

B · A · L

BERRY APPLEMAN & LEIDEN
LLP

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW
353 SACRAMENTO STREET SUITE 1300
SAN FRANCISCO, CA 94111-3651
415-398-1800

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA

525589

11-4288
1210

05-24-18



PAY TO THE **US Department of Homeland Security Citizenship and Immigration Services** \$ *****1,225.00
ORDER OF

ONE THOUSAND TWO HUNDRED TWENTY-FIVE AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo I-907 Premium Processing Filing Fee / Zheyang Jin

525589 11210428820 3878138191

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Request Number: 729563

Check Number:

525589

Reference: Jaleesa C

Check Date: May 24/18

Client	Matter	Narrative	Amount
1145	4790.1.1.C	I-907 Premium Processing Filing Fee / Zheyang Jin	1,225.00

check record#: 525589

B · A · LBERRY APPLEMAN & LEIDEN
LLP**BERRY APPLEMAN & LEIDEN LLP**ATTORNEYS AT LAW
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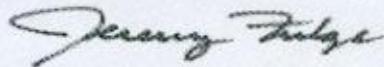
525590

11-4288
1210

05-24-18

PAY TO THE **US Department of Homeland Security Citizenship and Immigration Services** \$ *****460.00
ORDER OF**FOUR HUNDRED SIXTY AND 00/100 US DOLLARS**

Two Signatures Required Over \$10,000



Memo I-129 Petition for Nonimmigrant Worker Filing Fee / Zheyang Jin

#525590# 1121042882# 3878138191#

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Request Number: 729564

Check Number:

525590

Reference: Jaleesa C

Check Date: May 24/18

Client	Matter	Narrative	Amount
1145	4790.1.1.C	I-129 Petition for Nonimmigrant Worker Filing Fee / Zheyang Jin	460.00

check record#: 525590

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353 SACRAMENTO STREET SUITE 1300
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415-398-1800

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA

525591

11-4288
1210

05-24-18



PAY TO THE **US Department of Homeland Security Citizenship and Immigration Services** \$ *****1,500.00
ORDER OF

ONE THOUSAND FIVE HUNDRED AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo ACWIA Fee / Zheyang Jin

525591 11210428820 3878138191

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Request Number: 729566

Check Number:

525591

Reference: Jaleesa C

Check Date: May 24/18

Client	Matter	Narrative	Amount
1145	4790.1.1.C	ACWIA Fee / Zheyang Jin	1,500.00

check record#: 525591

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353 SACRAMENTO STREET SUITE 1300
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415-398-1800

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA

525592

11-4288
1210

05-24-18



PAY TO THE **US Department of Homeland Security Citizenship and Immigration Services** \$ *****500.00

FIVE HUNDRED AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo H/L Fraud Fee / Zheyang Jin

525592 1121042882 3878138191

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US Department of Homeland Security Citizenship

Request Number: 729567

Check Number:

525592

Reference: Jaleesa C

Check Date: May 24/18

Client	Matter	Narrative	Amount
1145	4790.1.1.C	H/L Fraud Fee / Zheyang Jin	500.00

check record#: 525592



Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 01/31/2018

For USCIS Use Only	Request Physically Received by USCIS <input type="text"/> Date <input type="text"/>	Returned <input type="text"/> Date <input type="text"/>	Resubmitted <input type="text"/> Date <input type="text"/>	Receipt	
					Action Block
		Remarks			

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/> Texas 24091254	Attorney or Accredited Representative USCIS ELIS Account Number (if any) <input type="text"/>
---	---	--	--

► START HERE - Type or print in black ink.

Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any)

► A-

2. Family Name (Last Name)

Westgard

- Given Name (First Name)

Danielle

- Middle Name

3. Company or Organization Named in the Related Case: If filed on behalf of a company or organization

Visa U.S.A. Inc.

4. Mailing Address

In Care Of Name

Street Number and Name or PO Box Number

2400 N Glenville Drive, Building A

Apt. Ste. Flr. Number

100

City or Town

Richardson

State

TX

ZIP Code

75082

Province

Postal Code

Country

USA

5. Is your current mailing address the same as your physical address?

Yes No

If you answered "No," provide your physical address in Item Number 6.

Part 1. Information About the Person Filing This Request (continued)

6. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

7. Request for Premium Processing Service: (select only one box)

I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.

I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.)

I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.

I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28, if Form G-28 has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application

I-129

2. Receipt Number of Related Petition or Application

3. Classification or Eligibility Requested

H-1B

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

JIN

Given Name (First Name)

ZHEYANG

Middle Name

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Jariwala

Given Name (First Name)

Lina

Middle Name

Position Title

HR Manager

7. Company or Organization IRS Tax Number (if any)

94-1721694

Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company or Organization Named in Related Case

Street Number and Name

900 Metro Center Blvd.

Apt. Ste. Flr. Number

Number

City or Town

Foster City

State

CA

ZIP Code

94404

Province

Postal Code

Country

USA

Part 3. Requestor's Statement, Certification, Signature, and Contact Information

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud or misrepresentation, or the issuance of:

1. An approval notice;
2. A request for evidence;
3. A notice of intent to deny; or
4. A denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

A. I can read and understand English, and have read and understand each and every question and instruction on this request, as well as my answer to each question.

B. The interpreter named in **Part 4.** has read to me each and every question and instruction on this request, as well as my answer to each question, in , a language in which I am fluent. I understand each and every question and instruction on this request as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

I have requested the services of and consented to , who is is not an attorney or accredited representative, preparing this request for me.

Requestor's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the information in my request and any document submitted with my request is complete, true and correct.

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request and in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

Part 3. Requestor's Statement, Certification, Signature, and Contact Information (continued)

Requestor's Signature

3. Requestor's Signature



Date of Signature

(mm/dd/yyyy)

► 

Requestor's Contact Information

4. Requestor's Daytime Telephone Number

(972) 729-6209

5. Requestor's Mobile Telephone Number (if any)

6. Requestor's Email Address (if any)

jcarter@balglobal.com

7. Requestor's Fax Number (if any)

(972) 729-6100

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter:

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in Part 3., Item B. in Item Number 1.;

I have read to this requestor each and every question and instruction on this request, as well as the answer to each question, in the language provided in Part 3., Item B. in Item Number 1.; and

The requestor has informed me that they understand each and every instruction and question on the request, as well as their answer to each question.

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)**Interpreter's Signature**

6. Interpreter's Signature

Date of Signature

(mm/dd/yyyy) ►

Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other Than the Requestor

Provide the following information about the preparer:

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

Preparer's Contact Information

4. Preparer's Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.7.B. I am an attorney or accredited representative and my representation of the requestor
in this case (choose one) extends does not extend beyond the preparation of this request.

**Part 5. Name, Contact Information, Declaration, and Signature of the Person Preparing this Request,
If Other Than the Requestor (continued)**

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of, the requestor. I completed the request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with each and every answer provided for each question on the request and, when required, supplied additional information to respond to a question on the request.

Preparer's Signature

8. **Preparer's Signature**

Date of Signature

(mm/dd/yyyy) ►



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (*if any*)

►

Name and Address of Attorney or Accredited Representative

2.a. Family Name
(*Last Name*)

Westgard

2.b. Given Name
(*First Name*)

Danielle

2.c. Middle Name

3.a. Street Number
and Name

2400 N Glenville Drive, Building A

3.b. Apt. Ste.

