

# GUBERMAN GARSON LLP IMMIGRATION LAW

22 Adelaide Street West,  
9th Floor  
Toronto, ON, M5H 4E3  
Canada

Tel: 416-363-1234  
Fax: 416-363-8760

August 21, 2017

**United States Citizenship and Immigration Services**

**Vermont Service Center**

**ATTN: I-129**

**75 Lower Welden Street  
St. Albans, VT 05479-0001**

**DELIVERED VIA COURIER**

Dear Sir/Madam:

**RE: H-1B Extension - I-129, Petition for a Nonimmigrant Worker**

**Petitioner:** Deloitte Consulting LLP  
**Beneficiary:** PENAGAMURI SHRIRAM, Kartheek Medhavi  
**Specialty Occupation:** Senior Solution Specialist

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Please be advised we are the attorneys for Deloitte Consulting LLP with respect to immigration and related legal matters. Deloitte Consulting LLP requires the continued services of Mr. Penagamuri Shriram in the temporary position of Senior Solution Specialist with their organization.

Please note, Mr. Penagamuri Shriram has an approved I-140, Immigrant Worker Petition. Pursuant to USCIS Neufeld Memo issued on May 30, 2008, "an alien is eligible for an extension of H-1B status if the alien is the beneficiary of an I-140 petition and would be eligible to be granted immigrant status but for the application of per country limitations applicable to immigrants under INA § 203 (b)(1), (2) or (3)." In accordance with AC21 § 104 (c), we are requesting an extension of Mr. Penagamuri Shriram's H-1B status past the six year maximum.

In support of this petition, we submit the following documents in duplicate:

1. Filing fees in the amounts of USD\$460.00 and USD\$1,500.00;
2. Form G-28, Notice of Entry of Appearance as Attorney or Representative;
3. Form I-129, Petition for a Non-immigrant Worker;
4. Form I-129, H Classification Supplement;
5. Form I-129, H-1B Data Collection and Filing Fee Exemption Supplement;
6. Copy of Form 9035, Labor Condition Application, approved by the U.S. Department of Labor;
7. Letter of support from Deloitte Consulting LLP;
8. Copy of current I-94, issued to Mr. Penagamuri Shriram, evidencing his valid status;
9. Copy of the Biographic Page from Mr. Penagamuri Shriram's valid passport and visa stamp;
10. Copy of All I-797s; Notice of Approval for valid H-1B status;
11. Copy of Mr. Penagamuri Shriram's educational credentials;
12. Copy of Mr. Penagamuri Shriram's last two pay stubs;
13. Power of Attorney Authorization; and,
14. FedEx envelope and airway bill for delivery of I-797 Notice of Approval.

**GUBERMAN  
GARSON LLP**  
IMMIGRATION LAW

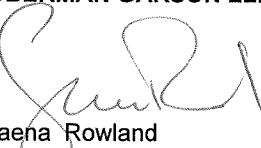
22 Adelaide Street West,  
9th Floor  
Toronto, ON, M5H 4E3  
Canada

Tel: 416-363-1234  
Fax: 416-363-8760

We trust you will find all in order, and see fit to grant Mr. Penagamuri Shriram the requested extension of H-1B status.

Should you have any questions or concerns in this regard, please do not hesitate to contact the undersigned.

Yours very truly,  
**GUBERMAN GARSON LLP**

  
Shaena Rowland  
Attorney at Law  
416-363-1234  
srowland@ggilaw.com  
Encl.

GUBERMAN GARSON LP

TD BANK NA  
1900 Market Street  
Philadelphia, PA 19103  
3-180/360

Cheque No.

22574

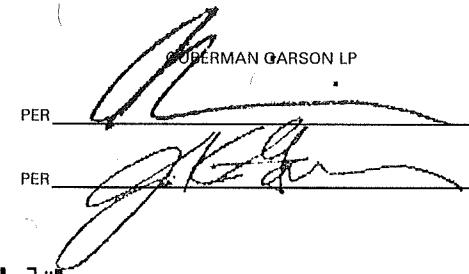
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M M D D Y Y Y Y**Pay**

The Sum Of \*\*\*FOUR HUNDRED SIXTY AND 00/100

\$ \*\*\*\*460.00

To  
the  
order  
of

U.S. DEPARTMENT OF HOMELAND SECURITY



GUBERMAN GARSON LP

PER

PER

1022574 10360018081 4333194043

GUBERMAN GARSON LP

U.S. Department of Homeland Security

2017/08/21

Cheque No.

22574

42965H1B-031

2017/08/18

VENDOR: U.S. Department of Homeland Sec. (USD)  
INVOICE#: 42965H1B-031 DATE: 8/18/2017  
42965H1B-031

460.00

Request Num 2379799

Cheque # 22574

Cheque Total:

\$460.00\*

GUBERMAN GARSON LP

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1900 Market Street  
Philadelphia, PA 19103  
3-180/360

Cheque No.  
**22497**

DATE 0 8 1 7 2 0 1 7  
M M D Y Y Y

Pay

The Sum Of

\*\*\*ONE THOUSAND FIVE HUNDRED AND 00/100

\$ \*\*\*\*\*1,500.00

To  
the  
order  
of

U.S. DEPARTMENT OF HOMELAND SECURITY

GUBERMAN GARSON LP

PER

PER

1022497 10360018081 4333194043

GUBERMAN GARSON LP

U.S. Department of Homeland Security

Cheque No.

2017/08/17

**22497**

42963H1B-032

2017/08/16

VENDOR: U.S. Department of Homeland Sec. (USD)  
INVOICE#: 42963H1B-032 DATE: 8/16/2017  
42963H1B-032

1,500.00

Request Num 2378072

Cheque # 22497

Cheque Total:

\$1,500.00\*

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**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*)

Rowland

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

Shaena

2.c. Middle Name

Mara

3.a. Street Number  
and Name

22 Adelaide Street West

3.b. Apt.  Ste.  Flr.

9

3.c. City or Town

Toronto

3.d. State

3.e. ZIP Code

3.f. Province

Ontario

3.g. Postal Code

M5H 4E3

3.h. Country

Canada

4. Daytime Telephone Number

4163631234

5. Fax Number

4163638760

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

srowland@ggilaw.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

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*)

Niaz

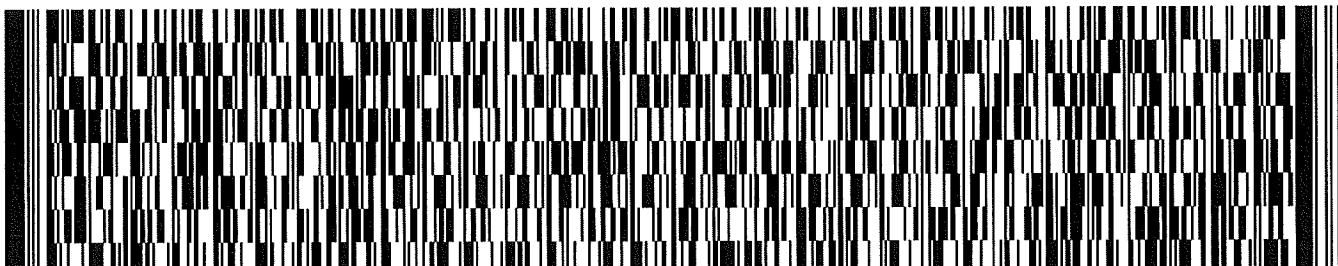
5.b. Given Name  
(*First Name*)

Zainab

5.c. Middle Name

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

Deloitte Consulting LLP



## 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

 9736025495

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

 zniaz@DELOITTE.com

### Mailing Address of Applicant, Petitioner, Requestor, or Respondent

**NOTE:** Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name  1700 Market Street

12.b. Apt.  Ste.  Flr.

12.c. City or Town  Philadelphia

12.d. State  PA

12.e. ZIP Code  19103

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

Florida

1.b. Bar Number (if applicable)

51468

1.c. Name of Law Firm

Guberman Garson LLP

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

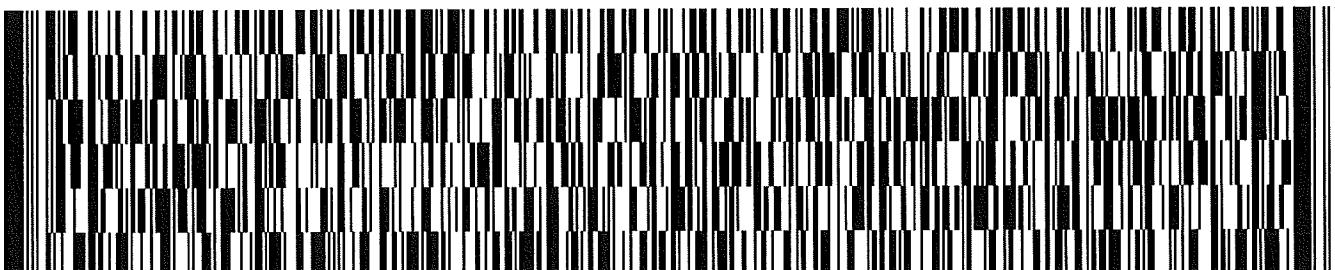
subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (*If you need additional space, use Part 6.*)

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

, 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

### 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) at your U.S. mailing address unless you ask us to send your secure identity 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 U.S. 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 U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address 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



- 3.b. Date of Signature (mm/dd/yyyy)

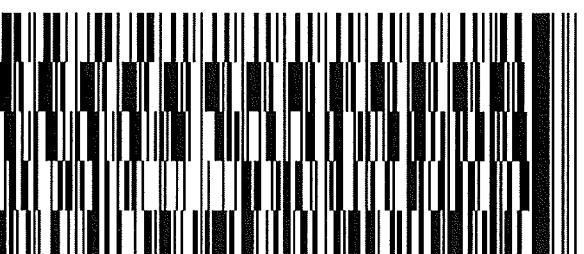
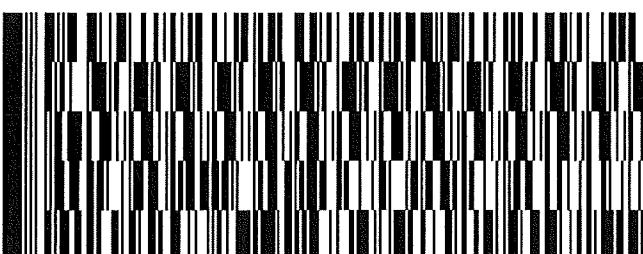
### Part 5. Signature of Attorney or Accredited Representative

