  
Contact Name: ROZINA SHILPI ISLAM  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23292601 State of Incorporation: AZ  
Incorporation Date: 11/04/2021  
Correspondence Address: 430 N 7TH STREET  
STE A  
SIERRA VISTA, AZ 85635  
USA  
Phone: (562)350-9486  
Alt. Phone:  
Email: ROZINASHILPI718@GMAIL.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
ROZINA SHILPI ISLAM	MEMBER	100.00

**TWO STARS ENTERPRISE LLC - MEMBER**

Name: ROZINA SHILPI ISLAM  
Gender: Female  
Correspondence Address: 430 N 7TH STREET  
STE A  
SIERRA VISTA, AZ 85635  
USA  
Phone: (562)350-9486  
Alt. Phone:  
Email: ROZINASHILPI718@GMAIL.COM

**APPLICATION INFORMATION**

Application Number: 168852  
Application Type: Owner Transfer  
Created Date: ~~11/11/2021~~ 11-26-2021 *RS*

**QUESTIONS & ANSWERS**

**009 Liquor Store**

- 1) Are you applying for an Interim Permit (INP)?  
Yes  
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  
Yes  
If Yes, what City, Town or Tribal Reservation is this Business located in?  
Cochise County
- 8) Did the Premises phone number change?  
No

- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)  
 620 feet; Center for Academic Success (Charter), 900 E. Carmelita Dr., Sierra Vista, AZ 85635  
 2,255 feet; St. Paul Missionary Baptist, 227 N. Carmichael Ave., Sierra Vista, AZ 85635
- 11) Are you one of the following? Please indicate below.  
 Property Tenant  
 Subtenant  
 Property Owner  
 Property Purchaser  
 Property Management Company  
 Property Tenant
- 12) Is there a penalty if lease is not fulfilled?  
 No
- 13) What is the total money borrowed for the business not including the lease?  
 Please list lenders/people owed money for the business.  
 Landlord lockout
- 14) Is there a drive through window on the premises?  
 No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet  
 No
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
 No
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)  
 \$65,000.00

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	Bill of Sale.pdf	11/11/2021
DIAGRAM/FLOOR PLAN	Floor Plan.pdf	11/11/2021
ALIEN STATUS	Rozina Q ASF Green Card.pdf	11/11/2021
QUESTIONNAIRE	Rozina Q ASF Green Card.pdf	11/11/2021
INTERIM PERMIT (INP) NOTARY PAGE	Sect 5.pdf	11/11/2021
MISCELLANEOUS	Sect 9.pdf	11/11/2021

IP

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 11/26/2021 @ 10:00:38 AM

Local Governing Body Report

**LICENSE**

Number:	INP020016253	Type:	INP INTERIM PERMIT
Name:	SV FOODMART		
State:	Active		
Issue Date:	11/26/2021	Expiration Date:	03/11/2022
Original Issue Date:	11/26/2021		
Location:	430 N 7TH STREET STE A SIERRA VISTA, AZ 85635 USA		
Mailing Address:	430 N 7TH STREET STE A SIERRA VISTA, AZ 85635 USA		
Phone:	(520)458-3986		
Alt. Phone:	(562)350-9486		
Email:	ROZINASHILPI718@GMAIL.COM		

**AGENT**

Name:	ROZINA SHILPI ISLAM
Gender:	Female
Correspondence Address:	430 N 7TH STREET STE A SIERRA VISTA, AZ 85635 USA
Phone:	(562)350-9486
Alt. Phone:	
Email:	ROZINASHILPI718@GMAIL.COM

**OWNER**

Name: TWO STARS ENTERPRISE LLC  
Contact Name: ROZINA SHILPI ISLAM  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23292601 State of Incorporation: AZ  
Incorporation Date: 11/04/2021  
Correspondence Address: 430 N 7TH STREET  
STE A  
SIERRA VISTA, AZ 85635  
USA  
Phone: (562)350-9486  
Alt. Phone:  
Email: ROZINASHILPI718@GMAIL.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
ROZINA SHILPI ISLAM	MEMBER	100.00