Flr. 100

3.c. City or Town

Richardson

3.d. State

TX

3.e. ZIP Code

75082

3.f. Province

3.g. Postal Code

3.h. Country

USA

4. Daytime Telephone Number

(972) 729-6209

5. Fax Number

(972) 729-6100

6. E-Mail Address (*if any*)

dwestgard@balglobal.com

7. Mobile Telephone Number (*if any*)

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select **only one** box):

1.a. USCIS

1.b. List the form numbers

I-129 for

JIN, ZHEYANG

2.a. ICE

2.b. List the specific matter in which appearance is entered

3.a. CBP

3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at
the request of:

4. Select **only one** box:

Applicant Petitioner Requestor

Respondent (ICE, CBP)

**Information About Applicant, Petitioner,
Requestor, or Respondent**

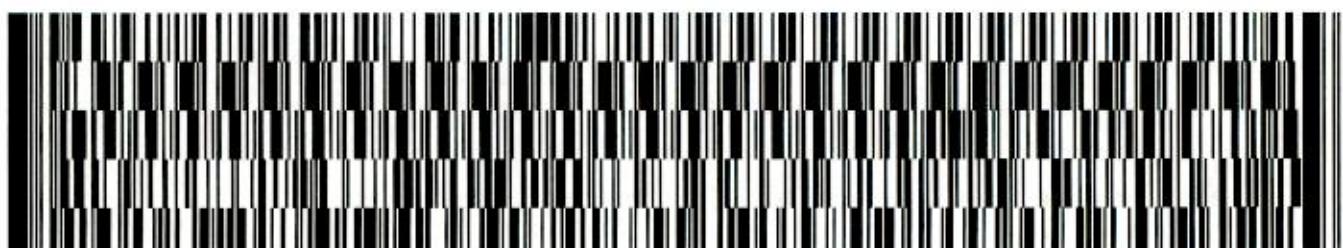
5.a. Family Name
(*Last Name*)

5.b. Given Name
(*First Name*)

5.c. Middle Name

6. Name of Company or Organization (*if applicable*)

Visa U.S.A. Inc.



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (*if any*)

►

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

(972) 729-6209

10. Mobile Telephone Number (*if any*)

11. E-Mail Address (*if any*)

dwestgard@balglobal.com

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

12.a. Street Number and Name 900 Metro Center Blvd.

12.b. Apt. Ste. Flr.

12.c. City or Town Foster City

12.d. State CA 12.e. ZIP Code 94404

12.f. Province

12.g. Postal Code

12.h. Country USA

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (*If you need additional space, use Part 6.*)

Licensing Authority

Texas

1.b. Bar Number (*if applicable*)

Texas 24091254

1.c. Name of Law Firm

Berry Appleman & Leiden LLP

1.d. I (choose one) am not am

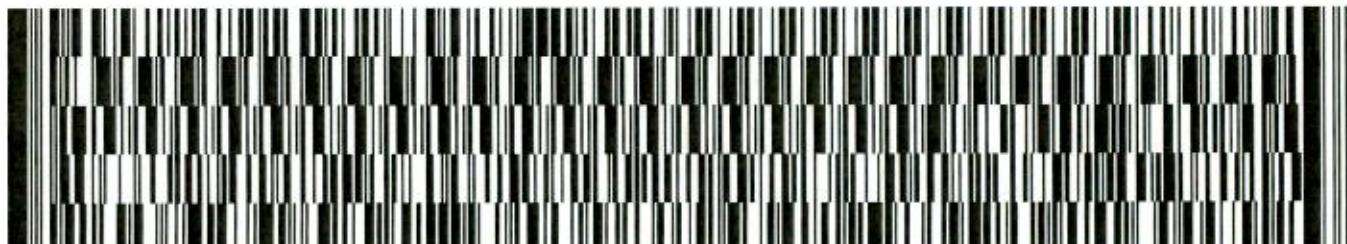
subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (*If you need additional space, use Part 6.*)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(mm/dd/yyyy) ►



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with
[redacted]

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

- 4.b. Name of Law Student or Law Graduate
[redacted]

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- 2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
[Signature]

- 3.b. Date of Signature (mm/dd/yyyy) ► 05/25/2018

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative
[Signature]

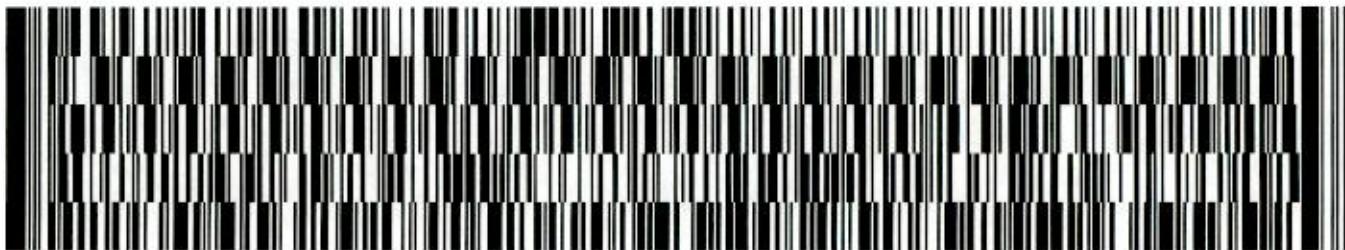
2. Signature of Law Student or Law Graduate
[Signature]

3. Date of Signature (mm/dd/yyyy) ► 05/25/2018



Part 6. Additional Information

Use the space below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.**





Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-129

OMB No. 1615-0009

Expires 12/31/2018

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____		<input type="checkbox"/> Classification Approved	
No. of Workers: _____		<input type="checkbox"/> Consulate/POE/PFI Notified	
Job Code: _____		At: _____	
Validity Dates: _____		<input type="checkbox"/> Extension Granted	
From: _____		<input type="checkbox"/> COS/Extension Granted	
To: _____			

► START HERE - Type or print in black ink.

Part 1. Petitioner Information

If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.

1. Legal Name of Individual Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Company or Organization Name

Visa U.S.A. Inc.

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Street Number and Name

 900 Metro Center Blvd.

Apt. Ste. Flr. Number

City or Town

 Foster City

State

 CA

ZIP Code

 94404

Province

Postal Code

Country

 USA

4. Contact Information

Daytime Telephone Number

 (972) 729-6209

Mobile Telephone Number

Email Address (if any)

 dwestgard@balglobal.com

5. Other Information

Federal Employer Identification Number (FEIN)

 ► 94-1721694

Individual IRS Tax Number

U.S. Social Security Number (if any)

 ►

Part 2. Information About This Petition (See instructions for fee information)

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B
2. Basis for Classification (select only one box):
- a. New employment.
 - b. Continuation of previously approved employment without change with the same employer.
 - c. Change in previously approved employment.
 - d. New concurrent employment.
 - e. Change of employer.
 - f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." ► WAC-15-182-50209
4. Requested Action (select only one box):
- a. Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
 - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ► 1

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)1. If an Entertainment Group, Provide the Group Name

2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

JINZHEYANG

3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

Given Name (First Name)

Middle Name

JINPETER

4. Other Information

Date of birth

Gender

U.S. Social Security Number (if any)

(mm/dd/yyyy) 04/12/1987 Male Female

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth

► A- 209928827 China

Province of Birth

Liao Ning

Country of Citizenship or Nationality

China

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) 1-94 Arrival-Departure Record Number Passport or Travel Document Number

03/13/2012

► 01026889626

G50796623

Date Passport or Travel Document Issued (mm/dd/yyyy)

05/12/2011

Date Passport or Travel Document Expires (mm/dd/yyyy)

05/11/2021

Passport or Travel Document Country of Issuance

China

Current Nonimmigrant Status

H-1B

Date Status Expires or D/S

(mm/dd/yyyy) 06/21/2018

Student and Exchange Visitor Information System (SEVIS) Number (if any)

Employment Authorization Document (EAD) Number (if any)

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name

4674 Mangrum Drive

Apt. Ste. Flr. Number

City or Town

Santa Clara

State ZIP Code

CA 95054

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City)

Eligible for Extension of Status

c. U.S. State or Foreign Country

d. Beneficiary's Foreign Address

Street Number and Name

Building 43-5, Unit 1, WangHua District, FengCheng Road

Apt. Ste. Flr. Number

501

City or Town

Fu Shun

State

Province

Liao Ning

Postal Code

113001

Country

China

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 9.** and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ► No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ► No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ► No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ► No
8. Did you indicate you were filing a new petition in **Part 2.?**
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No N/A
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No N/A
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No N/A
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

Staff Software Engineer

2. LCA or ETA Case Number

I-200-18141-888753

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in Part 1.