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

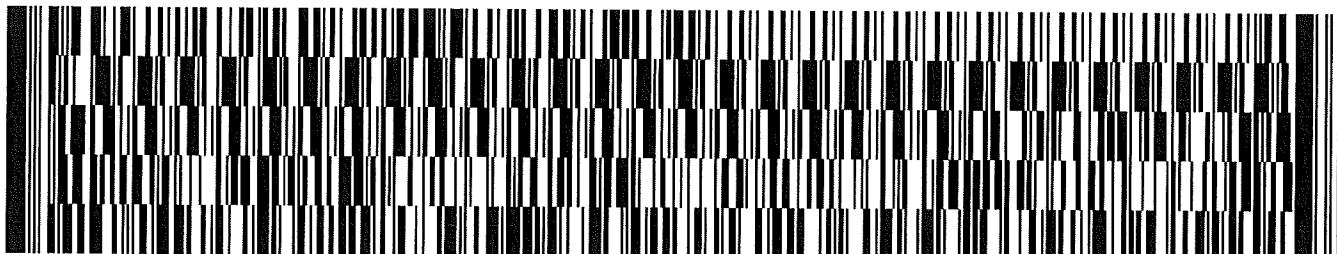
2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy)



## **Part 6. Additional Information**

Use the space provided below to provide additional information pertaining to **Part 3, Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4**.)





# 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 At: _____		
Job Code: _____	<input type="checkbox"/> Extension Granted		
Validity Dates: _____	<input type="checkbox"/> COS/Extension Granted		
From: _____			
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

Deloitte Consulting LLP

### 3. Mailing Address of Individual, Company or Organization

In Care Of Name

Zainab Niaz, Manager, Immigration

Street Number and Name

1700 Market Street

Apt. Ste. Flr. Number

City or Town

Philadelphia

State

PA

ZIP Code

19103

Province

Postal Code

Country

United States

### 4. Contact Information

Daytime Telephone Number

973-602-5495

Mobile Telephone Number

Email Address (if any)

zniaz@DELOITTE.com

### 5. Other Information

Federal Employer Identification Number (FEIN)

► 06-1454513

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." ► E | A | C | 1 | 5 | 0 | 9 | 8 | 5 | 1 | 9 | 7 | 3
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.) ► ONE(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)

Penagamuri Shriram

Given Name (First Name)

Kartheek Medhavi

Middle Name

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

Family Name (Last Name)

Penagamuri Shriram

Given Name (First Name)

Kartheek

Middle Name

4. Other Information

Date of birth

(mm/dd/yyyy) 07/01/1986

Gender

Male

Female

U.S. Social Security Number (if any)

► 6 | 5 | 6 | 5 | 3 | 7 | 2 | 7 | 3

**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- 2 | 1 | 6 | 0 | 5 | 5 | 5 | 1 | 4

India

Province of Birth

Andhra Pradesh

Country of Citizenship or Nationality

India

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

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

02/14/2017

► 2 | 5 | 2 | 4 | 9 | 2 | 9 | 2 | 9 | 8 | 5

R5447166

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

07/27/2017

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

07/26/2027

Passport or Travel Document Country of Issuance

India

Current Nonimmigrant Status

H-1B

Date Status Expires or D/S

(mm/dd/yyyy) 03/08/2018

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

N/A

Employment Authorization Document (EAD) Number (if any)

N/A

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

Street Number and Name

158 ERFORD RD

Apt. Ste. Flr. Number

201

City or Town

CAMP HILL

State

PA

ZIP Code

17011

**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)

Chennai

c. U.S. State or Foreign Country

India

d. Beneficiary's Foreign Address

Street Number and Name

NEAR RAMALAYAM REVENUE COLONY

Apt. Ste. Flr. Number

13-1-947

City or Town

ANANTAPUR

State

ANDHRA PRADESH

Province

Postal Code

Country

515001

India

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](http://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? ► 1  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
- 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
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

Senior Solution Specialist

2. LCA or ETA Case Number

I-200-17221-229410

## 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

200 Sterling Parkway

Apt. Ste. Flr. Number

City or Town

Mechanicsburg

State

PA

ZIP Code

17050

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? ► [Redacted]
9. Wages: \$ [Redacted] per (Specify hour, week, month, or year) ► [Redacted]  
Year

10. Other Compensation (Explain)

Standard Company Benefits

[Redacted]

[Redacted]

[Redacted]

11. Dates of intended employment From: (mm/dd/yyyy) [Redacted] To: (mm/dd/yyyy) [Redacted] 08/15/2020

12. Type of Business

Management Consulting

13. Year Established

[Redacted] 1996

14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income

19,000

\$7.1 Billion

N/A

## 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)

Niaz

Given Name (First Name)

Zainab

Title

Manager, Immigration

**2. Signature and Date**

Signature of Authorized Signatory

→ 

Date of Signature

(mm/dd/yyyy) 8/25/10

**3. Signatory's Contact Information**

Daytime Telephone Number

973-602-5495

Email Address (if any)

zniyaz@DELOITTE.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)

Rowland

Given Name (First Name)

Shaena

**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).)

Guberman Garson 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

Apt. Ste. Flr. Number

22 Adelaide Street West

1

1

9

**City or Town**

## State

ZIP Code

2

Postal Code

### Country

Ontario

МБН 152

Canada

#### **4. Preparer's Contact Information**

**Daytime Telephone Number**

**Fax Number**

Email Address (if any)

416-363-1234

416-363-8760

srowland@ggilaw.com

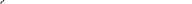
*Preparer's Declaration*

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) 8/25/12

## **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	1	6	0	5	5	5	1	4
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2. **Page Number**

4
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**Part Number**

4
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**Item Number**

9+7
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Please see attached approval notices

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3. **Page Number**

5
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**Part Number**

5
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**Item Number**

3
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Home address of the beneficiary:

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158 Erford Road, Apt 201, Camp Hill, PA 17011 (please note: this location is within the same MSA as 200 Sterling Parkway,  
Mechanicsburg, PA 17050 as listed on LCA with case number I-200-17221-229410)

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4. **Page Number**

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**Part Number**

--

**Item Number**

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## 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

Deloitte Consulting LLP

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

- 2.a. Name of the Beneficiary

Kartheek Medhavi Penagamuri Shriram

OR

- 2.b. Provide the total number of beneficiaries

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 _____	
Kartheek Medhavi Penagamuri Shriram (H-1B)*	05/21/2011	Present
*AC21 Eligible		

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**

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

1. Describe the proposed duties.

Please refer to the attached letter of support

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

Please refer to the attached letter of support

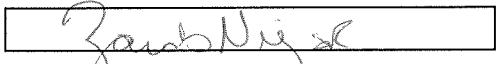
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**Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore**

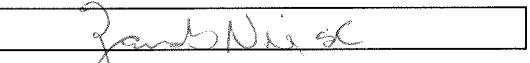
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the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

<b>Signature of Petitioner</b>	<b>Name of Petitioner</b>	<b>Date (mm/dd/yyyy)</b>
	Zainab Niaz	8/25/12

**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.

<b>Signature of Authorized Official of Employer</b>	<b>Name of Authorized Official of Employer</b>	<b>Date (mm/dd/yyyy)</b>
	Zainab Niaz	8/25/12

**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.

<b>Signature of DOD Project Manager</b>	<b>Name of DOD Project Manager</b>	<b>Date (mm/dd/yyyy)</b>

**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

Deloitte Consulting LLP

2. Name of the Beneficiary

Kartheek Medhavi Penagamuri Shriram

## 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, 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 Engineering

4. Rate of Pay Per Year

\$92,900

5. DOT Code

0	3	0
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6. NAICS Code

5	4	1	6	1	
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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 8 CFR 214.2(h)(19)(iii)(B)?  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 on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

## 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 8 CFR 214.2(h)(8)(ii)(F)(2).
  - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
  - d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
  - 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) is applying for the remaining portion of the 6 year period of admission, or (2) 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

**ETA CASE NUMBER: 200-17221-229410**

**Location: Mechanicsburg, PA**

**Position: Senior Solution Specialist**

**Range: \$83000 per year**

**Validity: 08/16/17 – 08/15/20**

1. Kartheek Medhavi PENAGAMURI SHRIRAM
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Deloitte Consulting LLP  
Senior Solution Specialist  
Mechanicsburg, PA  
08/16/17 – 08/15/20  
200-17221-229410

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.dol.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 * SENIOR SOLUTION SPECIALIST		
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occupation title * 15-1133 SOFTWARE DEVELOPERS, SYSTEMS SOFTWARE	
4. Is this a full-time position? *	<b>Period of Intended Employment</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Begin Date * 08/16/2017 (mm/dd/yyyy)	6. End Date * 08/15/2020 (mm/dd/yyyy)

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

**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)

- |  |   |
|--|---|
| <input type="text" value="0"/> a. New employment *   | <input type="text" value="0"/> d. New concurrent employment * |
| <input type="text" value="3"/> b. Continuation of previously approved employment * without change with the same employer | <input type="text" value="0"/> e. Change in employer *        |
| <input type="text" value="0"/> c. Change in previously approved employment *   | <input type="text" value="0"/> f. Amended petition *          |

**C. Employer Information**

1. Legal business name * DELOITTE CONSULTING LLP		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 1700 MARKET STREET		
4. Address 2 N/A		
5. City * PHILADELPHIA	6. State * PA	7. Postal code * 19103
8. Country * UNITED STATES OF AMERICA		9. Province N/A
10. Telephone number * 2152462300		11. Extension N/A
12. Federal Employer Identification Number (FEIN from IRS) * 061454513		13. NAICS code (must be at least 4-digits) * 54161