**TWO STARS ENTERPRISE LLC - MEMBER**

Name: ROZINA SHILPI ISLAM  
Gender: Female  
Correspondence Address: 430 N 7TH STREET  
STE A  
SIERRA VISTA, AZ 85635  
USA  
Phone: (562)350-9486  
Alt. Phone:  
Email: ROZINASHILPI718@GMAIL.COM

**APPLICATION INFORMATION**

Application Number: 168853  
Application Type: New Application  
Created Date: ~~11/11/2021~~ 11/26/2021 JS

**QUESTIONS & ANSWERS**

**INP Interim Permit**

- 1) Enter License Number currently at location 09020034
- 2) Is the license currently in use? yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page? yes

**SECTION 5 Interim Permit**

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If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S.§4-203.01. For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

1. Enter license number currently at the location: 09020036

2. Is the license currently in use?  Yes  No If no, how long has it been out of use? N/A

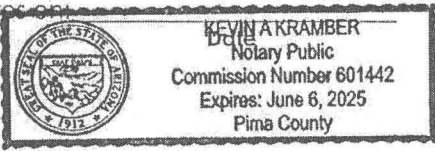
**NOTARY**

I (Print Full Name) Ly Soung hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.

Signature: *Ly Soung* State of ARIZONA County of COCHISE

The foregoing instrument was acknowledged before me this 11<sup>TH</sup> Day of NOV, 2021

My Commission Expires on \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year



KEVIN A. KRAMBER  
Notary Public  
Commission Number 601442  
Expires: June 6, 2025  
Pima County

*Kevin A. Kramber*  
Signature of Notary

**SECTION 6 Background Check**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_

b) AZ Corporation or AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

**SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S.§4-204**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on the license) Last First Middle

2. Assignee's Name: \_\_\_\_\_  
Last First Middle

3. License Number: \_\_\_\_\_

**ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.**

SECTION 8 Government (for Cities, Towns, Counties only)

21 11 26 10:22 AM Admin

1. Government Entity: \_\_\_\_\_  
2. Person/Designee: \_\_\_\_\_  
Last First Middle Daytime Contact Phone #

SECTION 9 Person to Person Transfer ARS§4-203(C), (D), (G)  
(Bar and Liquor Stores only – Series 06, 07, and 09)

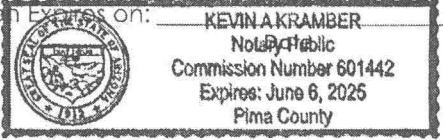
1. License #: 09020036  
2. Individual Owner/Agent Name: Soung Ly N/A  
Last First Middle  
3. Ownership Name: Big L Food Mart, Inc.  
(Exactly as it appears on the license)  
4. Current Business Name: Sierra Vista Foodmart  
(Exactly as it appears on the license)  
5. Business Location Address: 430 N. 7th St. #A Sierra Vista AZ Cochise 85635  
Street City State County Zip  
6. Current Daytime Phone: 520.861.6325 Primary Email Address: leestocko0@msn.com  
7. Does current licensee intend to operate the business while this application is pending?  Yes  No  
8. I, (Signature): [Signature] authorize the transfer of this license to the applicant.

NOTARY

I (Print Full Name) Ly Soung hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.