Street Number and Name

900 Metro Center Boulevard

Apt. Ste. Flr. Number

City or Town

Foster City

State

CA

ZIP Code

94404

4. Did you include an itinerary with the petition? Yes No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
7. Is this a full-time position? Yes No
8. If the answer to Item Number 7. is no, how many hours per week for the position? ►
9. Wages: \$ per (Specify hour, week, month, or year) ►

10. Other Compensation (Explain)

Standard company benefits.

11. Dates of intended employment From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

12. Type of Business

Electronic payment systems industry

13. Year Established

14. Current Number of Employees in the United States

15. Gross Annual Income

16. Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Jariwala

Given Name (First Name)

Lina

Title

HR Manager

2. Signature and Date

Signature of Authorized Signatory

Date of Signature

(mm/dd/yyyy) 05/25/2018

3. Signatory's Contact Information

Daytime Telephone Number

(972) 729-6209

Email Address (if any)

dwestgard@balglobal.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Westgard

Given Name (First Name)

Danielle

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Berry Appleman & Leiden LLP

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name

2400 N Glenville Drive, Building A

Apt. Ste. Flr. Number

100

City or Town

Richardson

State

TX

ZIP Code

75082

Province

Postal Code

Country

USA

4. Preparer's Contact Information

Daytime Telephone Number

(972) 729-6209

Fax Number

(972) 729-6100

Email Address (if any)

dwestgard@balglobal.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer



Date of Signature

(mm/dd/yyyy) 05/25/2018

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number**

Part Number

Item Number

3. **Page Number**

Part Number

Item Number

4. **Page Number**

Part Number

Item Number



H Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2018

1. Name of the Petitioner

Visa U.S.A. Inc.

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

- 2.a. Name of the Beneficiary

JIN, ZHEYANG

OR

- 2.b. Provide the total number of beneficiaries

1

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy) From		To
JIN, ZHEYANG	10/01/2014		PRESENT

4. Classification sought (select **only one** box):

- a. H-1B Specialty Occupation
 b. H-1B1 Chile and Singapore
 c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
 d. H-1B3 Fashion model of distinguished merit and ability
 e. H-2A Agricultural worker
 f. H-2B Non-agricultural worker
 g. H-3 Trainee
 h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes No

- 7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

Yes. If yes, please explain in Item Number 7.b. No

- 7.b. Explanation
N/A
-
-

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

Please see attached letter.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Please see attached letter.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner

Name of Petitioner

Lina Jarwala
HR Manager

Date (mm/dd/yyyy)

05/25/2018

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

Lina Jarwala
HR Manager

Date (mm/dd/yyyy)

05/25/2018

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select only one box)

a. Seasonal b. Peak load c. Intermittent d. One-time occurrence

2. Temporary need is: (select only one box)

a. Unpredictable b. Periodic c. Recurrent annually



H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2018

1. Name of the Petitioner

Visa U.S.A. Inc.

2. Name of the Beneficiary

JIN, ZHEYANG

Section 1. General Information

1. Employer Information - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? Yes No
- b. Has the petitioner ever been found to be a willful violator? Yes No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? Yes No
- c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? Yes No
- c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? Yes No
- d. Does the petitioner employ 50 or more individuals in the United States? Yes No
- d.1. If yes, are more than 50 percent of those employees in H-1B or L-1A or L-1B nonimmigrant status? Yes No

2. Beneficiary's Highest Level of Education (select only one box)

- a. NO DIPLOMA f. Bachelor's degree (for example: BA, AB, BS)
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED) g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- c. Some college credit, but less than 1 year h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- d. One or more years of college, no degree i. Doctorate degree (for example: PhD, EdD)
- e. Associate's degree (for example: AA, AS)

3. Major/Primary Field of Study

Computer Science

4. Rate of Pay Per Year

\$140,000.00

5. DOT Code

0	3	0
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6. NAICS Code

5	2	2	3	2	0
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Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional **\$1,500** or **\$750** American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? Yes No
2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? Yes No

Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? Yes No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? Yes No
5. Is this an amended petition that does not contain any request for extensions of stay? Yes No
6. Are you filing this petition to correct a USCIS error? Yes No
7. Is the petitioner a primary or secondary education institution? Yes No
8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? Yes No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of \$750. If you answered no, then you are required to pay an additional ACWIA fee of \$1,500.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500** Fraud Prevention and Detection fee. For petitions filed before October 1, 2015, an additional fee of **\$2,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$2,000** fee was mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) when you submit this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Each of these fee(s) should be paid by separate check(s) or money order(s).

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select **only one** box):
- a. CAP H-1B Bachelor's Degree c. CAP H-1B1 Chile/Singapore
 b. CAP H-1B U.S. Master's Degree or Higher d. CAP Exempt
2. If you answered **Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher,"** provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the United States Institution of Higher Education

- b. Date Degree Awarded c. Type of United States Degree

 *

- d. Address of the United States institution of higher education

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h) (19)(iii)(C).
 - d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **Item Numbers 3.a. - 3.c.** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
 - e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
 - f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
 - g. The beneficiary of this petition has been counted against the cap and: (1) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the 6 years, or (3) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. Yes No
If no, do not complete **Item Numbers 2. and 3.**
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



**Electronic Filing of Labor Condition Applications
For The H-1B Nonimmigrant Visa Program**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

Yes No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

Yes No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dolleta.gov>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

H-1B

B. Temporary Need Information

1. Job Title * STAFF SOFTWARE ENGINEER

2. SOC (ONET/OES) code *

15-1132

3. SOC (ONET/OES) occupation title *

SOFTWARE DEVELOPERS, APPLICATIONS

4. Is this a full-time position? *

Yes No

Period of Intended Employment

5. Begin Date * 05/28/2018
(mm/dd/yyyy)

6. End Date * 05/27/2021
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

1

Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

0

a. New employment *

0

d. New concurrent employment *

0

b. Continuation of previously approved employment *
without change with the same employer

1

e. Change in employer *

0

c. Change in previously approved employment *

0

f. Amended petition *

C. Employer Information

1. Legal business name * VISA U.S.A. INC.

2. Trade name/Doing Business As (DBA), if applicable N/A

3. Address 1 * 900 METRO CENTER BOULEVARD

4. Address 2 N/A

5. City * FOSTER CITY

6. State * CA

7. Postal code * 94404

8. Country * UNITED STATES OF AMERICA

9. Province

N/A

10. Telephone number * 6504328837

11. Extension

N/A

12. Federal Employer Identification Number (FEIN from IRS) *
941721694

13. NAICS code (must be at least 4-digits) *
522320



Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
JARIWALA	LINA	N/A
4. Contact's job title * HR MANAGER		
5. Address 1 * 900 METRO CENTER BOULEVARD		
6. Address 2 N/A		
7. City * FOSTER CITY		8. State * CA 9. Postal code * 94404
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number * 6504328837	13. Extension N/A	14. E-Mail address LJARIWAL@VISA.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? * If "Yes", complete the remainder of Section E below.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name § WESTGARD	3. First (given) name § DANIELLE	4. Middle name(s) § MAY
5. Address 1 § 2400 N. GLENVILLE DRIVE		
6. Address 2 BLDG. A, SUITE 100		
7. City § RICHARDSON		8. State § TX 9. Postal code § 75082
10. Country § UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number § 9727296500	13. Extension 4790	14. E-Mail address JCARTER@BALGLOBAL.COM
15. Law firm/Business name § BERRY APPLEMAN & LEIDEN LLP		16. Law firm/Business FEIN § 943068076
17. State Bar number (only if attorney) § 24091254		18. State of highest court where attorney is in good standing (only if attorney) § TX
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME COURT OF TEXAS		

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>118910.00</u> *	2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
To: \$ <u>178400.00</u>	

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section.

a. Place of Employment 1

1. Address 1 * 900 METRO CENTER BOULEVARD	
2. Address 2	
3. City * FOSTER CITY	4. County * SAN MATEO
5. State/District/Territory * CA	6. Postal code * 94404
Prevailing Wage Information (corresponding to the place of employment location listed above)	
7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>118910.00</u>	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one) * <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input checked="" type="checkbox"/> Other	
11a. Year source published * 2017	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § DIETRICH FALL 2017 ENGINEERING SURVEY

H. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Employer Labor Condition Statements” and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- (4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *

Yes No

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



I. Additional Employer Labor Condition Statements – H-1B Employers ONLY

! **Important Note:** In order for your H-1B application to be processed, you **MUST** read Section I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. Is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions I.1 and/or I.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** Non-displacement of the U.S. workers in the employer's workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer's workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

J. Public Disclosure Information

! **Important Note:** You **must** select from the options listed in this Section.