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) *
RIZZO	DAVID	N/A
4. Contact's job title * CHIEF TALENT OFFICER		
5. Address 1 * 1700 MARKET STREET		
6. Address 2 N/A		
7. City * PHILADELPHIA		8. State * PA
9. Postal code * 19103		
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number *	13. Extension	14. E-Mail address
2152462300	N/A	ZNIAZ@DELOITTE.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 §	3. First (given) name §	4. Middle name(s) §
MICHAELS	REBECCA	F
5. Address 1 § 22 ADELAIDE STREET WEST		
6. Address 2 9TH FLOOR		
7. City § TORONTO		8. State § N/A
9. Postal code § M5H-4E3		
10. Country § CANADA		11. Province ONTARIO
12. Telephone number § 4162022645	13. Extension N/A	14. E-Mail address H1B_LCA@GGSILAW.COM
15. Law firm/Business name § GUBERMAN GARSON LLP		16. Law firm/Business FEIN § 981195105
17. State Bar number (only if attorney) § 6290225		18. State of highest court where attorney is in good standing (only if attorney) § IL
19. Name of the highest court where attorney is in good standing (only if attorney) § ILLINOIS SUPREME COURT		



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>83000.00</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>N/A</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 * 200 STERLING PARKWAY	
2. Address 2	
3. City * MECHANICSBURG	4. County * CUMBERLAND
5. State/District/Territory * PA	6. Postal code * 17050

**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 checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>82202.00</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 checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input 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 § OFLC ONLINE DATA CENTER

**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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" 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 * RIZZO	2. First (given) name of hiring or designated official * DAVID	3. Middle initial * N/A
4. Hiring or designated official title * CHIEF TALENT OFFICER		
5. Signature *	6. Date signed * 08/22/2017	



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 § DHYANI	2. First (given) name § MAYANK	3. Middle initial § N/A
4. Firm/Business name § GUBERMAN GARSON LLP		
5. E-Mail address § H1B_LCA@GGSILAW.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 08/16/2017 to 08/15/2020.

*Certifying Officer*

Department of Labor, Office of Foreign Labor Certification

08/22/2017

Determination Date (date signed)

I-200-17221-229410

**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.**



1700 Market Street  
Philadelphia, PA 19103  
Tel: 973.602.5495  
Fax: 855.412.6439  
[www.deloitte.com](http://www.deloitte.com)

August 21, 2017

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

**Re:** H-1B Extension  
**Petitioner:** Deloitte Consulting LLP  
**Beneficiary:** Penagamuri Shriram, Kartheek Medhavi  
**Specialty Occupation:** Senior Solution Specialist

Dear Sir/Madam:

We write this letter in support of our request that the H-1B visa petition be approved for Mr. Kartheek Medhavi Penagamuri Shriram to enable him to continue the position of Senior Solution Specialist at our office located in Mechanicsburg, PA, and at his home located in Camp Hill, PA.

#### INFORMATION ABOUT THE PETITIONER

Deloitte Consulting LLP ("Deloitte Consulting") employs approximately 21,000 individuals in the United States and has a consolidated gross income of approximately \$7.8 billion. With over 90 offices throughout the United States, Deloitte Consulting is one of the nation's leading consulting firms for business strategy, operations, technology, and human resources planning. Deloitte Consulting brings together a unique combination of experience, scale, and capabilities to help clients address their most complex business problems. Its unique organizational structure and collaborative approach integrate consulting with other business solutions, and client depend on us for straightforward advice and results that create innovation and value. Deloitte Consulting helps its clients create, reinvent and defend their business solutions by guiding them through the complexities of the evolving industries. Deloitte Consulting is one of the operation subsidiaries of Deloitte LLP – one of the nation's leading professional services firms providing audit, tax, consulting and financial advisory services through over 55,000 people in more than 90 U.S. cities. For its most recent fiscal year, Deloitte LLP's operations exceeded \$17.5 billion in revenues.

Deloitte Consulting is part of the "Deloitte" brand under which over 244,000 dedicated professionals in independent firms throughout the world in over 150 countries provide audit, consulting, financial advisory, risk management, and tax services to selected clients. These firms are members of Deloitte Touche Tohmatsu Limited ("DTTL"), a UK private company limited by guarantee. Deloitte LLP is the U.S. member firm of DTTL that is the parent of the operating entities that perform client services in the U.S. DTTL member firms serve the world's largest companies, as well as large national enterprises, public institutions, and successful, fast-growing global growth companies. For the most recent fiscal year, the aggregate revenues of the DTTL member firms equate to \$36.8 billion.

#### AVAILABILITY OF SUFFICIENT SPECIALTY OCCUPATION WORK

As a leading organization in its field with extensive revenues, a widespread client base, and a myriad of on-going client engagements (including the engagement on which Mr. Penagamuri Shriram is or will be working), Deloitte Consulting has and will continue to have sufficient specialty occupation work for the Beneficiary. Taking into account our history of bona fide participation in the H-1B program, Deloitte Consulting consistently acts in accordance with all appropriate regulations. Nonetheless, the nature of our business and of our client relationships sometimes may preclude us from forecasting future employee assignments to client engagements with significant advance notice, thereby making exhaustive itineraries of services or engagement inapplicable.

Our career model is designed so that Mr. Penagamuri Shriram will remain continually engaged in providing specialty occupation work. If Mr. Penagamuri Shriram's on-going assignment is completed before the end of the H-1B work authorization period requested, we would immediately re-deploy Mr. Penagamuri Shriram on another project requiring his expertise, and we would immediately take the requisite steps to ensure compliance with applicable regulations, including providing a Labor Condition Application ("LCA") specific to each location where Mr. Penagamuri Shriram may be working and preparing an amended petition, if required.

#### **JOB DUTIES AND RESPONSIBILITIES**

As a Senior Solution Specialist, the beneficiary will:

- Be responsible for supporting project tasks, identifying key drivers of a defined problem and proposing solutions;
- Identify and solve problems using analysis, experience, and judgment;
- Perform analysis and effective diagnosis of clients' issues by selecting the most relevant tools/techniques to meet specific client requirements;
- Develop and share reusable assets that can be readily applied to new client projects;
- Coordinate activities between work streams and identify changes in scope;
- Function as an integrator between technology solutions and business needs;
- Work within an engagement team and his responsibilities will include identifying business requirements, functional design, prototyping, process design (including scenario design, flow mapping), testing, training, defining support procedures and supporting implementations;
- Assist in modifying existing software to correct errors, adapt it to new hardware or upgrade interfaces and improve performance; and
- Align risks with business objectives and develop effective risk mitigation activities.

As a minimum requirement, the Senior Solution Engineer must possess at least a bachelor's degree (or its equivalent) in a related field. This level of education is necessary to enable the beneficiary to effectively perform the highly specialized and complex tasks that are required for the position. A person who has not received this level of formal education/ experience would be unable to perform the job duties for the position.

#### **WAGE**

We propose to pay an annual wage of \$92,900 to Mr. Penagamuri Shriram for his services as a Senior Solution Specialist. This salary is in addition to a generous benefits package available to similarly situated professional personnel. Total compensation for this position is commensurate with the professional level duties required to be performed.

#### **QUALIFICATIONS OF THE BENEFICIARY**

Mr. Penagamuri Shriram is well qualified to perform the job duties of a Senior Solution Specialist. Mr. Penagamuri Shriram holds a qualifying Bachelor of Technology in Computer Science and Information Techology from Sri Krishnadevaraya University in India, conferred on April 30, 2007, which has been evaluated to be the equivalent of a Bachelor of Science Degree in Computer Engineering from an accredited U.S. institution of higher learning. Please find a copy of his educational records enclosed.

#### **REGULATORY COMPLIANCE**

Deloitte Consulting will be responsible for the reasonable costs of return transportation of Mr. Penagamuri Shriram, if he is dismissed from employment by Deloitte Consulting before the end of the period of authorized stay in H-1B status, under the applicable U.S. Immigration regulations.

**TERMS OF EMPLOYMENT UNCHANGED**

Notwithstanding that Deloitte Consulting has requested work authorization for Mr. Penagamuri Shriram for a specific term, it is not our intention that this letter change or alter in any manner the terms and conditions of Mr. Penagamuri Shriram's employment with Deloitte Consulting as originally agreed between Deloitte Consulting and Mr. Penagamuri Shriram, and no language set out in this letter or in any immigration-related document should be construed as constituting an employment contract or as altering the terms of the employment relationship between Deloitte Consulting and Mr. Penagamuri Shriram.

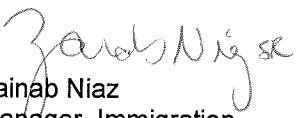
**CONCLUSION**

Mr. Penagamuri Shriram's education renders him well qualified to perform the job duties of a Senior Solution Specialist. Mr. Penagamuri Shriram has the necessary knowledge and expertise to perform the job duties and responsibilities and thus to make a viable contribution to our continued success.

We therefore respectfully request approval of the H-1B petition so that Mr. Penagamuri Shriram may continue his employment as Senior Solution Specialist.

Should you have any questions or require any additional information, please contact me.

