



GUEST CHARGES SUMMARY

Toll Free Reservations (800) 321- 2211

THANK YOU FOR SELECTING COURTYARD BY MARRIOTT FOR YOUR TRIP. WE TRUST THAT YOUR EXPERIENCE WITH US HAS INCLUDED WARM AND GRACIOUS SERVICE, AND THE TYPE OF ACCOMMODATIONS EXPECTED.

WE LOOK FORWARD TO SERVING YOU AGAIN ON FUTURE TRIPS. FOR ADDITIONAL RESERVATIONS, CALL OUR TOLL FREE RESERVATION NUMBER, (800) 321-2211.

WE LOOK FORWARD TO YOUR NEXT VISIT.

PHILADELPHIA/AIRPORT Courtyard Staff

BAKER SHUKRY ✓
1000 WEST SPRING VALLEY 237
RICHARDSON TX 75080

ROOM 301 BARA
ROOM TYPE DBDB
NO. OF GUESTS 2 67504DN
RATE 49.95
CLERK

TO REORDER CALL TOLL-FREE 8-11 HOSPITALITY 1-800-274-7659

ARRIVE 10/01/93 TIME 06:38PM DEPART 10-03-93 TIME 01:41 P FOLIO # DN-67504

Table with columns: DATE, REFERENCE NUMBER, DESCRIPTION, CHARGES, CREDITS. Includes entries for room charge, taxes, restaurant, and American Express, ending with a BALANCE of .00.

Courtyard Club Member: 000000000. Retain this receipt for your records.

GOVERNMENT EXHIBIT
Marriott
3:04-CR-240-G
U.S. v. HLF, et al.

Check Out Time is 1:00PM

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement. It is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%], or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

SIGNATURE



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PHILADELPHIA/AIRPORT Courtyard Staff

SALEH GHASSAN ✓
 1000 WEST SPRING VALLEY 237
 RICHARDSON TX 75080

ROOM 223 BARA
 ROOM TYPE DDST
 NO. OF GUESTS 2 67507DN
 RATE 49.95
 CLERK

ARRIVE	TIME	DEPART	TIME	FOLIO #
10/02/93	08:59AM	10-03-93	01:38 P	DN-67507
DATE	REFERENCE NUMBER	DESCRIPTION	CHARGES	CREDITS
10/02/93	FD6247	RESTAURANT ROOM CH	8.44	
10/02/93	FD6237	RESTAURANT ROOM CH	26.10	
10/02/93	FD 17	RESTAURANT ROOM CH	16.87	
10/02/93	RP223	ROOM CHARGE	49.95	
10/02/93	RT223	ROOM TAX	6.49	
10/03/93	MS10/03	DINNER FOOD		51.41-
10/03/93	AX01:36 PM	AMERICAN EXPRESS		56.44-

* CARD #: 378364733593036				*
* Amount: 56.44 Auth: 36				*
* ** Signature on File **				*

	**	BALANCE	**	.00

Check Out Time is 1:00PM

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement. It is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%], or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

SIGNATURE _____



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WE LOOK FORWARD TO SERVING YOU AGAIN ON FUTURE TRIPS. FOR ADDITIONAL RESERVATIONS, CALL OUR TOLL FREE RESERVATION NUMBER, (800) 321-2211.

WE LOOK FORWARD TO YOUR NEXT VISIT.

PHILADELPHIA/AIRPORT Courtyard Staff

MU EEN SHABIB ✓
1000 WEST SPRING VALLEY 237
RICHARDSON TX 75080

ROOM 227 RACK
ROOM TYPE DBDB
NO. OF GUESTS 2 67501DN
RATE 49.95
CLERK

TO REORDER CALL TOLL-FREE 24 HOURS A DAY 1-800-274-7859

ARRIVE 10/01/93 TIME 12:06PM DEPART 10-03-93 TIME 12:57 P FOLIO # DN-67501

Table with columns: DATE, REFERENCE NUMBER, DESCRIPTION, CHARGES, CREDITS. Includes entries for room charge, room tax, and American Express card payment.