1. Public disclosure information will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
---	--

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official * JARIWALA	2. First (given) name of hiring or designated official * LINA	3. Middle initial * N/A
4. Hiring or designated official title * HR MANAGER		
5. Signature *	6. Date signed * 06/04/2018	

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



L. LCA Preparer

Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § CARTER	2. First (given) name § JALEESA	3. Middle initial § N
4. Firm/Business name § BERRY APPLEMAN & LEIDEN LLP		
5. E-Mail address § JCARTER@BALGLOBAL.COM		

M. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 05/28/2018 to 05/27/2021.

Certifying Officer 05/31/2018
Department of Labor, Office of Foreign Labor Certification Determination Date (date signed)
I-200-18141-888753 CERTIFIED
Case number Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from the Department of Labor before it can be submitted to USCIS for further processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

O. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



BERRY APPLEMAN &
LEIDEN LLP

Danielle Westgard
Associate Attorney
dwestgard@balglobal.com
972-729-6209

Richardson Office
2400 N Glenville Drive, Building
A
Suite 100
Richardson, Texas 75082
USA
972-729-6209 main
972-729-6100 fax

May 25, 2018
Premium Processing Service
U.S. Citizenship and Immigration Services
California Service Center
ATTN: H-1B
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Via Overnight Courier

OFFICES

Austin
Boston
Dallas
Geneva
Houston
London
Maputo
McLean
Melbourne
Rio de Janeiro
San Francisco
São Paulo
Shanghai
Singapore
Sydney
Washington DC

ATTENTION: **PREMIUM PROCESSING REQUESTED**

Re: H-1B Petition (Form I-129)
Petitioner: Visa U.S.A. Inc.
Beneficiary: Zheyang Jin

Dear Sir or Madam:

Enclosed please find the H-1B petition by Visa U.S.A. Inc. on behalf of the above-named beneficiary. Please notify this office of any action taken on this case. Thank you for your attention to this matter.

Sincerely,
BERRY APPLEMAN & LEIDEN LLP

Danielle Westgard
Enclosures



May 25, 2018

Premium Processing Service
U.S. Citizenship and Immigration Services **Via Overnight Courier**
California Service Center
ATTN: H-1B
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Re: Form I-129 Petition for H-1B Status
Petitioner: Visa U.S.A. Inc.
Beneficiary: Zheyang Jin

Dear Sir/Madam:

This letter supports the petition by Visa U.S.A. Inc. to authorize the temporary employment of Mr. Zheyang Jin. We seek Mr. Jin's temporary services to work in a specialty occupation as a Staff Software Engineer in our Foster City, California location.

The Petitioner

Visa U.S.A. Inc. ("Visa USA") is a wholly owned subsidiary of Visa, Inc.

Visa, Inc.

Visa, Inc. ("Visa") is a leading global payments technology company that connects consumers, businesses, banks and governments in more than 200 countries and territories, enabling them to use digital currency instead of cash and checks. Visa has built one of the world's most advanced processing networks that is capable of handling more than 20,000 transactions per second, with reliability, convenience and security, including fraud protection for consumers and guaranteed payment for merchants.

Visa does not issue cards, extend credit or set rates and fees for consumers. Visa's innovations, however, enable its bank customers to offer consumers more choices: Pay now with debit, ahead of time with prepaid or later with credit products. In fact, approximately 70 percent of Visa payment transactions in the United States are debit and prepaid, not credit. Governments in the U.S. and abroad have switched to digital currency instead of checks for benefits payments and purchasing in order to increase efficiency and lower costs, saving taxpayers money.

From the world's major cities to remote areas without banks, people are increasingly relying on digital currency along with mobile technology to use their money any time, make purchases online, transfer funds across borders and access basic financial services. All of which makes their lives easier and grows economies. Visa employs approximately 6,800 people in its offices throughout the world and serves customers in more than 200 countries and territories worldwide. For more information please visit: <http://www.visa.com>.

Visa USA

Visa USA is the United States arm of Visa. Visa USA is the petitioning employer.

The Position

At this time, Visa USA seeks to employ Mr. Jin as a Staff Software Engineer for a temporary period. As a Staff Software Engineer, Mr. Jin will work on the development of software solutions; write technical requirements and document technical design for front-end foundational components, frameworks, and tools for Visa's secure mobile payments platform; utilize technologies such as React, Redux, Node, Webpack, and Jest; collaborate closely with other teams in an Agile environment to solve challenges on technical design and coding; integrate continuous learning and innovation in the development process; write well-organized code with high efficiency; work to ensure quality user experience and technological performance while meeting the business objectives of the organization; work on engineering projects from inception to launch; architect technical solutions that support the needs and objectives of both the product roadmap and the technology roadmap; design and build engineering solutions for performance, extensibility, availability, reliability, and security; develop with mobile-first approach for multiple mobile form factors; maintain high coding standards and teach best practices such as BDD, TDD, unit testing, peer reviews; mentor fellow teammates and provide technical domain expertise; and work to ensure continuous incorporation of the best in front-end technology concepts and capabilities into SRC checkout.

Mr. Jin will earn an annual base salary of \$140,000.00.

The Beneficiary

The position is professional in nature and scope and requires, at a minimum, a Bachelor's degree in Computer Science, Computer Engineering, Software Engineering, a related field, or an equivalent. Mr. Jin is highly qualified for the position of Staff Software Engineer with Visa USA. Mr. Jin earned a Master's degree in Computer Science from University of South Dakota in Vermillion, South Dakota, (USA).

Conclusion

We seek to authorize Mr. Jin for temporary employment with Visa USA for a temporary period. The U.S. Department of Labor has issued a certified labor condition application (LCA) to Visa USA. We understand that H-1B status is proscribed in duration, and our company will comply with any limitations established by U.S. Citizenship and Immigration Services. Please approve this H-1B petition as soon as possible so that we may be assured of Mr. Jin's most valuable service at the earliest possible date.

Sincerely,



Lina Jariwala
HR Manager



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number: 01026889626

Most Recent Date of Entry: 2012 March 13

Class of Admission: F1

Admit Until Date: UNKNOWN

Details provided on the I-94 Information form:

Last/Surname: JIN

First (Given) Name: ZHEYANG

Birth Date: 1987 April 12

Passport Number: G50796623

Country of Issuance: China

[Get Travel History](#)

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
- Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

DWB No. 1631-0111
Expiration Date: 06/30/2016

For inquiries or questions regarding your I-94, please click [here](#).