Signature: [Signature] State of Arizona County of Cochise  
The foregoing instrument was acknowledged before me this

My Commission Expires on: KEVIN A KRAMBER Notary Public Commission Number 601442 Expires: June 6, 2025 Pima County  
11th Day of Nov. 2021  
Day Month Year



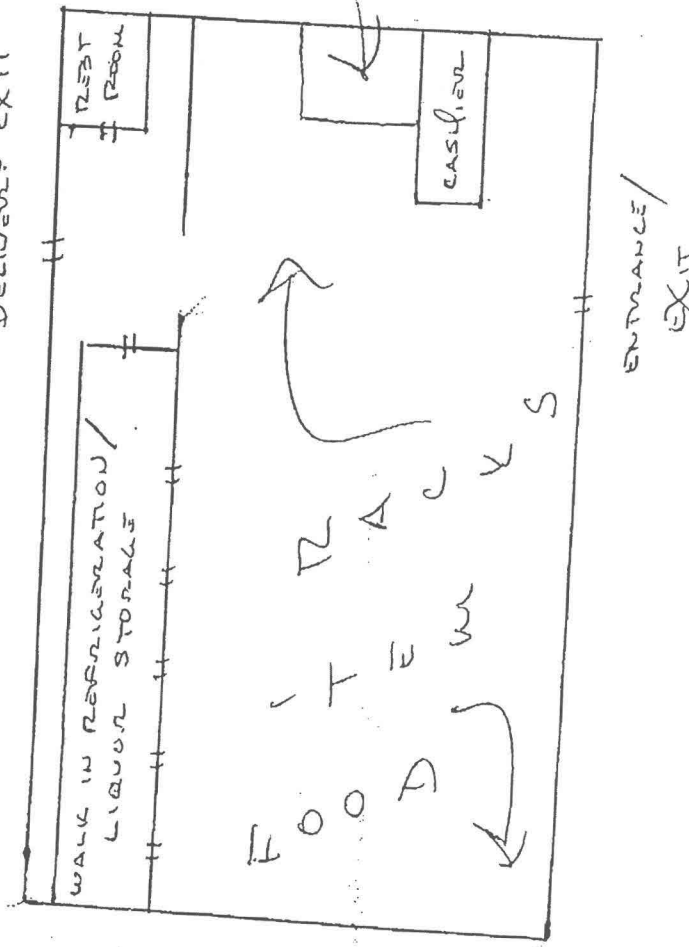
[Signature] Signature of Notary

SECTION 10 Location Transfer– Current Licensee Information ARS§4-203(C), (D), (G)  
(Bar and Liquor Stores only – Series 06, 07, and 09)

1. Current Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(exactly as it appears on license)  
2. New Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

3,000 SQ. FT.

EMERGENCY /  
DELIVERY EXIT



LIQUOR  
STORAGE

REST  
ROOM

CASHIER

WALK IN REFRIGERATION /  
LIQUOR STORAGE

FOOD TRUCKS

ENTRANCE /  
EXIT

BILL OF SALE

FOR VALUABLE CONSIDERATION of Ten Dollars (\$10.00) along with other valuable consideration, Big L Food Mart, Inc., an Arizona Corporation, as Seller, hereby grants, bargains, sells and transfers to Two Stars Enterprise, LLC, an Arizona Limited Liability Company, as Buyer, to have and to hold forever, Arizona State Series 6 Liquor License # 09020036.

FURTHERMORE, Seller warrants it is the lawful owner of the License, that it has the right, to sell/transfer the License and that the License is free and clear of all claims and liens whatsoever. Seller further agrees to warrant and defend the same against the lawful claims and demands of all persons whomsoever.

DATED this 11 day of November 2021.

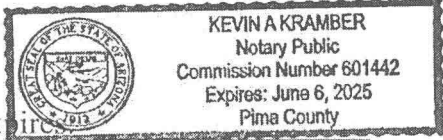
SELLER: Big L Food Mart, Inc.

*[Handwritten Signature]*  
By: Ly Soung  
Its: President/Secretary/CEO/Director

STATE OF ARIZONA                    )  
  : ss.  
COUNTY OF PIMA                    )

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of November 2021 by Ly Soung.