Check Out Time is 1:00PM

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement. It is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month [annual rate of 18%], or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

SIGNATURE

CRD ST
ZIP CODE

ROOM B-219 RAIL 49.95 RAISES 2

ADDRESS 1 10-01 93

DEPARTURE DATE 10-03 93

NAME SABRI, HASAN / **MAGHAWRI**
ADDRESS 1000 WEST SPRING VALLEY 237
CITY RICHARDSON ST TX ZIP 75080

Thank you
for selecting

COURTYARD
by Marriott

We hope you stay
with us in a pleasant way.

FORM 8-77

A SAIL IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE COURTYARD
SAILS ARE NOT AVAILABLE IN COURT-CARD GUEST ROOMS

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD
CLAIM FOR ALL SERVICES I REQUESTED I UNDERSTAND I WILL BE
RESPONSIBLE TO PAY ANY OTHER CHARGES INCURRED

PLEASE PRINT NAME AND ADDRESS OF GUEST WITH ADDITIONAL
INFORMATION TO PAY ANY OTHER CHARGES INCURRED

The undersigned agrees to make immediate payment upon receipt of statement and
to be held personally liable to pay in full the entire amount of the charges.

SIGNATURE X *Hasan Maghawri*

DAY DATE OF SIGNATURE

4

67507

BARA

10-02-93

G

4

10-03-93

TO: THE NATIONAL GUARDIAN

ROOM NO. 223

ROOM 223

RATE 49.95

49.95

2

10-02-93

10-03-93

10-03-93

NAME

SABRE HASAN

Chassan Sabh
Rina Ahmed

COMPANY

ADDRESS

1000 WEST SPRING VALLEY 237

CITY

RICHARDSON

TX

75080

Thank you
for selecting

COURTYARD
by Marriott

We hope your stay
with us is pleasant.

COURTYARD CLUB HONOR

AGREEMENT PROVIDED FOR THE PROTECTION OF YOUR WALLET AND FOR THE PROTECTION
OF YOUR INFORMATION. PLEASE READ CAREFULLY AND SIGN ONLY IF YOU AGREE.

PLEASE PRINT YOUR NAME AND SIGNATURE AND
SIGNATURE (PLEASE PRINT NAME) DATE OF SIGNATURE
NAME (PLEASE PRINT) ROOM NO. PHONE NO. SIGNATURE

GUEST REQ: REQ D8,

The undersigned agrees to make immediate payment upon receipt of statement and
to pay the amount of \$12.50 per night of the full amount of the charges.

SIGNATURE X

[Handwritten Signature]

DATE OF SIGNATURE

RESERVATIONS NUMBER

6 1 24

DEPOSIT RECEIVED

GUEST

ZIP CODE

ROOM 227

DATE

GUESTS

NO. OF ROOMS

ARRIVAL DATE

DEPARTURE DATE

NAME

M. ABDUL QADER

COMPANY

729 St. Paul

ADDRESS

CITY

Richardson TX

75081

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK. PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:

- AMERICAN EXPRESS
- DINERS CLUB
- DISCOVER
- CHECK
- VISA
- MASTER CARD
- CASH
- OTHER

ON AGREE TO MAKE IMMEDIATE PAYMENT UPON RECEIPT OF STATEMENT AND TO BE HELD PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT IF THE CHARGES.

I VERIFY THAT ALL INFORMATION ON THIS REGISTRATION FORM IS ACCURATE

SIGNATURE X

M. Abdul Qader

DATE OF DEPARTURE

Thank you for Selecting

COURTYARD

We hope your stay with us is a pleasant one.