[Accessibility](#) | [Privacy Policy](#)

010268896 26

Receipt Number EAC-14-137-53959
United States Citizenship and Immigration
Services

I-94

Departure Record

Petitioner: ULTRAMAIN SYSTE

14. Family Name
JIN

15. First (Given) Name
ZHEYANG

16. Date of Birth
04/12/1987

17. Country of Citizenship
CHINA, PEOPLE'S REPUBLIC OF

Form I-797A (Rev. 10/31/05) N

中华人民共和国外交部请各国军政机关对持照人予以通行的便利和必要的协助。

*The Ministry of Foreign Affairs of the People's Republic of China
requests all civil and military authorities of foreign countries to allow the
bearer of this passport to pass freely and afford assistance in case of need.*

護照
PASSPORT

类型 / Type 国家码 / Country Code
P CHN

护照号 / Passport No.
G50796623

姓 / Surname

金 / JIN

名 / Given names

哲洋 / ZHEYANG

性别 / Sex

出生地点 / Place of birth

辽宁/LIAONING

出生日期 / Date of birth

12 APR 1987

辽宁/LIAONIN

签发日期 / Date of issue

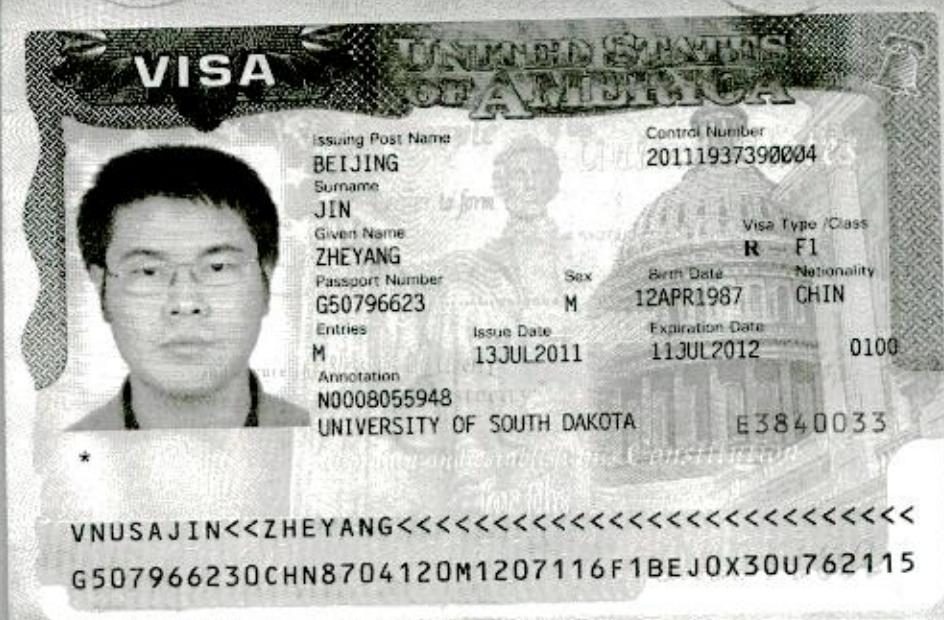
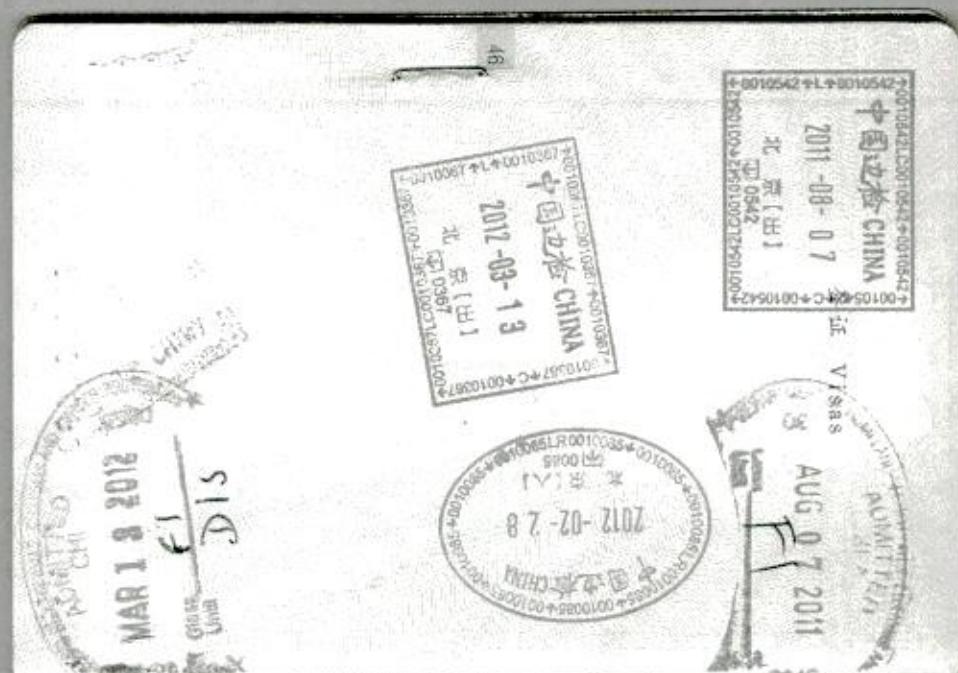
12 MAY 2011

有效期至 / Date of expiry

11 MAY 2021

签发机关 / Authority

公安部出入境管理局
Ministry of Public Security, China





RECEIPT NUMBER WAC-15-182-50209	CASE TYPE I-129 PETITION FOR A NONIMMIGRANT WORKER	
RECEIPT DATE June 12, 2015	PRIORITY DATE	PETITIONER EMC CORP
NOTICE DATE January 6, 2016	PAGE 1 of 2	BENEFICIARY A138 290 144 JIN, ZHEYANG
JOHN F LESPERANCE DUANE MORRIS LLP RE: EMC CORP 5100 TOWN CENTER CIR STE 650 BOCA RATON FL 33486	Notice Type: Approval Notice Class: H1B Valid from 06/22/2015 to 06/21/2018 Consulate:	

The above petition and extension of stay have been approved. The status of the named foreign worker(s), in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)

Please see the additional information on the back. You will be notified separately about any other cases you filed.
USCIS

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I-797A (Rev. 10/31/05)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC-15-182-50209

I-94# 010268896 26

NAME JIN, ZHEYANG

CLASS H1B

VALID FROM 06/22/2015 UNTIL 06/21/2018

PETITIONER: EMC CORP

80 SOUTH ST MAILSTOP 1C 5
HOPKINTON MA 01748

010268896 26

Receipt Number WAC-15-182-50209

United States Citizenship and Immigration Services

I-94

Departure Record

Petitioner: EMC CORP

14. Family Name
JIN

15. First (Given) Name
ZHEYANG

16. Date of Birth
04/12/1987

17. Country of Citizenship
CHINA, PEOPLE'S REPUBLIC OF

UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-14-137-53959		CASE TYPE I-129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE April 17, 2014	PRIORITY DATE	PETITIONER ULTRAMAIN SYSTEMS INCORPORATED
NOTICE DATE September 29, 2014	PAGE 1 of 2	BENEFICIARY A138 290 144 JIN, ZHEYANG
BARBARA E ROWE BARBARA E ROWE ATTORNEY AT LAW 1307 RIO GRANDE BLVD NW STE 11 ALBUQUERQUE NM 87104		Notice Type: Approval Notice Class: H1B Valid from 10/01/2014 to 09/04/2017 Consulate:

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVCS

VERMONT SERVICE CENTER

75 LOWER WELDEN STREET

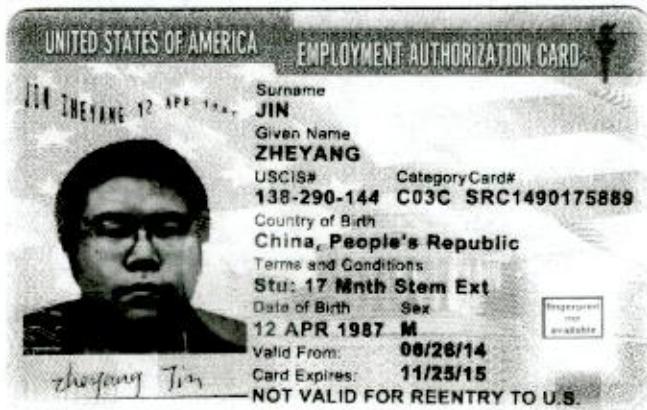
SAINT ALBANS VT 05479-0001

Customer Service Telephone: (800) 375-5283

Form I-797A (Rev. 10/31/05)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE



23239813



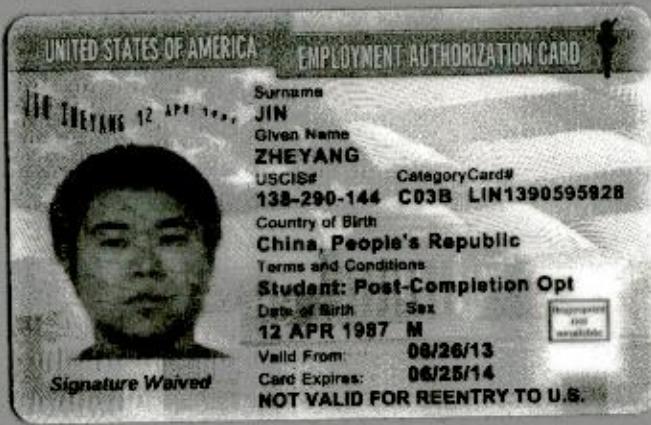
**U.S. Citizenship
and Immigration
Services**

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

FORM I-766 Rev. 02-2010

22 Insert stamp in any US Mailbox. USPS Mail to USCIS, PO Box 851488, Memphis, TN 72183-1488

IAUSA1382901448SRC1490175889<<
8704120M1511251CHN<<<<<<<<3
JIN<<ZHEYANG<<<<<<<<<<<<



22431411



**U.S. Citizenship
and Immigration
Services**

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

FORM I-766 Rev. 12-2010

If found, drop in any US Mailbox. USPS Mail to USCIS, PO Box 52521, Lincoln, NE 68521-02521

**IAUSA1382901448LIN1390595928<<
8704120M1406252CHN<<<<<<<<<9
JIN<<ZHEYANG<<<<<<<<<<<<**

Please read Instructions on Page 2**This page must be completed and signed in the U.S. by a designated school official.**

1. Family Name (surname):

Jin

First (given) Name:

Zheyang

Middle Name:

Country of birth:

CHINA

Date of birth(mo/day/year):

04/12/1987

Country of citizenship:

CHINA

Admission number:

2. School (School district) name:

University of South Dakota
USD Main Campus

School Official to be notified of student's arrival in U.S.(Name and Title):

Andrew Twinamatsiko
International Compliance Officer

School address (include zip code):

414 E. Clark Street
Vermillion, SD 57069

School code (including 3-digit suffix, if any) and approval date:

SPM214F00276000 approved on 10/14/2002

3. This certificate is issued to the student named above for:

Continued attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:

MASTER'S

5. The student named above has been accepted for a full course of study at this school, majoring in Computer and Information Sciences, Gene.

The student is expected to report to the school no later than 08/25/2011 and complete studies not later than 05/03/2013. The normal length of study is 24 months.

6. English proficiency:

This school requires English proficiency.
The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:

a. Tuition and fees	\$ 4,345.00
b. Living expenses	\$ 6,390.00
c. Expenses of dependents (0)	\$ 0.00
d. Other (specify): books, health	\$ 3,955.00
Total	\$ 14,690.00

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Andrew Twinamatsiko

Signature of Designated School Official

International Compliance-
e Officer

02/20/2014 Vermillion, SD

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student

Zheyang Jin

Signature of Student

Feb 20, 2014

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILY NAME: Jin FIRST NAME: Zheyang

Primary Major: 11.0101 Computer and Information Sciences, Gene

Student Employment Authorization:

Employment Status:

Type: OPT

Duration of Employment - From (Date): 06/26/2014

To (Date): 11/26/2015

Employer Name: Ultramain System, Inc.

Employer Location: 8100 Lang Ave NE
Albuquerque, NM 87109

Comments: STEM extension for 17 months in the field of computer science to start 06/26/2014.

Employment Status: FULL TIME

Type: OPT

Duration of Employment - From (Date): 06/26/2013

To (Date): 06/25/2014

Employer Name:

Employer Location:

The Student has met the 1 full academic year requirement.

Comments: EAD for one full year requested in the field of Computer Science to begin on June 1, 2013 or the date of adjudication, whichever is later.

Student's Copy

N0008055948



Event History

Event Name:
Registration

Event Date:
09/02/2011

Current Authorizations:

OPT Employment Approved
OPT Extension Requested

Start Date: _____ End Date: _____

06/26/2013 06/25/2014
06/26/2014 11/26/2015

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:

International Compliance-
e Officer

02/20/2014 Vermillion, SD

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Andrew Twinamatsiko				
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): Jin	
First (given) Name: Zheyang	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 04/12/1987
Country of citizenship: CHINA	Admission number:
2. School (School district) name: University of South Dakota USD Main Campus	
School Official to be notified of student's arrival in U.S.(Name and Title): Meghan Lunders Asst. Dir. of Student Life, International Student Services	
School address (include zip code): 414 E. Clark Street Vermillion, SD 57069	
School code (including 3-digit suffix, if any) and approval date: SPM214F00276000 approved on 10/14/2002	

3. This certificate is issued to the student named above for:
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
MASTER'S
5. The student named above has been accepted for a full course of study at this school, majoring in **Computer and Information Sciences, Gene**. The student is expected to report to the school no later than **08/25/2011** and complete studies not later than **05/03/2013**. The normal length of study is **24** months.
6. English proficiency:
**This school requires English proficiency.
The student has the required English proficiency.**
7. This school estimates the student's average costs for an academic term of **12** (up to 12) months to be:

a. Tuition and fees	\$ 4,345.00
b. Living expenses	\$ 6,390.00
c. Expenses of dependents (0)	\$ 0.00
d. Other (specify): books, health	\$ 3,955.00
Total	\$ 14,690.00

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Meghan Lunders

Name of School Official

Signature of Designated School Official

Asst. Dir. of Student Life, International Student

03/18/2013 Vermillion, SD

Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student

Zheyang Jin

Signature of Student

Zheyang Jin

03/20/2013

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

SEVIS

Student's Copy
N0008055948



For Immigration Official User

Visa issuing post Date Visa Issued

Reinstated, extension granted to:

8. This school has information showing the following as the student's means of support, estimated for an academic term of **12** months (Use the same number of months given in item 7).

a. Student's personal funds	\$ 0.00
b. Funds from this school	\$ 5,500.00
Specify type: Assistantship and stipend	
c. Funds from another source	\$ 9,190.00
Specify type: Parents	
d. On-campus employment	\$ 0.00
Total	\$ 14,690.00

9. Remarks:

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILY NAME: Jin FIRST NAME: Zheyang
 Primary Major: 11.0101 Computer and Information Sciences, Gene

Student's Copy
 N0008055948

Student Employment Authorization:

Employment Status: FULL TIME Type: OPT
 Duration of Employment - From (Date): 06/01/2013 To (Date): 05/31/2014
 Employer Name:
 Employer Location:



The Student has met the 1 full academic year requirement.

Comments: EAD for one full year requested in the field of Computer Science to begin on June 1, 2013 or the date of adjudication, whichever is later.

Event History
 Event Name: Registration

Event Date:
 09/02/2011

Current Authorizations:
 OPT Employment Requested Start Date: End Date:
 06/01/2013 05/31/2014

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States.
 Each certification signature is valid for one year.

Name of School: Meghan Lunders	Asst. Dir. of Student Life, International Student		03/18/2013	Vermillion, SD
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILY NAME: Jin FIRST NAME: Zheyang
 Primary Major: 11.0101 Computer and Information Sciences, Gene

Student's Copy
 N0008055948

Student Employment Authorization:

Employment Status: Type:
 Duration of Employment - From (Date): To (Date):
 Employer Name:
 Employer Location:



Comments:

Event History
 Event Name:

Event Date:

Current Authorizations: Start Date: End Date:

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:	Asst. Dir. of Student Life, International Student		Date Issued	Place Issued (city and state)
Meghan Lunders	Signature of Designated School Official	Title	04/04/2011	Vermillion, SD
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

The University of South Dakota

On the recommendation of the Faculty and the

Graduate School

and under the authority of The Board of Regents
The University of South Dakota has conferred the degree of

Master of Science

upon

Zheyang Jin

with all the rights and privileges appertaining to that degree.