Sincerely,  
**Deloitte Consulting LLP**

  
Zainab Niaz  
Manager, Immigration  
973-602-5495



## U.S. Customs and Border Protection

Securing America's Borders

### Most Recent I-94

Admission (I-94) Record Number : 25249292985

Most Recent Date of Entry: 2017 February 14

Class of Admission : H1B

Admit Until Date : 03/08/2018

Details provided on the I-94 Information form:

Last/Surname : PENAGAMURI SHRIRAM

First (Given) Name : KARTHEEK MEDHAVI

Birth Date : 1986 July 01

Passport Number : G7495691

Country of Issuance : India

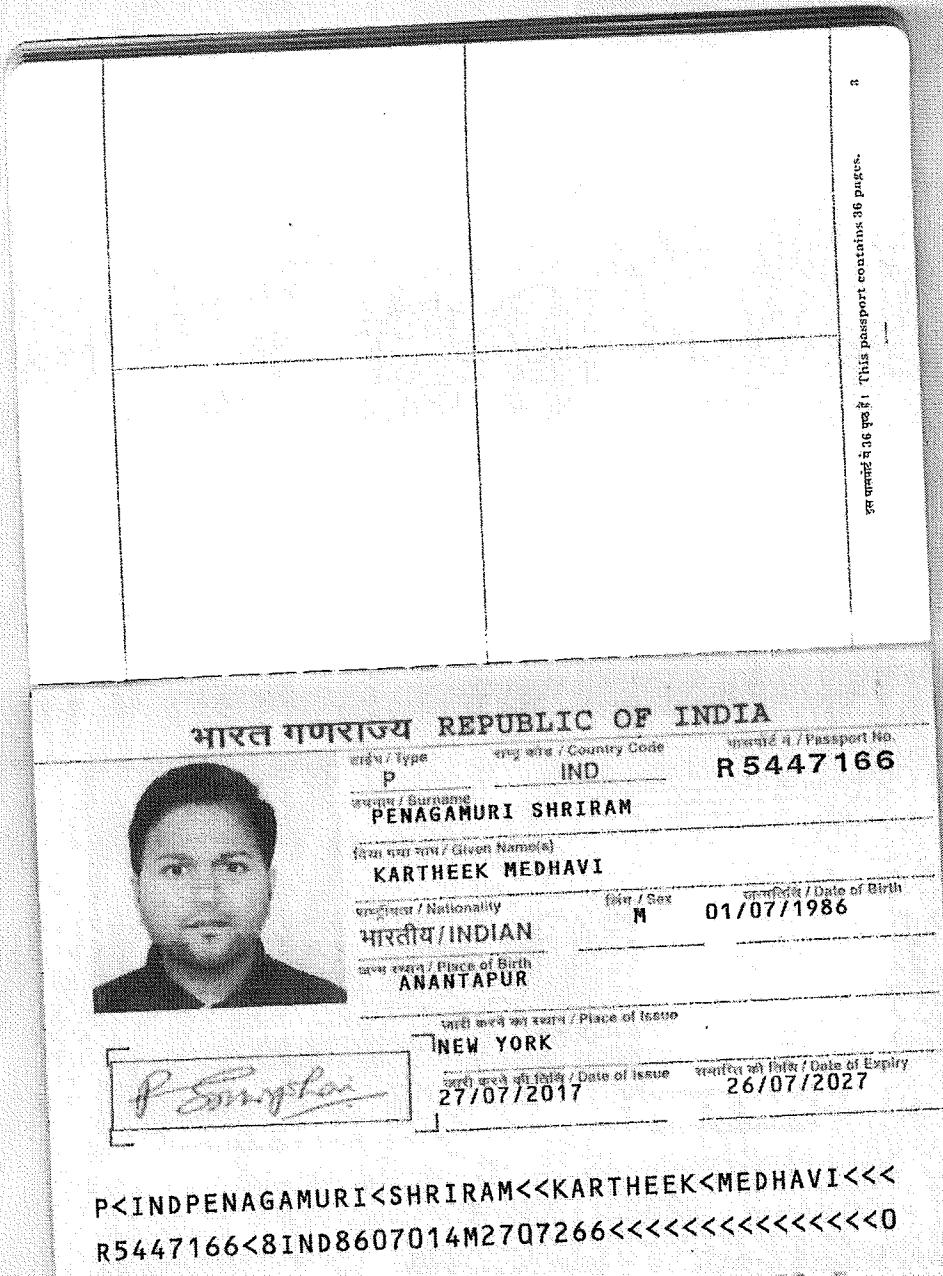
[Get Travel History](#)

- 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.

OMB No. 1651-0111  
Expiration Date: 08/31/2017

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

[Accessibility | Privacy Policy](#)



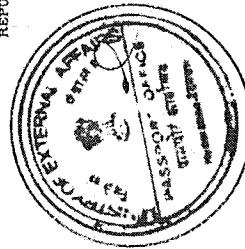
P<INDPENAGAMURI<SHRIRAM<<KARTHEEK<MEDHAVI<<  
R5447166<8IND8607014M2707266<<<<<<<<<<<



THESE ARE TO REQUEST AND BEGOTTEN IN THE NAME OF THE  
PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHO, IT MAY  
CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR  
HINDRANCE, AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND  
PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से दिया गया  
BY ORDER OF THE PRESIDENT OF THE  
REPUBLIC OF INDIA

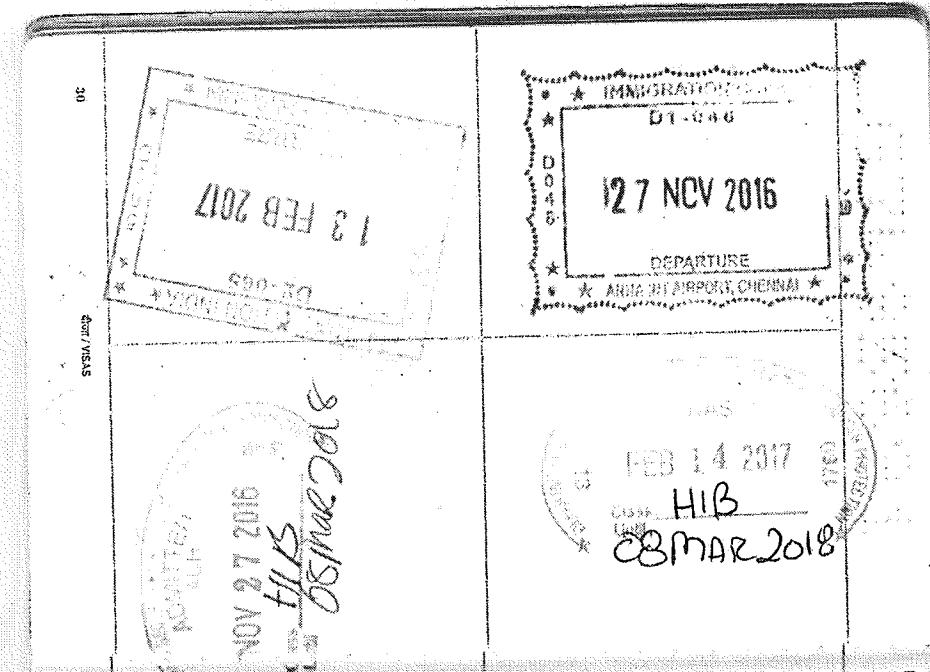
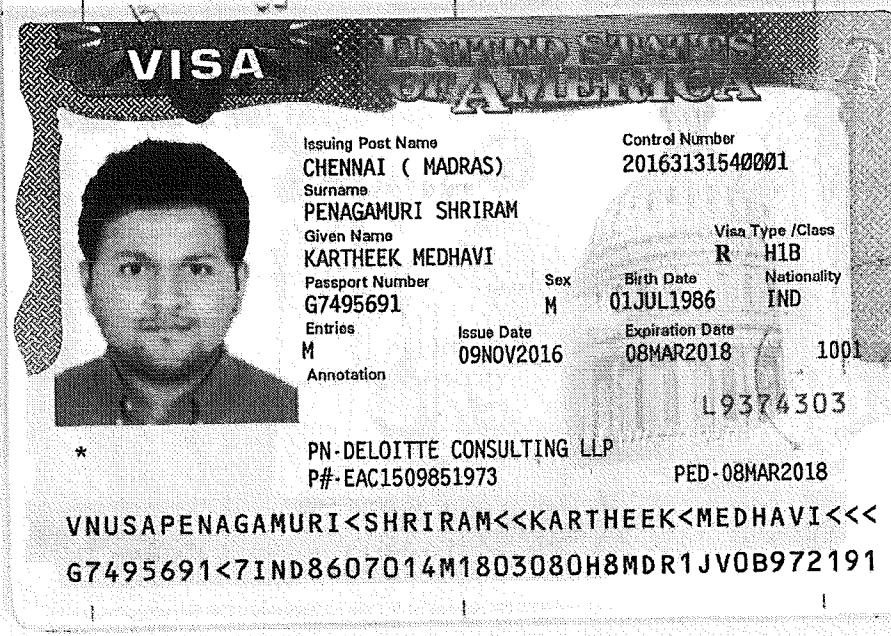
दी. सूर्या कुमार  
D. SURYA KUMARI  
पुरुष पात्रपाटे लोकपाल  
For Passport Officer  
Passport Office, Hyderabad, Hyderabad  
Passport Office, Hyderabad, Hyderabad