COURTYARD CLUB NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

10-3-93

Believe TO MOVE TO 307 301

FORM 88-2785

TO ORDER CALL TOLL FREE A S HOSPITALITY 10-890-274-7859

TO BE FILLED BY GUEST
 TO BE FILLED BY HOTEL

DATE
 ZIP CODE

ARRIVAL
 DEPARTURE

ROOM 227 RATE
 GUESTS NO. OF ROOMS DATE DATE

NAME Abdul-Rahman Barakat
 COMPANY
 ADDRESS P.O. Box 2161
 CITY Lansar Ctr ST CA ZIP 95055

Thank you
 for Selecting
~~COURTYARD~~
COURTYARD
 a ~~Marriott~~
Marriott
 We hope your stay
 with us is a pleasant one.

FORM #6-278C

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK.
 PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:
 AMERICAN EXPRESS DINERS CLUB DISCOVER CHECK
 VISA MASTER CARD CASH OTHER

OR I AGREE TO MAKE IMMEDIATE PAYMENT UPON RECEIPT OF STATEMENT AND TO BE HELD
 PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT IF THE CHARGES.

The undersigned agrees to make immediate payment upon receipt of statement and
 to be held personally liable to pay any or the full amount of the charges.

COURTYARD CLUB NUMBER

--	--	--	--	--	--	--	--	--	--

SIGNATURE X Abdul-Rahman Barakat DAY/DATE OF DEPARTURE

RESERVATIONS NUMBER

GUEST
 ZIP CODE

ARRIVAL
 DEPARTURE

ROOM 227 RATE
 GUESTS NO. OF ROOMS DATE DATE

NAME DMAR AHMAD
 COMPANY
 ADDRESS P.O. Box 2341
 CITY Lansar Ctr ST CA ZIP 95055

Thank you
 for Selecting
~~COURTYARD~~
COURTYARD
 a ~~Marriott~~
Marriott
 We hope your stay
 with us is a pleasant one.

FORM #6-278C

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK.
 PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:
 AMERICAN EXPRESS DINERS CLUB DISCOVER CHECK
 VISA MASTER CARD CASH OTHER

OR I AGREE TO MAKE IMMEDIATE PAYMENT UPON RECEIPT OF STATEMENT AND TO BE HELD
 PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT IF THE CHARGES.

The undersigned agrees to make immediate payment upon receipt of statement and
 to be held personally liable to pay any or the full amount of the charges.

COURTYARD CLUB NUMBER

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SIGNATURE X Omar Ahmad DAY/DATE OF DEPARTURE

Rm 223
Returned

8

RESERVATION NUMBER 67504 BARA DBDB .00
 G 4
 GUEST 301
 ZIP CODE 75080
 ROOM 10 RATE 49.95 GUESTS 2 NO. OF ROOMS 1
 ARRIVAL DATE 10-01-93 DEPARTURE DATE 10-03-93
 NAME SABRI HASAN
 COMPANY SHUKRY BAKER
 ADDRESS 1000 WEST SPRING VALLEY 237
 CITY RICHARDSON ST TX ZIP 75080

Thank you
 for Selecting
~~Marriott~~
COURTYARD
 Marriott
 We hope your stay
 with us is a pleasant one.

FORM #6-2783

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK.
 PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:
 AMERICAN EXPRESS DINERS CLUB DISCOVER CHECK
 VISA MASTER CARD CASH OTHER
GUEST REQ: REQ Double-Double REQ. Non-Smoking COURT YARD CLUB NUMBER
 OR AGREE TO MAKE IMMEDIATE PAYMENT UPON RECEIPT OF STATEMENT AND TO BE PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT IF THE CHARGES.
 The undersigned agrees to make immediate payment upon receipt of statement and to be personally liable to pay any or the full amount of the charges.