*[Handwritten Signature]*  
Notary Public



My Commission Expires



Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

805-098

**QUESTIONNAIRE**  
A.R.S. § 4-202, 4-210  
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09020036 / 168852

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	---	--

2. Name: ISLAM ROZINA SHILPI Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: NARAYANPOUR BANGLADESH Height: 5'02" Weight: 132 Eyes: BLK Hair: BLK  
City State COUNTRY (not county)

5. Name of current/most recent spouse: ISLAM MUHAMMAD SHAHIDUL Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 2019

7. Daytime telephone number: (562) 350-9486 E-mail address: ROZINASHILPI718@gmail.com

8. Business Name: SV FOOD MART Business Phone: 520/458/3986

9. Business Location Address: 430 N. 7TH ST, #A SIENNA AZ COCHISE 85635  
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2019	CURRENT	HOUSEWIFE	6901 E. BROADWAY BLVD, #245 TULSON, AZ 85711
10/2000	08/2019	RIVETER	BOU PARK MANUFACTURE 2259 MARKHAM RD. SCARBOROUGH, ONTARIO M1B 2W3

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
08/2019	CURRENT	6961 E. BROADWAY BLVD. # 245 TUCSON, AZ 85710
05/2012	08/2019	7 BRISBY MEWS TORONTO ONTARIO CANADA M1P-5M7

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210  Yes  No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?  Yes  No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

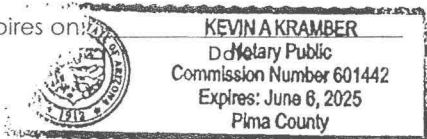
I (Print Full Name) ROZINA SHILPI ISLAM hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: ROZINA ISLAMSHILPI State of Arizona County of Cocouise

The foregoing instrument was acknowledged before me this

11<sup>th</sup> Day of Nov. 2021  
Day Month Year

My Commission Expires on:



[Signature]  
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



'21 11 26 Liq.Admin AM10:22

State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> Floor  
Phoenix, AZ 85007  
(602) 542-5141

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

**SECTION I – APPLICANT INFORMATION**

INDIVIDUAL OWNER/AGENT NAME (Print or type) ROZINA SHILPI ISLAM

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?  Yes  No

If Yes, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

If you answered Yes, 1) Attach a legible copy of a document from the attached list.

2) Name of document: \_\_\_\_\_  
Go to Section IV.

If you answered No, you must complete Section III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

US Permanent Resident Alien Card  
Name of document provided

**Qualified Alien Status** (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

**Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons** (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present**

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

ROZINA SHILPI ISLAM

Individual Owner/Agent Printed Name

ROZINA ISLAM SHILPI

Individual Owner/Agent Signature

11.11.2021

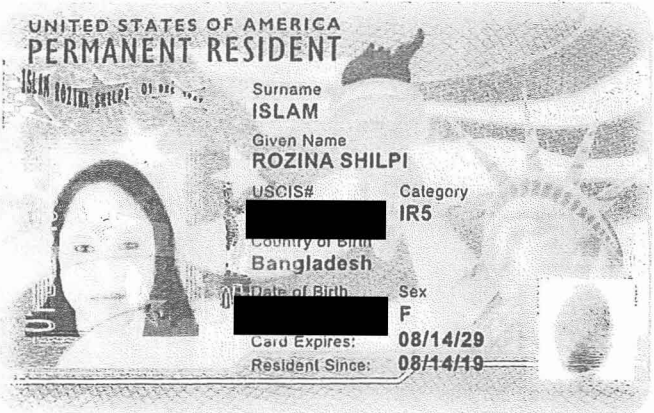
Today's Date

**EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.



UNITED STATES OF AMERICA  
PERMANENT RESIDENT

ISLAM, ROZINA SHILPI 01 DEC 2019



Surname  
**ISLAM**

Given Name  
**ROZINA SHILPI**

USCIS# [REDACTED] Category  
**IR5**

Country of Birth  
**Bangladesh**

Date of Birth [REDACTED] Sex  
**F**

Card Expires: **08/14/29**

Resident Since: **08/14/19**