Awarded at Vermillion, South Dakota,
this 3rd day of May, 2013.

John M. Kryman
President, Board of Regents

James R. Abbott
President of the University



Laurie J. Bevan
Dean
Jennifer Thompson
Registrar

Jin, Zheyang
4610 Eubank Blvd NE Apt 302
Albuquerque NM 87111-2555

Graduate Transcript

Page: 1 of 1
February 24, 2014

**DEGREES WERE GRANTED FROM
THE FOLLOWING REGENTAL UNIVERSITIES**
The University of South Dakota
Master of Science, 05/03/13
Major: Computer Science

SEND TO: Zheyang Jin
4610 Eubank Blvd NE Apt 302
Albuquerque, NM 87111-2555

**Student Attended/Attending
the Following Regental Universities:**
The University of South Dakota, Vermillion, SD

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header									
2011 FALL	Institutional Credit - SD Board of Regents Universities								
UCSC 556	OPERATING SYSTEMS	3.00	A						
UCSC 592	TOP: ALGORITHMS & DATA STRUCTU	3.00	B						
UCSC 785	INFO STGORAGE & RETRIEVAL	3.00	A						
TERM ATT:	9.00 CMPL:	9.00	GPA:	3.667					
CUM ATT:	9.00 CMPL:	9.00	GPA:	3.667					
2012 SPRING	Institutional Credit - SD Board of Regents Universities								
UC CSC 570	SOFTWARE ENGINEERING	3.00	A						
UC CSC 721	DISTRIBUTED SYSTEMS	3.00	A						
UC CSC 735	ADV HUMAN FACTORS IN COMP SYST	3.00	A						
TERM ATT:	9.00 CMPL:	9.00	GPA:	4.000					
CUM ATT:	18.00 CMPL:	18.00	GPA:	3.833					
2012 FALL	Institutional Credit - SD Board of Regents Universities								
UC CSC 561	PROGRAMMING LANGUAGES	3.00	A						
UC CSC 581	SYSTEMS ANALYSIS	3.00	A						
UC CSC 731	COMPILER CONSTRUCTION	3.00	A						
TERM ATT:	9.00 CMPL:	9.00	GPA:	4.000					
CUM ATT:	27.00 CMPL:	27.00	GPA:	3.889					
2013 SPRING	Institutional Credit - SD Board of Regents Universities								
UC CSC 584	DATABASE MANAGEMENT SYSTEMS	3.00	A						
UC CSC 725	OPERAT SYSTEMS & ARCHITEC I	3.00	A						
UC CSC 741	REAL-TIME SYSTEMS	3.00	A						
TERM ATT:	9.00 CMPL:	9.00	GPA:	4.000					
CUM ATT:	36.00 CMPL:	36.00	GPA:	3.917					
	ATT	CMPL	GPA	GRADE	GPA				
TRANSFER	HRS	HRS	HRS	PTS					
INSTI USD	36.00	36.00	36.00	141.00	3.917				
CUM	36.00	36.00	36.00	141.00	3.917				

*** End of Transcript ***



TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE

RAISED SEAL NOT REQUIRED

- This official university transcript is printed on security paper.
- A security statement containing the names of the six public universities will appear when photocopied.
- A black and white document is not official.

PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, INFORMATION CONTAINED HEREIN SHALL NOT BE RELEASED TO A THIRD PARTY WITHOUT THE WRITTEN AUTHORIZATION OF THE STUDENT.

学士学位证书



金哲洋，男，1987年4月12日生。在北京化工大学
自动化专业完成了本科学习计划，业已
毕业，经审核符合《中华人民共和国学位条例》的规定，授予工学
学士学位。

北京化工大学

校 长

学位评定委员会主席

王 璞

证书编号：1001042010001662

(普通高等教育本科毕业生)

二〇一〇年七月一日



北京化工业书



毕 业 书

学生 金哲洋，性别 男，一九八七年 四月 十二日
生，于 二〇〇六年 九月至 二〇一〇年 七月在
本校 自动化 专业 本科学习，
学制 四年，修完教学计划规定的全部课程，成绩合格，准予毕业。

校长 王锦



证书编号：100101201005001662



Receipt Number LJN1708450339	Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER	
Receipt Date 01/24/2017	Priority Date 10/27/2016	Petitioner EMC CORPORATION,
Notice Date 01/30/2017	Page 1 of 1	Beneficiary A209 928 827 JIN, ZHEYANG
EMC CORPORATION c/o JOHN F LESPERANCE DUANE MORRIS LLP 5100 TOWN CENTER CIRCLE SUITE 650 BOCA RATON FL 33486		Notice Type: Approval Notice Section: Mem of Profession w/Adv Deg.or of Exceptn'l Ability Sec.203(b)(2) Consulate: ETA Case Number: A-16299-65049 SOC Code: 151133

The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. He or she should contact the local USCIS office to obtain Form I-485, Application to Register Permanent Residence or Adjust Status. A copy of this notice should be submitted with the application, with appropriate fee, to this Service Center. Additional information about eligibility for adjustment of status may be obtained from the local USCIS office serving the area where he or she lives, or by calling 1-800-375-5283.

If the person for whom you are petitioning decides to apply for a visa outside the United States based upon this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS/Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

Customer Service Telephone: 800-375-5283



Zheyang Jin's Qualifications For a 3-Year "AC21" Extension of H-1B Status

Enclosed please find the approval notice for the labor certification application on Mr. Jin's behalf, and the approval notice for the I-140 petition on Mr. Jin's behalf, as proof that he is qualified for a 3-year extension of his H-1B status based on section 104(c) of the American Competitiveness in the 21st Century Act ("AC21"). 3-year extensions of H-1B status are available to foreign nationals with approved I-140 petitions and priority dates that are not current.

Date that previous employer filed an I-140 petition on Mr. Jin's behalf, based on the approved labor certification:	01/24/2017
Date that the I-140 petition filed by previous employer on Mr. Jin's behalf was approved:	01/30/2017
Mr. Jin's country of birth and employment-based preference category:	EB-2 China
Mr. Jin's priority date:	10/27/2016

A. FINAL ACTION DATES FOR EMPLOYMENT-BASED PREFERENCE CASES

On the chart below, the listing of a date for any class indicates that the class is oversubscribed (see paragraph 1); "C" means current, i.e., numbers are authorized for issuance to all qualified applicants; and "U" means unauthorized, i.e., numbers are not authorized for issuance. (NOTE: Numbers are authorized for issuance only for applicants whose priority date is **earlier** than the final action date listed below.)

All Charge-ability Areas Except Those Listed		CHINA- mainland born	EL SALVADOR GUATEMALA HONDURAS	INDIA	MEXICO	PHILIPPINES	VIETNAM
<u>Employment-Based</u>							
1st	C	01JAN12	C	01JAN12	C	C	C
2nd	C	01SEP14	C	22DEC08	C	C	C
3rd	C	01JUN15	C	01MAY08	C	01JAN17	C
Other Workers	C	01MAY07	C	01MAY08	C	01JAN17	C
4th	C	C	15DEC15	C	22OCT16	C	C
Certain Religious Workers	C	C	15DEC15	C	22OCT16	C	C
5th Non-Regional Center (C5 and T5)	C	22JUL14	C	C	C	C	22JUL14
5th Regional Center (I5 and R5)	C	22JUL14	C	C	C	C	22JUL14

*Employment Third Preference Other Workers Category: Section 203(e) of the Nicaraguan and Central American Relief Act (NACARA) passed by Congress in November 1997, as amended by Section 1(e) of Pub. L. 105-139, provides that once the Employment Third Preference Other Worker (EW) cut-off date has reached the priority date of the latest EW petition approved prior to November 19, 1997, the 10,000 EW numbers available for a fiscal year are to be reduced by up to 5,000 annually beginning in the following fiscal year. This reduction is to be made for as long as necessary to offset adjustments under the NACARA program. Since the EW cut-off date reached November 19, 1997 during Fiscal Year 2001, the reduction in the EW annual limit to 5,000 began in Fiscal Year 2002.