SIGNATURE X *Hasan Maghara* DAY/DATE OF DEPARTURE

RESERVATION NUMBER 67505 BARA DBDB .00
 G 4
 GUEST 311
 ZIP CODE 75080
 ROOM 311 RATE 49.95 GUESTS 2 NO. OF ROOMS 1
 ARRIVAL DATE 10-01-93 DEPARTURE DATE 10-03-93
 NAME SABRI, HASAN
 COMPANY ASH, GASSAN
 ADDRESS 1000 WEST SPRING VALLEY 237
 CITY RICHARDSON ST TX ZIP 75080

Thank you
 for Selecting
~~Marriott~~
COURTYARD
 Marriott
 We hope your stay
 with us is a pleasant one.

FORM #6-2783

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK.
 PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:
 AMERICAN EXPRESS DINERS CLUB DISCOVER CHECK
 VISA MASTER CARD CASH OTHER
GUEST REQ: REQ Double-Double REQ. Non-Smoking COURT YARD CLUB NUMBER
 OR AGREE TO MAKE IMMEDIATE PAYMENT UPON RECEIPT OF STATEMENT AND TO BE PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT IF THE CHARGES.
 The undersigned agrees to make immediate payment upon receipt of statement and to be personally liable to pay any or the full amount of the charges.

SIGNATURE X *Hasan Maghara* DAY/DATE OF DEPARTURE

CHEST 67503 BARA DBDB .00
ZIP CODE G 4

ROOM 307 RATE 49.95 GUESTS 2 NO. OF ROOMS 1
ARRIVAL DATE 10-01-93 DEPARTURE DATE 10-03-93

NAME SABRI, HASAN
COMPANY MA GHAWRI, HAITHAM
ADDRESS 1000 WEST SPRING VALLEY 237
CITY RICHARDSON ST TX ZIP 75080

Thank you
for selecting
COURTYARD
We hope your stay
with us is a pleasant one.

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK.
PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:
I AMERICAN EXPRESS I DINERS CLUB I DISCOVER I CHECK
I VISA I MASTER CARD I CASH I OTHER

GUEST REQ: REQ Double-Double REQ. Non-Smoking COURT YARD CLUB NUMBER

OR ASKED TO MAKE IMMEDIATE PAYMENT UPON RECEIPT FOR STATEMENT AND TO BE HELD
PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT OF THE CHARGES.
The undersigned agrees to make immediate payment upon receipt of statement and
to be held personally liable to pay any or the full amount of the charges.

SIGNATURE X *Hasan Sabri*

DATE OF DEPARTURE

ORGANIZED / SPOKE FOR GROUP

(IN) 10/1/93 6:39 PM

(OUT) 10/3/93 1:42



Philadelphia Airport

3900 Bartram Avenue
Philadelphia, PA 19153
215 365-2200

September 20, 1993

HASAN SABRI
IAP INFORMATION SERVICES
PO BOX 743533
DALLAS, TX 75374

PHILADELPHIA/AIRPORT

FUNCTION CONFIRMATION

Name: IAP INFO SERVICES	Made by: LYNN ARBAUGH
Date: Saturday, 10/02/93	Phone # (214) 569-9595
Time: 8:00am - 11:00pm	MEETING
Room: MEETING RM B @ \$150.00	Set-up: Hollow square
Contact: HASAN SABRI	For 30 attendees

MENU

AUDIO-VISUAL EQUIPMENT

SPECIAL INSTRUCTIONS

PLEASE INDICATE FOOD AND BEVERAGE SELECTIONS ON RETURNED CONTRACT.

PAYMENT INFORMATION

Payment guaranteed through Visa - #4226804098512/0694

CANCELLATION POLICY

Should the number of attendees change please call 14 days in advance. Otherwise, the group will be held responsible for the number shown above. IAP INFORMATION SERVICES Agree(s) to be responsible for all charges associated with the above function including phone charges from the function room.