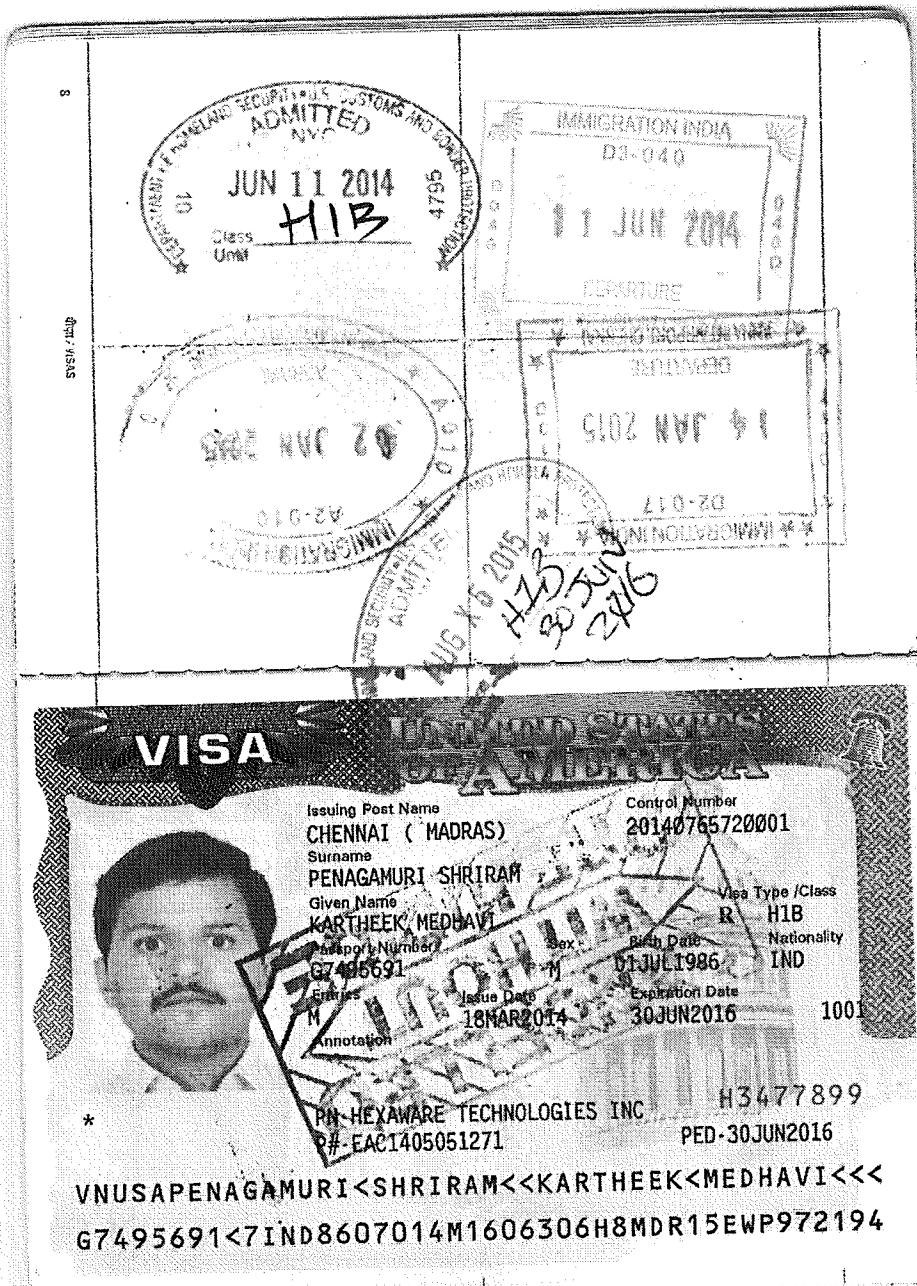


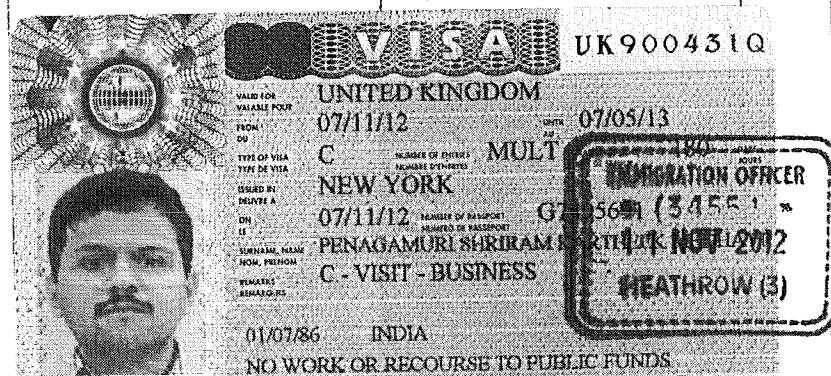
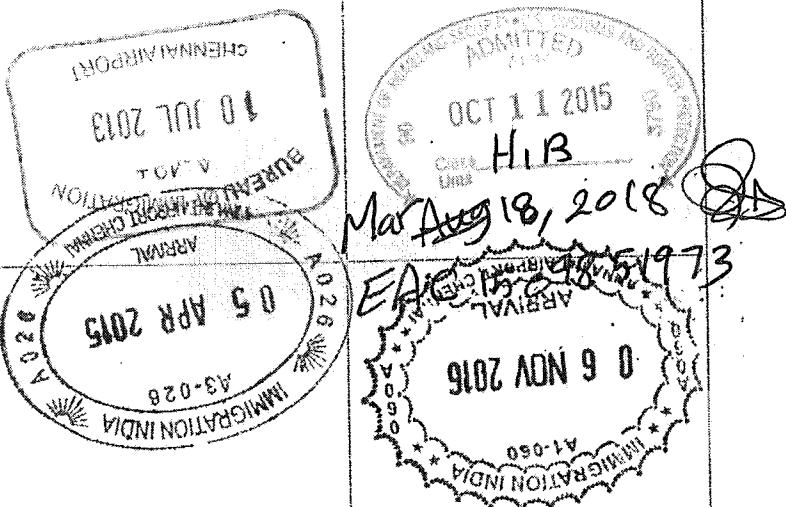
**भारत गणराज्य REPUBLIC OF INDIA**

	Passport / Type	INDIAN	Country Code	INR	Date of Birth
	P	IND	G 7495691	01/07/1986	
Name / Surname <b>PENAGAMURI SHRIRAM</b>					
Father's Name / Given Name <b>KARTHEEK MEDHAVI</b>					
Signature / Nationality		Sex	Date of Birth		
INDIAN		M	01/07/1986		
Passport / Place of Birth <b>ANANTAPUR</b>					
Passport / Place of Issue <b>HYDERABAD</b>					
Passport / Date of Issue			Passport / Date of Expiry		
07/02/2008			06/02/2018		

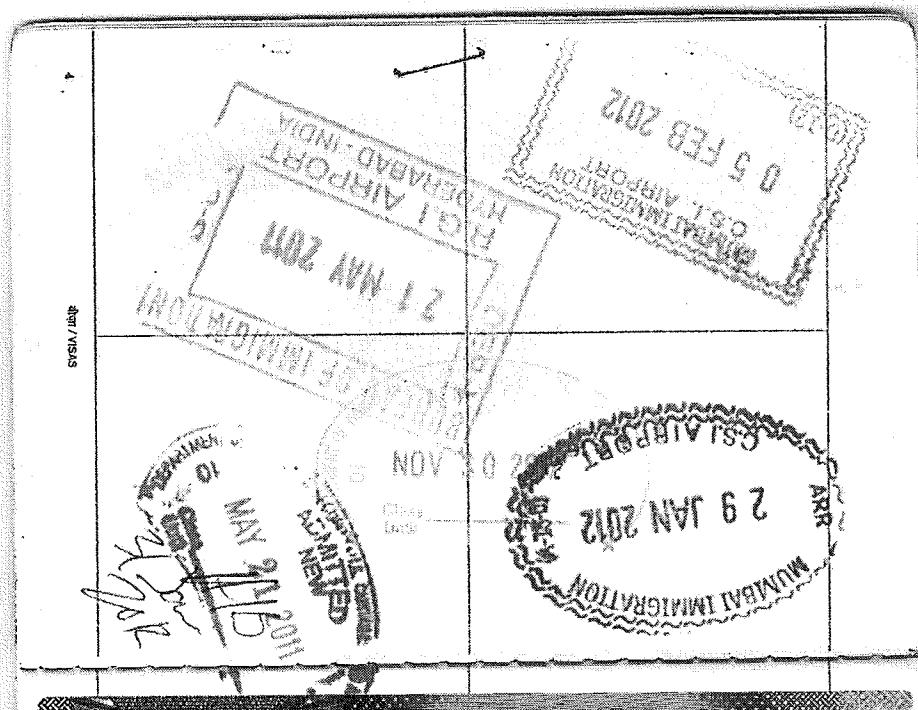
P<INDPENAGAMURI<SHRIRAM<<KARTHEEK<MEDHAVI<<<  
G7495691<7IND8607014M1802061<<<<<<<<<<<<







VCGBRPENAGAMURI<SHIRIRAM<<KARTHEEK<ME  
G7495691<7IND8607014M1305078<<<<<



<b>VISA</b>	
INDIA VISA FOR BUSINESS TRAVEL	
VALID FOR 10 MONTHS	
ISSUED ON 11 APRIL 2011	
EXPIRES ON 31 JANUARY 2012	
ISSUED BY HYDERABAD	
NAME: PENAGAMURI SHRIRAM	
GIVEN NAME: KARTHEEK MEDHAVI	
PASSPORT NUMBER: G7495691	
ENTRIES: M	
ANNOTATION:	
Issuing Post Name HYDERABAD	Control Number 20110958660001
Surname PENAGAMURI SHRIRAM	Visa Type /Class R H1B
Given Name KARTHEEK MEDHAVI	Nationality IND
Passport Number G7495691	Sex M
Entries M	Issue Date 11APR2011
Annotation	Birth Date 01JUL1986
	Expiration Date 31JAN2014
1001	
E0084354	
PN-GAR TECHNOLOGIES, INC	
P#-EAC1104050753	
PED-31JAN2014	
VNUSAPENAGAMURI<SHRIRAM<<KARTHEEK<MEDHAVI<<	
G7495691<7IND8607014M1401316H8HYD04SN6972190	



Receipt Number <b>SRC1718550280</b>	Case Type <b>I140 - IMMIGRANT PETITION FOR ALIEN WORKER</b>	
Received Date <b>06/21/2017</b>	Priority Date <b>01/30/2017</b>	Petitioner <b>DELOITTE CONSULTING LLP</b>
Notice Date <b>07/01/2017</b>	Page <b>1 of 1</b>	Beneficiary: <b>A216055514 PENAGAMURI SHIRRAM, KARTHEEK MEDHAVI</b>
<b>DELOITTE CONSULTING LLP c/o JIA YU OLIVER LIU GUBERMAN GARSON LLP 22 ADELAIDE ST W FL 9 TORONTO ONTARIO M5H 4E3 CANADA</b>	<b>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 16364 85547 SOC Code: 151132 Skill Level: 2 Work Site: MECHANICSBURG PA</b>	

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.**

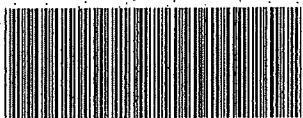
The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory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

Texas Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 851488 - DEPT A  
Mesquite TX 75185-1488

Customer Service Telephone: 800-375-5283



**UNITED STATES OF AMERICA**

RECEIPT NUMBER EAC-15-098-51973		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE February 24, 2015	PRIORITY DATE	PETITIONER DELOITTE CONSULTING LLP
NOTICE DATE March 9, 2015	PAGE 1 of 2	BENEFICIARY PENAGAMURI SHRIRAM, KARTHEEK MEDHAVI
ISHA ATASSI FRAGOMEN DEL REY BERNSEN & LOEWY LLP 7 BANOVER SQ NEW YORK NY 10004-2756	Notice Type: Approval Notice Class: H1B Valid from 03/09/2015 to 03/08/2018 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.  
**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-97A (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# EAC-15-098-51973