CO FILE DEPT CLOCK VCHR. NO
1XZ 192606 735560 0000180911 1
938-0003

DATA DOMAIN LLC
176 SOUTH STREET
HOPKINTON, MA 01748

Earnings Statement



Period Beginning: 04/21/2018
Period Ending: 05/04/2018
Pay Date: 05/04/2018

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
CA: 2

ZHEYANG JIN
P.O. BOX 3731
SANTA CLARA CA 95055-3731

Social Security Number: XXX-XX-6553

Earnings	rate	hours	this period	year to date
Regular	62.2266	72.00	4,480.32	40,686.93
Personal Busal	62.2266	8.00	497.81	2,489.06
Ibp Bonus				5,974.24
Retro Pay				63.78
Vacation				1,244.53
Gross Pay			\$4,978.13	50,458.54

Your federal taxable wages this period are \$4,456.58

Deductions	Statutory		
Federal Income Tax	-739.18	7,874.80	
Social Security Tax	-307.17	3,115.13	
Medicare Tax	-71.84	728.54	
CA State Income Tax	-317.77	3,374.65	
CA SUI/SDI Tax	-49.47	501.75	
Net Pay	\$2,954.59		
Checking 1	-2,954.59		
Net Check	\$0.00		

Other Benefits and Information	this period	total to date
Ca Sick Time	40.00	
Gtl Imputed In	7.75	68.87
401K Match	298.69	3,027.51
401K Reg		5,045.84
Ee Type		E206
Important Notes		
OUR CORPORATE PHONE NUMBER IS 508-435-1000		

* Excluded from federal taxable wages

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DATA DOMAIN LLC
176 SOUTH STREET
HOPKINTON, MA 01748

Advice number: 00000180911
Pay date: 05/04/2018

Deposited to the account of
ZHEYANG JIN

account number	transit ABA	amount
xxxxx2810	xxxx xxxx	\$2,954.59

NON-NEGOTIABLE

CO FILE DEPT CLOCK VCHR. NO
1XZ 192606 735560 0000140888 1
907-0003

DATA DOMAIN LLC
176 SOUTH STREET
HOPKINTON, MA 01748

Earnings Statement



Period Beginning: 03/24/2018
Period Ending: 04/06/2018
Pay Date: 04/06/2018

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
CA: 2

ZHEYANG JIN
P.O. BOX 3731
SANTA CLARA CA 95055-3731

Earnings	rate	hours	this period	year to date
Regular	62.2266	56.00	3,484.69	31,477.39
Personal Busal	62.2266	24.00	1,493.44	1,991.25
Ibp Bonus				5,974.24
Retro Pay				63.78
Vacation				995.62
Gross Pay			\$4,978.13	40,502.28

Your federal taxable wages this period are \$4,456.58

Deductions	Statutory		
Federal Income Tax	-739.18	6,396.44	
Social Security Tax	-307.17	2,500.78	
Medicare Tax	-71.84	584.86	
CA State Income Tax	-317.77	2,739.11	
CA SUI/SDI Tax	-49.47	402.82	
Net Pay	\$2,954.59		
Checking 1	-2,954.59		
Net Check	\$0.00		

Other Benefits and Information	this period	total to date
Ca Sick Time	48.00	
Gtl Imputed In	7.75	53.37
401K Match	298.69	2,430.13
401K Reg		4,050.22
Ee Type		E206

Important Notes
OUR CORPORATE PHONE NUMBER IS 508-435-1000

* Excluded from federal taxable wages

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DATA DOMAIN LLC
176 SOUTH STREET
HOPKINTON, MA 01748

Advice number: 00000140888
Pay date: 04/06/2018

Deposited to the account of
ZHEYANG JIN

account number	transit ABA	amount
xxxxx2810	xxxx xxxx	\$2,954.59

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
1XZ 192606 735560 0000160897 1

920-0003

DATA DOMAIN LLC
176 SOUTH STREET
HOPKINTON, MA 01748

Earnings Statement



Period Beginning: 04/07/2018
Period Ending: 04/20/2018
Pay Date: 04/20/2018

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
CA: 2

ZHEYANG JIN
P.O. BOX 3731
SANTA CLARA CA 95055-3731

Social Security Number: XXX-XX-6553

Earnings	rate	hours	this period	year to date
Regular	62.2266	76.00	4,729.22	36,206.61
Vacation	62.2266	4.00	248.91	1,244.53
Ibp Bonus				5,974.24
Personal Busal				1,991.25
Retro Pay				63.78
Gross Pay			\$4,978.13	45,480.41

Your federal taxable wages this period are \$4,456.58

Deductions	Statutory		
Federal Income Tax	-739.18	7,135.62	
Social Security Tax	-307.18	2,807.96	
Medicare Tax	-71.84	656.70	
CA State Income Tax	-317.77	3,056.88	
CA SUI/SDI Tax	-49.46	452.28	
Net Pay	\$2,954.59		
Checking 1	-2,954.59		
Net Check	\$0.00		

Other Benefits and Information	this period	total to date
Ca Sick Time	48.00	
Gtl Imputed In	7.75	61.12
401K Match	298.69	2,728.82
401K Reg		4,548.03
Ee Type		E206
Important Notes		
OUR CORPORATE PHONE NUMBER IS 508-435-1000		

* Excluded from federal taxable wages

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DATA DOMAIN LLC
176 SOUTH STREET
HOPKINTON, MA 01748

Advice number: 00000160897
Pay date: 04/20/2018

Deposited to the account of
ZHEYANG JIN

account number	transit ABA	amount
xxxxx2810	xxxx xxxx	\$2,954.59

THIS IS NOT A CHECK

NON-NEGOTIABLE

**PLEASE
SEND COPY
TO KCC**

Jessica Fiveash

From: J. Brown, Jr.
Sent: Wednesday, June 06, 2018 10:01 AM
To: #LEGAL ASSISTANTS DALLAS
Cc: #FACILITIES DALLAS
Subject: 2ND FLOOR Fedex CSC Airbill: 06/06/18

ORIGIN ID:DNEA (972) 729-6029
J ANDRE BROWN
BERRY
2400 N GLENVILLE
BUILDING A SUITE 100
RICHARDSON, TX 75082
UNITED STATES US

SHIP DATE: 06 JUN 18
ACTWGT: 1.00 LB
CAD: 7372666/INET3980

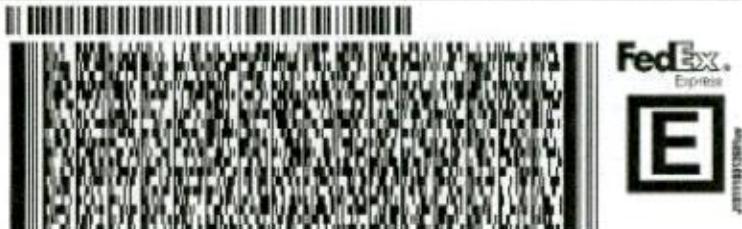
BILL SENDER

TO CALIFORNIA SERVICE CENTER
USCIS
24000 AVILA RD.
2ND FLOOR
LAGUNA NIGUEL CA 92677

(949) 831-8427
INV N/A
PO N/A

REF USCIS

DEPT N/A



THU - 07 JUN 10:30A

PRIORITY OVERNIGHT

TRK# 7724 0738 9143
0201

A7 INSA

92677
CA-US SNA