Sales Contact: LYNN ARBAUGH
Signature: [Signature]
Date: 9/17/93

Accepted by: HASAN SABRI
Signature: _____
Date: _____



Philadelphia Airport

2900 Bartram Avenue
Philadelphia, PA 19153
215-263-2200

September 20, 1993

HASAN SABRI
IAP INFORMATION SERVICES
PO BOX 743533
DALLAS, TX 75374

PHILADELPHIA/AIRPORT

FUNCTION CONFIRMATION

Name: IAP INFO SERVICES	Made by: LYNN ARBAUGH
Date: Sunday, 10/03/93	Phone # (214) 669-9595
Time: 8:00am - 12:00pm	MEETING
Room: MEETING RM B @ \$75.00	Set-up: Hollow square
Contact: HASAN SABRI	For 30 attendees

MENU

AUDIO-VISUAL EQUIPMENT

SPECIAL INSTRUCTIONS

PLEASE INDICATE FOOD AND BEVERAGE SELECTIONS ON RETURNED CONTRACT.

PAYMENT INFORMATION

Payment guaranteed through Visa - #4226804098512/0694

CANCELLATION POLICY

Should the number of attendees change please call 14 days in advance. Otherwise, the group will be held responsible for the number shown above. IAP INFORMATION SERVICES Agree(s) to be responsible for all charges associated with the above function including phone charges from the function room.

Sales Contact: LYNN ARBAUGH
Signature: [Signature]
Date: 9/20/93

Accepted by: HASAN SABRI
Signature: _____
Date: _____

GUEST **345**
 ZIP CODE
 ROOM **4995** HALF **4995** GUESTS **4995** No. of Rooms **4995** DATE
 NAME **A. HAMDAN, ABDUL**
 COMPANY
 ADDRESS
 CITY ST ZIP

RESERVATION NUMBER **70026**

DEPARTMENT

DEPARTURE DATE

Thank you for Selecting

COURTYARD
We hope your stay with us is a pleasant one.

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE FRONT DESK
 PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD:
 AMERICAN EXPRESS DINERS CLUB DISCOVER CHECK
 VISA MASTER CARD CASH OTHER

OR AGREE TO MAKE IMMEDIATE PAYMENT UPON RECEIPT OF STATEMENT AND TO BE FULLY
 PERSONALLY LIABLE TO PAY ANY OR THE FULL AMOUNT OF THE CHARGES

I VERIFY THAT ALL INFORMATION ON THIS REGISTRATION FORM IS ACCURATE

COURTYARD CLUB NUMBER

--	--	--	--	--	--	--	--	--	--

SIGNATURE **X**

DAY/DATE OF DEPARTURE

FORM 48-2785

TO REORDER CALL TOLL FREE 8 HOSPITALITY 1-800-274-7855

12

401 - A - Shanwey
Mazen Ahmad

ENTERED SATURDAY
2:55 PM 10/2/93

Mohamad - alko

RESERVATIONS NUMBER 67509 BARRA DBDH DEPOSIT RECEIVED .00
 G 4

GUEST ZIP CODE: ROOM 401 RATE 49.95 GUARANTEE 2 ARRIVAL DATE 10-01-93 DEPARTURE DATE 10-03-93

NAME **SABRI, HASAN**
 COMPANY **ELMEZAYEN, MOHAMAD**
 ADDRESS 1000 WEST SPRING VALLEY 237
 CITY RICHARDSON TX ZIP 75080

Thank you
 for selecting
COURTYARD
 by Marriott
 We hope your stay
 with us is a pleasant one.

A SAFE IS PROVIDED FOR THE PROTECTION OF YOUR VALUABLES AT THE HOTEL. PETS ARE NOT PERMITTED IN COURTYARD GUEST ROOMS.

I AUTHORIZE YOU TO CHARGE MY CREDIT CARD
 AMERICAN EXPRESS DISCOVER VISA
 MASTERCARD OTHER

GUEST REQ: REQ. Double-Double. REQ. Non-Smoking. KEY NUMBER

The undersigned agrees to make immediate payment upon receipt of statement and to be personally liable for any amount of the charges.

SIGNATURE X *Hasan Sabri*

DAY DATE OF DEPARTURE