UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, et al.,

:

Plaintiffs, :

.

v. : Case No. 03-2006 (EGS/JMF)

:

FELD ENTERTAINMENT, INC.

•

Defendant.

:

DEFENDANT'S OPPOSITION TO PLAINTIFFS' MOTION FOR LEAVE TO FILE A SUPPLEMENTAL COMPLAINT ADDING THREE FORMER RINGLING BROTHERS <u>EMPLOYEES AS ADDITIONAL PLAINTIFFS</u>

EXHIBIT 1

U.S. Department of Justice Immigration and Naturalization Service 0,506

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

individual because of a future expir	ration date may als	o constitute illegal	discrimina	ation.		
Section 1. Employee Information a	nd Verification. To	be completed and signed	by employe	e at the time employment beq	gins.	
Print Name: Last			e initial	Maiden Name		
-70m	Margaret	-	<u> </u>	MZhinacy		
Address (Street Name and Number)	, 0	Apt.	• `	Date of Birth (month/eay/ye	Personal Information Redacted Pursuant to LCvR 5.4(f)	
City Planmetto	State	Zip C	ode 1220	Social Security #	Personal Information Redacted Pursuant to LCvR 5 4(f)	
I am aware that federal law provid	es for			that I am (check one of the f	ollowing):	
imprisonment and/or fines for false		===		he United States sident (Alien # A		
use of false documents in connection with the				vork until/_/		
completion of this form.		(Allen # or Admission #)				
Employee's Signature To	γ			Date (month/day/year) U - 19 - 05		
Preparer and/or Translator	Certification.			n 1 is prepared by a person		
other than the employee.) I attest best of my knowledge the informa		y, that i nave assisted in	ине сотрівс	ion of this form and that to tr	1 e	
Preparer's/Translator's Signature		Print Name			AND AND ADDRESS OF THE PARTY OF	
		<u></u>			. ************************************	
Address (Street Name and Numbe	r, City, State, Zip Code)			Date (month/day/year)		
Section 2. Employer Review and Ve examine one document from List B and one from						
document(s)	All Elst 0, as assect on as			are experience and experience of	110, 11 dily, 01 did	
List A	OR	List B	AND			
Document title:	5Id_	CARD		SOCIAL SELVE	ity_	
		enfort u			7	
Issuing authority:			•		Personal Information Reducted	
Document #:		53-000-649			Pursuant to LCvR 5.4(f)	
Expiration Date (If any)://	10/ 2 2	<u>107</u>				
Document #:	· 항 기본 기본					
Expiration Date (if any)://					***************************************	
CERTIFICATION - I attest, under penalty					ied	
employee, that the above-listed docume employee began employment on <i>(mont)</i> is eligible to work in the United States.	h/day/year) 4 1 11 1	and that to the beautiful and the beautiful	st of my k	cnowledge the employee		
employment.) Signature of Employer of Authorized Represent	tative Print Name		·	Title	V 	
Not Inc	Ma	[1 \		Paymoster		
Business of Organization Name Ac		Number, City, State, Zip	Code)	Date (month/day/year)		
	8607 West	Wood Centert	n.			
-eld Entertainment Inc.		1A 82182		4/19/05		
Section 3. Updating and Reverificat		nd signed by employer.				
A. New Name (if applicable)			B. Date o	of rehire (month/day/year) (if a	applicable)	
C. If employee's previous grant of work authorellgibility.	rization has expired, pro-	vide the information belov	v for the do	cument that establishes curre	nt employment	
Document Title:	Document #:	Expiration	Date (if any))://		
attest, under penalty of perjury, that to the be document(s), the document(s) I have examined	st of my knowledge, this	employee is eligible to w	ork in the Ur	·	ree presented	
Signature of Employer or Authorized Represent				Date (month/day/year)		

U.S. Department of Justice Immigration and Naturalization Service 0.5.00

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information :	and Verification. To	be completed and signed	by employe	ee at the time employment begins.	1
Print Name: Last /OM JA	First LUB	Midd	le Initial	Maiden Name	•
Address (Street Name and Number)		Apt. :	<i>*</i>	Date of Birth (month/day/year) Personal Informat Pursuant to LCvR	
City PLAMMITTO	State	Zip C 34	ode IZO	Social Security Personal Informati	
I am aware that federal law provide	des for	I attest, under penalty	of perjury,	that I am (check one of the following):	•
imprisonment and/or fines for fals	e statements or			the United States	
use of false documents in connection with the			ermanent Re	esident (Alien # A work until//	
completion of this form.	_	(Alien # or /			
Employee's Signature labet on				Date (menth/day/year)	
Preparer and/or Translation other than the employee.) I attest best of my knowledge the inform	t, under penalty of perjury			n 1 is prepared by a person ion of this form and that to the	
Preparer's/Translator's Signature		Print Name			
Address (Street Name and Number	Address (Street Name and Number, City, State, Zip Code)			Date (month/day/year)	
Section 2. Employer Review and Vo examine one document from List B and one for document(s)	erification. To be compount to the compount to	pleted and signed by empler reverse of this form, and	oyer. Exami I record the	ne one document from List A OR title, number and expiration date, if any, of the	
List A	OR	List B	AND		
Document title:	E CDL	46eanse		SociAL Security	
Issuing authority:	Ne	wyork		<i>O</i>	
Document #:	<u> 144</u>	817 706		Personal Informat Pursuant to LCvR	
Expiration Date (if any)://_				//	
Document #:					
Expiration Date (if any)://	200 200				
CERTIFICATION - I attest, under penalty employee, that the above-listed docume employee began employment on <i>(monti</i> is eligible to work in the United States. (employment)	ent(s) appear to be ge h/dav/vear) 4 / A / O	nuine and to relate to 5 and that to the be	the emplo	yee named, that the mowledge the employee	
Signature of Imployer or Authorized Represen	ntative Print Name	Henge		Paymaster Paymaster	
Business or deganization Name Ac	ddress (Street Name and . 8607 WeSt	Number, City State, Zip	Code) De	Date (month/day/year)	
100 Cuter taivinant Inc		<u>JA 22182</u>		04/20/05	
Section 3. Updating and Reverificat	ion. To be completed ar	nd signed by employer.		• •	
A. New Name <i>(if applicable)</i>			B. Date o	f rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work author eligibility.					
Document Title:	Document #:	Expiration E	Date (if any)	://	
attest, under penalty of perjury, that to the be- document(s), the document(s) I have examined	st of my knowledge, this	employee is eligible to wo	ork in the Un	nited States, and if the employee presented	
Signature of Employer or Authorized Representative			T	Date (month/day/year)	