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Pagina rezervada a las autoridades competentes para expedir el pasaporte / Üredni záznamy / Forbeholdt de pasudstedende myndigheder / Amtliche Vermerke / Märkused / Η σελίδα προορίζεται για τις Αρχές που είναι αρμόδιες για την έκδοση του διαβατηρίου / Page reserved for the authorities responsible for issuing the passport / Page réservée aux autorités compétentes pour délivrer le passeport / Don udarás ata freagrach as eisiúint an phas an leathanach seo / Pagina riservata alle autorità competenti per il rilascio del passaporto / Izdevēstādes informācijai paredzēta lappuse / Lapas skirtas išduodančiai institucijai / Hivatalos bejegyzések / Pagina riservata għall-awtoritajiet li hargħu / Opmerkingen van bevoegde instanties / Wpisły urzędowe / Pagina rezervada as autoridades competentes para emitir o passaporte / Pagina rezervată autorităților emitente ale pașaportului / Úradné záznamy / Zaznamki pristojnega organa / Siivu varattu viranomaismerkintöjä varten / Myndighetsnoteringar



РЕПУБЛИКА БЪЛГАРИЯ REPUBLIC OF BULGARIA

ПАСПОРТ
PASSPORT

Тип/Type/Type

P

Код/Code/Code

BGR

Паспорт №/Passport No/Passport No

384996055

01. Фамилия/Surname/Nom

КУЦИДИМОВА

KUTSIDIMOVA

02. Имена/Given names/Prénoms

АЛЕКСАНДРА ИВАНОВА

ALEKSANDRA IVANOVA

03. Гражданство/Nationality/Nationalité

БЪЛГАРИЯ / BULGARIA

04. Дата на раждане/Date of birth/

Date de naissance

25.05.1998

05. Пол/Sex/Sexe

Ж / F

06. Дата на издаване/Date of issue/

Date de délivrance

22.12.2017

10. Дата на валидност/Date of expiry/

Date d'expiration

22.12.2022

05. ЕГН / Personal identifying number/

Identifiant personnel

9805257050

07. Място на раждане/Place of birth/Lieu de naissance

СОФИЯ

SOFIA

09. Издаден от/Authority/Authorité

МВР София

MoI BGR

11. Подпис на притежателя/

Holder's signature/Signature du titulaire

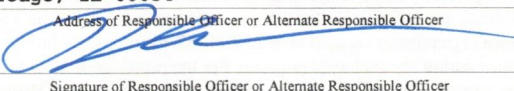
P<BGRKUTSIDIMOVA<<ALEKSANDRA<IVANOVA<<<<<<<<
3849960555BGR9805253F22122239805257050<<<<74



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119
EXPIRES: 10/31/2020
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: Kutsidimova		Given Name: Aleksandra Ivanova		Gender: FEMALE	N0028434302
Date of Birth (mm-dd-yyyy): 05-25-1998	City of Birth: Sofia	Country of Birth: BULGARIA	Citizenship Country Code: BU	Citizenship Country: BULGARIA	J-1
Legal Permanent Residence Country Code: BU		Legal Permanent Residence Country: BULGARIA	Position Code: 215	Position: UNIVERSITY UNDERGRADUATE STUDENTS	
Primary Site of Activity: 371 Commercial St Inc dba Pepes Wharf 371 Commercial St Provincetown, MA 02657					
2. Program Sponsor: Greenheart Exchange					
Participating Program Official Description: SUMMER TRAVEL/WORK					Program Number: P-3-05807
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period: From (mm-dd-yyyy): 06-20-2018 To (mm-dd-yyyy): 09-30-2018		4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject/Field Code: 32.0101 Subject/Field Code Remarks: Host/Hostess			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Personal funds : \$1,000.00 Total : \$1,000.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.		7. Francisca Acevedo Name of Official Preparing Form 746 North La Salle Drive Chicago, IL 60654 Address of Responsible Officer or Alternate Responsible Officer  Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 866-684-9675 ext. 1630 Telephone Number 02-08-2018 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended  Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) 20 MAR 2018 James M. Stuhltrager VICE CONSUL OF THE UNITED STATES OF AMERICA THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____ (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____		
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.  Signature of Applicant _____ Sofia, Bulgaria _____ March 20, 2018 _____ Place _____ Date (mm-dd-yyyy) _____					

Copy D—For EmployerVoid ☐**2018**OMB No.
1545-0008

a Employee's SSN 820-74-9626	1 Wages, tips, other comp. 3284.12	2 Federal income tax withheld 364.78	
b Employer ID no. (EIN) 20-2234339	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, address, and ZIP code 328 Commercial Street Inc 328 Commercial Street Provincetown MA 02657			
d Control number 026040070505041			
e Employee's name, address, and ZIP code Aleksandra I Kutsidimova 328 Commercial St Provincetown MA 02657			
7 Social security tips	8 Allocated tips	9 Verification code	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
13 Statutory employee	14 Other	12b	
Retirement plan		12c	
Third-party sick pay		12d	
MA	WTH-10337492-005	3284.12	132.97
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury — IRS

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy D—For EmployerVoid ☐**2018**OMB No.
1545-0008

a Employee's SSN 820-74-9626	1 Wages, tips, other comp. 3534.72	2 Federal income tax withheld 381.24
b Employer ID no. (EIN) 81-4318336	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
371 Commercial Street Inc
328 Commercial Street
Provincetown MA 02657

d Control number
030117070509039

e Employee's name, address, and ZIP code
Aleksandra I Kutsidimova
371 Commercial St
Provincetown MA 02657

7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee	14 Other	12b
Retirement plan		12c
Third-party sick pay		12d
MA	WTH-18211798-005	3534.72
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name