



Form-the Justice of Volunteer on behalf of
Victims the Hmong Kingdom Chaofa State
Nation State-6800

THE HMONG KINGDOM CHAOF A STATE

US REPRESENTATIVES

Asia Region Northern Laos

Human Rights Political Social Economic

Development Cultural Representatives

Foreign Office In The United States

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THE HMONG KINGDOM CHAOF A STATE NATION STATE

CONSTITUTION

Human rights, Homeland Defense and Security and Democracy Protection

Date: _____

VOLUNTEER ON BEHALF OF VICTIM THE HMONG KINGDOM CHAOF A STATE NATION STATE

Registrant Full-Name: _____

Born: _____

Registration Number: _____

Registered is volunteer for research and educate on behalf of the a particular of
activity or interest. _____

The Hmong Kingdom Chaofa State Nation State (HKCSNS) Department of Justice
Federal government policy Law amendment, 22 U.S.C &611 et seq., for the

purposes of Domestic and Foreign Registration Activity under the Act and public disclosure. Secured the home land defense and security and protection basic to the Constitution of the Hmong Kingdom Chaofa State Nation State, The laws enacted to federal, state, county, city, district local government and government sector and private sector or whom or who of violation the Supreme laws of the country to the Constitution, including federal employees, state employees, county employees, city employees, local government employees, and private or civilian employees. The laws are punishment any one whom or who violence will be penalty and rights to the Federal District Court Trial, if he or she conviction or found guilty of a criminal charge as a result could be jail or prison.

EXECUTION

In accordance with 28 U.S.C. & 1746, and subject to the penalties of 18 U.S.C. & 1001 and 22 U.S.C. & 618, the undersigned swears affirms under penalty of perjury that he she has read the information set forth in this Amendment to Registration Statement, that he she is familiar with the contents thereof, and that such contents are in their entirely true and accurate to the best of his/her knowledge and belief.

Date

Printed Name

Signature