I-94# 503509344 30

NAME PENAGAMURI SHRIRAM, KARTHEEK

CLASS H1B

VALID FROM 03/09/2015 UNTIL 03/08/2018

PETITIONER: DELOITTE CONSULTING LLP  
1700 MARKET ST  
PHILADELPHIA PA 19103

**503509344 30**

Receipt Number EAC-15-098-51973

United States Citizenship and Immigration Services

**I-94**

Departure Record

Petitioner: DELOITTE CONSUL

14. Family Name  
**PENAGAMURI SHRIRAM**

15. First (Given) Name  
**KARTHEEK MEDHAVI**

16. Date of Birth  
**07/01/1986**

17. Country of Citizenship  
**INDIA**



RECEIPT NUMBER EAC-14-196-51235	CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER	
RECEIPT DATE July 7, 2014	PRIORITY DATE	PETITIONER HEXaware TECHNOLOGIES INC
NOTICE DATE September 8, 2014	PAGE 1 of 2	BENEFICIARY PENAGAMURI SHRIRAM, KARTHEEK MEDHAVI
MICHAL D TEREBOLO FAKHOURY LAW GROUP 3290 W BIG BEAVER RD STE 510 TROY MT 48084	Notice Type: Approval Notice Class: H1B Valid from 09/08/2014 to 06/30/2016 Consulate:	

The above petition for a change in the conditions of the employment or training that was previously authorized in this classification has been approved. It is valid for the period shown above. The named foreign worker(s) are authorized to be employed for this period pursuant to the terms and conditions of the petition.

If the petitioner requested that the temporary stay of the named foreign worker(s) be extended, then the named workers' temporary stay has been extended for the period shown above.

Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required.

The petitioner should give the lower portion of this notice to the named foreign worker(s). The worker(s) must keep the lower portion with his or her previous Form I-94, Arrival-Departure Document. The worker(s) must show it when requested by USCIS or any other component of the U.S. Department of Homeland Security. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States.

The upper portion of this notice should be kept by the petitioner to show that employment or training of the named worker(s) is authorized. It must be shown if requested by USCIS or any other component of the U.S. Department of Homeland Security.

The petitioner may file Form I-824, Application for Action on an Approved Application or Petition, to request us to notify a new consulate, port of entry or pre-flight inspection office of this approval.

Please read the back of this form carefully for more information. If you have questions concerning tax withholding, please contact the Internal Revenue Service. Changes in employment or training may require you to

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

Detach This Half for Personal Records

Receipt# EAC-14-196-51235

I-94# 299986859 30

NAME PENAGAMURI SHRIRAM, KARTHEEK

CLASS H1B

VALID FROM 09/08/2014 UNTIL 06/30/2016

PETITIONER: HEXaware TECHNOLOGIES INC

1095 CRANBURY S. RIVER RD STE 10  
MONROE TOWNSHIP NJ 08831

**299986859 30**

Receipt Number EAC-14-196-51235

United States Citizenship and Immigration Services

**I-94**

Departure Record

Petitioner: HEXaware TECHNO

14. Family Name  
PENAGAMURI SHRIRAM

15. First (Given) Name  
KARTHEEK MEDHAVI

16. Date of Birth  
07/01/1986

17. Country of Citizenship  
INDIA

U.S. CITIZENSHIP AND IMMIGRATION SERVICES  
U.S. DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES  
U.S. DEPARTMENT OF HOMELAND SECURITY

RECEIPT NUMBER EAC-14-050-51271		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE December 12, 2013	PRIORITY DATE	PETITIONER HEXaware TECHNOLOGIES INC
NOTICE DATE February 11, 2014	PAGE 1 of 2	BENEFICIARY PENAGAMURI SHRIRAM, KARTHEEK M.
MICHAL D TEREBOLO FAKHOURY LAW GROUP 3290 W BIG BEAVER RD STE 510 TROY MI 48084	Notice Type: Approval Notice Class: H1B Valid from 02/11/2014 to 06/30/2016 Consulate: MUMBAI	

The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to show the approval. Please contact the consulate with any questions about visa issuance. THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

Petition approval does not authorize employment or training. When the workers are granted status upon admission to the United States, they can then work for the petitioner, but only as detailed in the petition and for the period authorized. Please contact the IRS with any questions about tax withholding.

If circumstances change, the petitioner can file Form I-824 to have us notify another consulate of this approval. If any of the workers are already in the U.S., the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment or training may also require a new petition. Include a copy of this notice with any other required documentation.

If any of the worker(s) included in this petition do not actually enter the United States, and substitutions of different workers are not made, the petitioner must notify this office so the allocated nonimmigrant visa numbers can be re-used.

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.

Number of workers: 1

Name PENAGAMURI SHRIRAM, KARTHEEK MEDHAVI	DOB 07/01/1986	COB INDIA	Class Consulate / POE OCC H1B MUMBAI 030
--	-------------------	--------------	---

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-797B (Rev. 10/31/05)N



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt #: EAC-14-050-51271

Case Type: I129

Notice Date: February 11, 2014

Petitioner: HEXaware TECHNOLOGIES INC

Petitioner Validity Dates: Valid from 02/11/2014 to 06/30/2016 Number of Workers: 1

Name

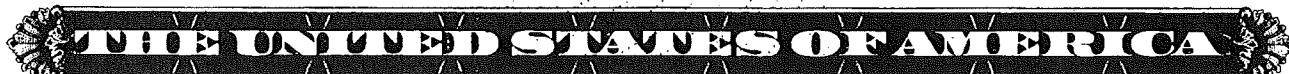
DOB COB

Class Consulate / POE OCC

PENAGAMURI SHRIRAM, KARTHEEK MEDHAVI

07/01/1986 INDIA

H1B MUMBAI 030



RECEIPT NUMBER EAC-11-040-50753		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE November 24, 2010	PRIORITY DATE	PETITIONER GAR TECHS INC
NOTICE DATE December 15, 2010	PAGE 1 of 1	
GAR TECHS INC C/O RAM KATTUBADI 11811 N FREEWAY STE 500 HOUSTON TX 77060		Notice Type: Approval Notice Class: H1B Valid from 02/01/2011 to 01/31/2014
<p>The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to show the approval. Please contact the consulate with any questions about visa issuance. THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.</p> <p>Petition approval does not authorize employment. When the workers are granted status based on this petition they can then work for the petitioner, but only as detailed in the petition and for the period authorized. Please contact the IRS with any questions about tax withholding.</p> <p>If circumstances change, the petitioner can file Form I-824 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment also require a new petition. Include a copy of this notice with any other required documentation.</p> <p>If any of the worker(s) included in this petition do not actually enter the United States, substitutions of different workers are not made, the petitioner must notify this office so the allocated nonimmigrant visa numbers can be re-used.</p> <p>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.</p>		
<p>Number of workers: 1            Name DOB COB Class Consulate or POE OCC Code            PENAGAMURI SHRIRAM, KARTHEEK MEDHAVI 07/01/1986 INDIA H1B CHENNAI 030</p>		

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 I797B (Rev. 09/07/93)N



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt#: EAC-11-040-50753	Case Type: I129
Notice Date: December 15, 2010	Petitioner: GAR TECHS INC
Petition Validity Dates: 02/01/2011 through 01/31/2014	Number of Workers: 1
Name DOB COB Class Consulate or POE OCC Code	H1B CHENNAI 030
PENAGAMURI SHRIRAM, KARTHEEK MEDHAVI 07/01/1986 INDIA	



## THE TRUSTFORTE CORPORATION

271 Madison Avenue, Third Floor, New York, New York 10016

Tel: 212-481-4870 • Fax: 212-481-4971, 4972

Email: info@trustfortecorp.com www.trustfortecorp.com

### ACADEMIC EQUIVALENCY EVALUATION

Date: February 10, 2015

Name: PENAGAMURI SHIRIRAM, Kartheek  
Country: India

Degree: Bachelor of Technology  
Institution: Sri Krishnadevaraya University  
Dates: 2003-2007  
Date of Completion: April, 2007

Educational Equivalent in the United States:

#### BACHELOR OF SCIENCE DEGREE IN COMPUTER ENGINEERING

---

The following is an analysis and advisory evaluation of the academic credentials of Mr. Kartheek Penagamuri Shriram. As discussed herein, Mr. Penagamuri Shriram completed a four-year bachelor's-level program in Computer Science and Information Technology Engineering at Sri Krishnadevaraya University, in India. Based on the foregoing academic credentials, I find that Mr. Penagamuri Shriram attained the foreign equivalent of a four-year Bachelor of Science Degree in Computer Engineering from an accredited US college or university based on the single source of the Bachelor of Technology program completed by the candidate at Sri Krishnadevaraya University.

In 2003, Mr. Penagamuri Shriram commenced post-secondary studies in a four-year bachelor's-level program in Computer Science and Information Technology Engineering at Sri Krishnadevaraya University, in India. Sri Krishnadevaraya University is an institution of higher education in India recognized by the University Grants Commission (UGC). Admission to the bachelors' degree programs offered by Sri Krishnadevaraya University is based on the completion of secondary-level studies and competitive entrance examinations.

Mr. Penagamuri Shriram completed the general studies and specialized studies which lead to a Bachelor of Technology Degree. The general studies included entry-level courses which are a requisite component of a bachelor's degree from an institution of higher education in the United States. Based on the subject matter and credit hours of these courses, most such courses would qualify as equivalent to courses in US colleges and universities.



Additionally, from 2003 through 2007, Mr. Penagamuri Shriram completed four years of advanced bachelor's-level coursework in Computer Science and Information Technology Engineering. The curriculum of the program in Computer Science and Information Technology Engineering at the University typically includes classes and examinations in Computer Programming, Logic Design, Digital Electronics, Computer Organization, Data Structures and Pascal, Discrete Structures, Control Systems, Microprocessors, Systems Software, Graph Theory, Algorithms, Operating Systems, Compilers, Computer Architecture, Software Engineering, and related subjects. Following his completion of the required classes and examinations, in April, 2007, Mr. Penagamuri Shriram was awarded a Diploma for a four-year Bachelor of Technology Degree by Sri Krishnadevaraya University. The nature of the courses and the credit hours involved indicate that he attained the foreign equivalent of a four-year Bachelor of Science Degree in Computer Engineering from an accredited US college or university.

