

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:  
Social Security Administration  
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration  
Form SSA-3000 (10-2007)

F23504085

# STATE OF NORTH CAROLINA



*James Z. Boyle*  
Commissioner of Motor Vehicles



DRIVER LICENSE 32266165

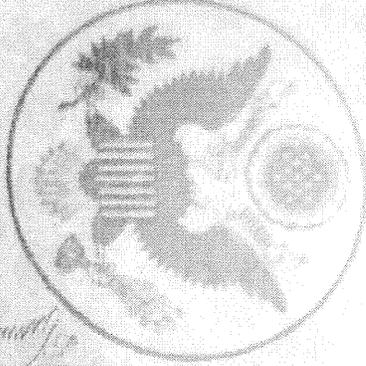
BRANDY NICOLE STARKE  
211 NORTHVIEW DR  
SANFORD NC 27332-1502

class: C endors: None restr: 1  
issued: 03-08-2013 expires: 03-14-2021  
sex: F ht: 5-07 eyes: BLU hair: BRO race:  
birthdate: 03-14-1983

*Brandy Starke*



UNITED STATES UNIFORMED SERVICES



EXPIRATION DATE  
2018JUN04

SPONSOR SERVICE / STATUS

USA/AD

SPONSOR RANK / PAY GRADE

SFC / E7

DOD ID NUMBER

1261683454

RELATIONSHIP

SP

SPONSOR

STARKE, HENRY NATHANIEL

SIGNATURE

STARKE, BRANDY NICOLE

AUTHORIZED PATRONAGE

EXCHANGE NUMBER

COMMISSARY

IDENTIFICATION AND PRIVILEGE CARD



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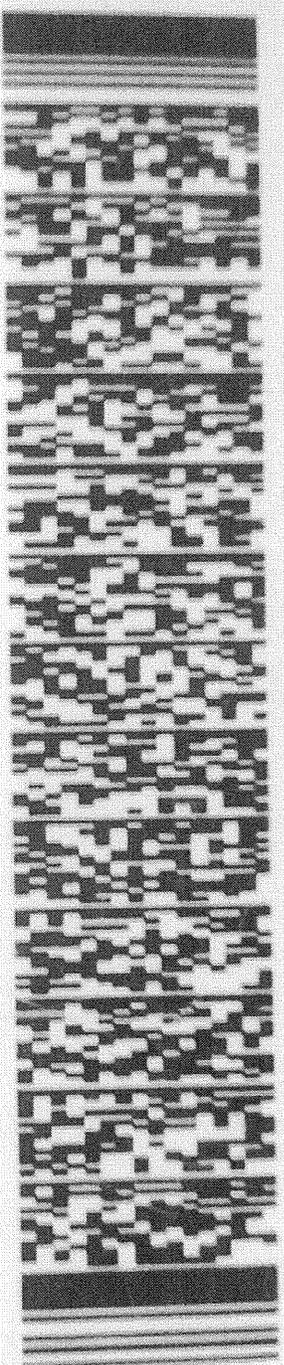
Social Security Administration  
Form SSA-3000 (10-2007)

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Class C: Any noncommercial single vehicle with a GVWR of less than 26,001 pounds. A vehicle towing a vehicle which has a combined GVWR of less than 26,001 pounds operated by a driver 18 yrs. or older.

Restrictions: 1. Corrective Lenses

Endorsements: NONE



0008472352

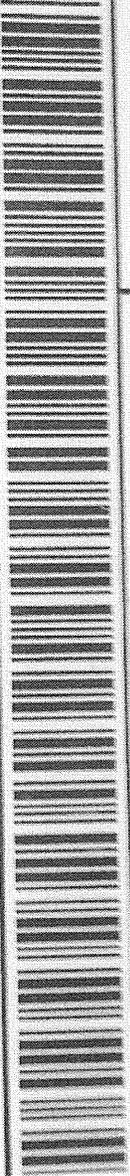


DATE OF BIRTH

1983MAR14

BENEFIT'S NUMBER

009174100-01



DATE OF ISSUE

2014JUN05

MEDICAL

DIRECT: YES

CIVILIAN

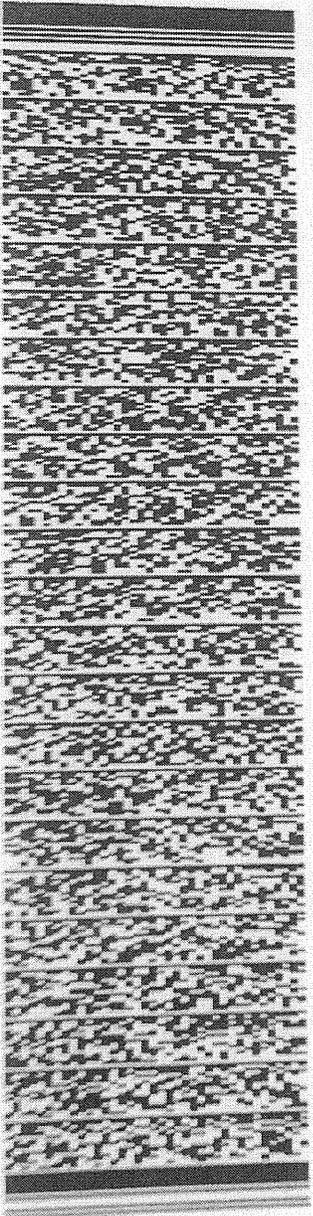
YES

EFF DATE

2008FEB05

EXP DATE

2018JUN04



DD FORM 1173

OCT 93

PROPERTY OF US GOVERNMENT

DUPLICATE OCT 2005

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify  
Report Prepared: 05/20/2015  
Page: 1 of 1

Case Verification Number: 2015140144101XX

Case Information:

Employee Information:

Last Name: Starke  
First Name: Brandy  
Middle Initial: N  
Social Security Number: \*\*\* \*\* 8384  
Citizenship Status: A citizen of the United States  
Date of Birth: 03/14/1983  
Email Address:

Document Information:

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession  
Document Name: Driver's license  
Driver's License or ID Card Number:  
List C Document: Social Security Card  
Document State: North Carolina  
Document Expiration Date: 03/14/2021  
1-94 Number:

Additional Information:

Hire Date: 05/18/2015  
Employer Case ID:  
Three-Day Rule - Other:  
Submitted On: 05/20/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:  
Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:  
First Name:  
Middle Initial:  
Social Security Number:  
Resubmitted By:  
Resubmitted On:  
Date of Birth:  
Other Names Used:  
First Name:  
Middle Initial:  
Social Security Number:  
Resubmitted By:  
Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

**Photo Matching Results:**

Determination:

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

Closed On:

**SENSITIVE BUT UNCLASSIFIED**