I note that this finding has been confirmed by the Electronic Database for Global Education (EDGE) of the American Association of Collegiate Registrars and Admission Officers (AACRAO). According to EDGE, a Bachelor of Technology Degree awarded by an Indian university "represents attainment of a level of education comparable to a bachelor's degree in the United States."

Accordingly, based on the reputation of the academic programs offered by Sri Krishnadevaraya University, the number of years of coursework, the nature of the coursework, the grades attained in the courses, and the hours of academic coursework, it is the judgment of The Trustforte Corporation that Mr. Kartheek Penagamuri Shriram attained the foreign equivalent of a four-year Bachelor of Science Degree in Computer Engineering from an accredited college or university in the United States based on the single source of the four-year Bachelor of Technology program completed by the candidate at Sri Krishnadevaraya University.

This evaluation is based on copies of the original documents provided by Mr. Penagamuri Shriram and represented to be authentic and true copies of the original documents. We have no reason to doubt the authenticity and accuracy of these documents. This is a true and correct evaluation to the best of our knowledge and belief, pursuant to requirements of the United States Citizenship and Immigration Services of the United States Department of Homeland Security ("USCIS"). The Trustforte Corporation is a credentials evaluation service and academic advisory firm specializing in the evaluation of foreign educational credentials. Past academic equivalency evaluations of The Trustforte Corporation have been accepted regularly by the USCIS and various US educational institutions.

Corporate Seal

Natalie J. Araujo, M.A., Evaluator; Member, NAFSA: Association of International Educators and



National Association for College Admission Counseling (NACAC); Corporate Member, American Association of Collegiate Registrars and Admissions Officers (AACRAO) and National Association of Graduate Admissions Professional (NAGAP).

*For detailed statement of qualifications and experience of evaluator, see attached resume.*

- References:
1. AACRAO EDGE. *AACRAO Electronic Database for Global Education (EDGE)*. Online database. v.1.0. 2004-2006. AACRAO. August 19, 2008. [www.aacraoedge](http://www.aacraoedge).
  2. Central Intelligence Agency (CIA). *The World Factbook 2008*. Dulles, Virginia: Potomac Books, Inc., December 1, 2007.
  3. International Association of Universities. *International Handbook of Universities*. 19<sup>th</sup> ed. Paris, France: UNESCO House, 1 Rue Miollis, October 16, 2007.
  4. Association of Indian Universities. *Universities Handbook*. 31<sup>st</sup> ed. New Delhi, India: AIU House, 16 Kotla Marg, 2006.
  5. The American Council on Education's College Credit Recommendation Service (CREDIT). *2004-2005 National Guide to Education Credit for Training Programs*. Westport, CT: Greenwood Publishing Group, Inc., August 30, 2004.
  6. Feagles, Shelley, ed. *A Guide to Educational Systems Around the World*. CD. Washington, DC: NAFSA: Association of International Educators. 1999-2008.



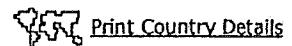
AACRAO Electronic

Database for Global

Search

Go 

Education

**Asia : India : Credential**[Overview](#) [Educational Ladders](#) [Grading System](#) [Credentials](#) [Institutions](#) [Resources](#) [Author](#) [Glossary](#)[Bachelor of Engineering/Technology](#)[Feedback](#)[Bachelor of Engineering/Technology](#) [Sample Documents](#)**Credential Description**

Awarded upon completion of four years of tertiary study beyond the Higher Secondary Certificate (or equivalent).

**Credential Advice**

The Bachelor of Engineering/Technology represents attainment of a level of education comparable to a bachelor's degree in the United States.

**Credential Author Notes**

No author notes available.

Entrance requirement: Completion of Higher Secondary Certificate or equivalent

Leads to: Further tertiary education

The AACRAO Electronic Database for Global Education (EDGE) is a dynamic database and credential advice is subject to change. Credential advice is modified when new studies of foreign countries' education systems have been undertaken. Based upon the research collected and analyzed, new placement recommendations are reviewed and approved by an acknowledged group of experts. If you have any questions, please contact [edge@aacrao.org](mailto:edge@aacrao.org).

Copyright © 2004 - 2015 American Association of Collegiate Registrars and Admissions Officers

# NATALIE ARAUJO

## EXPERIENCE

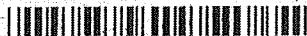
- 2007 - **The Trustforte Corporation**  
*Evaluator and Vice President of Operations and Client Services*  
Perform evaluations of foreign educational credentials; assess foreign credentials and educational systems; provide expert opinions on comparative educational credentials, direct research on foreign universities and educational systems; full-service client support and customer relations management
- 2004-2007 **The Trustforte Corporation**  
*Junior Evaluator and Manager of Client Services*  
Conduct research on foreign educational credentials equivalencies; provide analyses with respect to evaluation and education issues; assist clients with equivalency issues; facilitate client relationships.
- 2002-2004 **Clark University, English Department**  
*Teaching Assistant*  
Assisted professors with class preparation and correction of essays and exams; taught classes on British Literature, Drama of the Western Tradition, and Communications and Culture; tutored students in writing and composition
- 2003-2004 **Clark University, Professor Vaughan**  
*Research Assistant*  
Conducted library and internet research on 16<sup>th</sup> century British drama; compiled extensive bibliographies

## EDUCATION

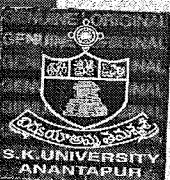
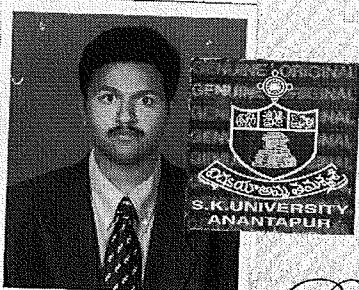
- May, 2004 **Clark University, Worcester, MA**  
M.A. English, concentration in American Literature
- 1999-2002 **Johannes Gutenberg-University, Mainz, Germany**  
Intermediate Degree in American Studies, December 2001  
Major: American Studies \ Minors: British Studies and Media Studies
- 2002-2004 Awarded prestigious scholarship by the German Academic Exchange Service (DAAD) for 2002/2003 and 2003/2004

Sl. No. B.Tech /  
పట్టణ నంబర్

1101



Sri Krishnadevaraya University  
శ్రీకృష్ణదేవరాయు విశ్వవిద్యాలయం



Faculty of Engineering

శ్యాక్షర్త్త అం సంజనింగ్

This is to certify that

Reg. No. 20039032

ప్రొఫెసరం

Mr. / Ms.

S. No. 1101 శ్రీమతి / కుమారి

Son / Daughter of

PV Phanisekhar

గారి కుమారుడు / కుమారై

has been duly admitted to the Degree of

శ్యాచులుర్ అప్ టెక్నాలజీ ప్రోఫెసన్సీ అన్సర్ట్పొందినందున

Bachelor of Technology ( ENGLISH MEDIUM )

of this University, he / she having been declared to have passed the examination prescribed therefor as follows :

ఈ విశ్వవిద్యాలయం నుంచి కింద సూచించిన విద్యా అతడు / అమె పట్టాకు నీర్చేశించిన పరీక్షలో ఉత్తీర్ణ పొందినట్లు ప్రకటించబడింది :

Subjects అభ్యర్థినించిన అంశాలు	Month & Year of Passing ఉత్తీర్ణ పొందిన నెల, సంవత్సరం	Class Awarded పొందిన లైట్
Branch <i>Computer Science and Information Technology</i>	<i>April 2007</i>	<i>First</i>

Given under the seal of the University

విశ్వవిద్యాలయ అధికారముద్దత్త జారీచేయబడింది

ANANTAPUR - 515003, Andhra Pradesh, India

ఆనంతపురం - 515 003, అంధ్ర ప్రదేశ్, భారతదేశం.

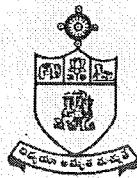
Dated : - 2 JAN 2008  
తేదీ

Registrar

రిజిస్ట్రార్

**MARKS MEMORANDUM**

Serial No.: 651802


**SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR**

F. D. M.R.C: B.Tech., (Scheme - 2001)

Apr-2004

Name: KARTHEEK MEDHAVI P.S

Reg. No.: 200003900302

Computer Science &amp; Information Tech..

Medium: ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
<b>THEORY</b>				
ENGLISH	100	35	70	SEVEN ZERO
MATHEMATICS - I	100	35	89	EIGHT NINE
MATHEMATICS - II	100	35	94	NINE FOUR
PHYSICAL SCIENCES	100	35	69	SIX NINE
COMPUTER PROGRAMMING	100	35	72	SEVEN TWO
INTRODUCTION TO INFORMATION TECHNOLOGY	100	35	73	SEVEN THREE
ENGINEERING MECHANICS	100	35	69	SIX NINE
ENGINEERING DRAWING	100	35	58	FIVE EIGHT
<b>PRACTICAL</b>				
COMPUTER PROGRAMMING	50	18	50	FIVE ZERO
PHYSICS	25	09	23	TWO THREE
CHEMISTRY	25	09	20	TWO ZERO
WORK SHOP	50	18	22	TWO TWO
SESSIONAL MARKS	550		336	THREE THREE SIX
<b>TOTAL :</b>	<b>1500</b>		<b>1045</b>	<b>ONE ZERO FOUR FIVE</b>

ANANTAPUR - 515 003

Dated: 09 JUL 2004

Read by:

Compared by:

ASSISTANT REGISTRAR  
(Examinations)

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Controller of Examinations / Professor-in-Charge of U.G Examinations, IMMEDIATELY.

**MARKS MEMORANDUM**

Serial No.: B/GT/022057


**SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR**

B.Tech., (Scheme-01)

OCT-2006

Name : KARTHEEK MEDHAVI P.S

Reg. No.: 220003590302

Computer Science &amp; Information Technology Medium : ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
<b>THEORY</b>				
SOFTWARE ENGINEERING	100	35	73	SEVEN THREE
OBJECT ORIENTED MODELING AND DESIGN	100	35	68	SIX EIGHT
ADVANCED UNIX PROGRAMMING	100	35	82	EIGHT TWO
VISUAL PROGRAMMING TECHNIQUE	100	35	92	NINE TWO
MULTIMEDIA APPLICATIONS	100	35	74	SEVEN FOUR
THEORY OF AUTOMATA (ELECTIVE - I)	100	35	52	FIVE TWO
<b>PRACTICAL</b>				
VISUAL PROGRAMMING LAB	50	18	29	TWO NINE
MULTIMEDIA TECHNIQUES LAB	50	18	41	FOUR ONE
SESSIONAL MARKS	400		292	TWO NINE TWO
<b>TOTAL</b>	1100		803	EIGHT ZERO THREE

ANANTAPUR - 515 003

Dated : 06/12/2006

Read by :

Compared by :

ASSISTANT REGISTRAR  
(Examinations) 

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Dean U.G. Examinations, IMMEDIATELY

## MARKS MEMORANDUM



Serial No.: B/GT/024885

SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR

B.Tech., (Scheme-01)

Apr-2007

Name: KARTHEEK MEDHAVI P.S

Reg. No.: 120003350362

Computer Science &amp; Information Technology Medium: ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
<b>THEORY</b>				
ARTIFICIAL INTELLIGENCE	100	35	67	SIX SEVEN
ADVANCED DATABASE MANAGEMENT SYSTEMS	100	35	71	SEVEN ONE
INTERNET AND INTRANET	100	35	66	SIX SIX
ADVANCED OPERATING SYSTEMS (ELECTIVE - II)	100	35	64	SIX FOUR
<b>PRACTICAL</b>				
ARTIFICIAL INTELLIGENCE LAB - I	50	18	34	THREE FOUR
PROJECT WORK	100	35	95	NINE FIVE
SESSIONAL MARKS	350		252	TWO FIVE TWO
<b>TOTAL :</b>	<b>900</b>		<b>649</b>	<b>SIX FOUR NINE</b>

ANANTAPUR - 515 003

Dated : 15/05/2007

Read by :

Compared by :

  
ASSISTANT REGISTRAR  
(Examinations)

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Dean U.G. Examinations, IMMEDIATELY

S. No. UGMC/ 000375

**SRI KRISHNADEVARAYA UNIVERSITY**

ANANTAPUR, A.P. INDIA



**MIgration CERTIFICATE**

Register No. 20033032

Period of Study: 2003-2007

Degree Course: B. TECH.

The University places no objection on  
Mr./Ms. KAKI THEERI MEDHAVI P.S.  
formerly a student of this University from joining any course or appearing for any examination of any other  
University.

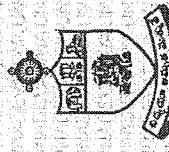
*Leviqar Lalekha*  
Dated: 15 MAY 2007 *1st*

ASSISTANT REGISTRAR  
(U.G. Examinations)

Serial No.: 053171

Register No.: 20039032

# SRI KRISHNADEVARAYA UNIVERSITY



## PROVISIONAL PASS CERTIFICATE

This is to Certify that Mr./Ms. KARTHEEK MEDHAVI P. S has qualified for the DEGREE OF BACHELOR OF TECHNOLOGY

of this University, he/she having been declared to have passed the Examination prescribed therefor for the formal presentation for the DEGREE.

MONTH & YEAR  
OF PASSING

APR-2007 COMPUTER SCIENCE & INFORMATION TECH. FIRST CLASS

### CLASS

UNIVERSITY GRADUATION  
EXAMINATION  
SRI KRISHNADEVARAYA  
UNIVERSITY,  
ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

has qualified for the

EXAMINATION  
SRI KRISHNADEVARAYA  
UNIVERSITY,  
ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

has qualified for the

EXAMINATION  
SRI KRISHNADEVARAYA  
UNIVERSITY,  
ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

has qualified for the

EXAMINATION  
SRI KRISHNADEVARAYA  
UNIVERSITY,  
ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

has qualified for the

EXAMINATION  
SRI KRISHNADEVARAYA  
UNIVERSITY,  
ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

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ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

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SRI KRISHNADEVARAYA  
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ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

has qualified for the

EXAMINATION  
SRI KRISHNADEVARAYA  
UNIVERSITY,  
ANANTAPUR,  
APRAVADA,  
KARNATAKA - 511 118

*Karthik Lokesh*

CONTROLLER OF EXAMINATION

ASSISTANT REGISTRAR

U. G. EXAMS.

Date: 15 MAY 2007

Compared by: *A*

Read by: *C*

Anantapur (A.P.)

**MARKS MEMORANDUM**

Serial No.: 652995


**SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR**

B.Tech., (Scheme-'01)

OCT 2004

Name: KARTHEEK MEDHAVI P.S

Reg. No.: 200335032

Computer Science &amp; Information Technology Medium: ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
<b>THEORY</b>				
BASIC ELECTRONICS	100	35	52	FIVE TWO
PRINCIPLES OF ELECTRICAL ENGINEERING	100	35	37	THREE SEVEN
OBJECT ORIENTED PROGRAMMING	100	35	59	FIVE NINE
DATA STRUCTURES	100	35	50	FIVE ZERO
SWITCHING THEORY & LOGIC DESIGN	100	35	68	SIX EIGHT
DISCRETE MATHEMATICS	100	35	68	SIX EIGHT
<b>PRACTICAL</b>				
OBJECT ORIENTED PROGRAMMING LAB	50	18	40	FOUR ZERO
DATA STRUCTURES LAB	50	18	34	THREE FOUR
SESSIONAL MARKS	400		126	ONE TWO SIX
<b>TOTAL :</b>	1100		534	FIVE THREE FOUR

ANANTAPUR - 515 003

Dated:

Read by : 8 DEC 2004Compared by : A

ASSISTANT REGISTRAR  
(Examinations)

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Controller of Examinations / Professor-in-Charge of U.G Examinations, IMMEDIATELY.

**MARKS MEMORANDUM**

Serial No. : 676900


**SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR**

B.Tech., (Scheme-01)

Apr-05

Name : KARTHEEK MEDHAVI P.S

Reg. No. : 200339030302

Computer Science &amp; Information Technology Medium : ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
<b>THEORY</b>				
COMMUNICATION NETWORKS	100	35	62	SIX TWO
COMPUTER GRAPHICS	100	35	69	SIX NINE
COMPUTER ORGANIZATION & ARCHITECTURE	100	35	71	SEVEN ONE
FILE STRUCTURES & DATA PROCESSING	100	35	75	SEVEN FIVE
GRAPH THEORY	100	35	82	EIGHT TWO
MANAGEMENT INFORMATION SYSTEMS	100	35	69	SIX NINE
<b>PRACTICAL</b>				
BASIC ELECTRONIC DEVICES & CIRCUITS LAB	50	18	40	FOUR ZERO
COMPUTER GRAPHICS LAB	50	18	42	FOUR TWO
SESSIONAL MARKS	400		289	TWO EIGHT NINE
<b>TOTAL :</b>	<b>1100</b>		<b>799</b>	<b>SEVEN NINE NINE</b>

ANANTAPUR - 515 003

Dated : 05 JUL 2005

Read by :

Compared by :

  
 ASSISTANT REGISTRAR  
(Examinations)

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Controller of Examinations / Professor-in-Charge of U.G Examinations, IMMEDIATELY.

**MARKS MEMORANDUM**

Serial No.: 679017


**SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR**

Third Year B.Tech., (Scheme-01) Oct-2005

Name: KARTHEEK MEDHAVI P.S.

Reg. No.: 200013590302

Computer Science &amp; Information Technology Medium: ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
THEORY				
OPERATING SYSTEMS	100	35	65	SIX FIVE
DATABASE MANAGEMENT SYSTEMS	100	35	65	SIX FIVE
WEB TECHNOLOGIES	100	35	62	SIX TWO
MICROPROCESSORS & INTERFACING	100	35	69	SIX NINE
PRINCIPLES OF PROGRAMMING	100	35	34	EIGHT FOUR
COMPUTER NETWORKS & PROGRAMMING	100	35	63	SIX THREE
PRACTICAL				
DBMS LAB	50	18	43	FOUR THREE
WEB TECHNOLOGY LAB	50	18	43	FOUR THREE
SESSIONAL MARKS	400		297	TWO NINE SEVEN
<b>TOTAL :</b>	<b>1100</b>		<b>791</b>	<b>SEVEN NINE ONE</b>

ANANTAPUR - 515 003

Dated : 6 FEB 2006

Read by :

Compared by :

ASSISTANT REGISTRAR  
(Examinations)

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Controller of Examinations / Professor-in-Charge of U.G Examinations, IMMEDIATELY.

**MARKS MEMORANDUM**

Serial No.: B/GT/001087


**SRI KRISHNADEVARAYA UNIVERSITY  
ANANTAPUR**

Third Year

B.Tech., (Scheme-01)

Apr-2006

Name : KARTHEEK MEDHAVI P.S

Reg. No.: 32C0033910222

Computer Science &amp; Information Technology Medium : ENGLISH

SUBJECTS	Maximum Marks	Minimum Passing Marks	Number of Marks Awarded	
			In figures	In words
<b>Second Semester</b>				
<b>THEORY</b>				
E-COMMERCE AND E-BUSINESS	100	35	59	FIVE NINE
COMPILER CONSTRUCTION	100	35	54	FIVE FOUR
ADVANCED MICROPROCESSOR & ASSEMBLY LANGUAGE PROGRAMMING	100	35	67	SIX SEVEN
DESIGN & ANALYSIS OF ALGORITHMS	100	35	83	EIGHT THREE
DISTRIBUTED PROGRAMMING	100	35	70	SEVEN ZERO
ADVANCED COMPUTER ARCHITECTURE	100	35	61	SIX ONE
<b>PRACTICAL</b>				
COMPUTER NETWORKS AND DESIGN & ANALYSIS OF ALGORITHMS LAB	50	18	46	FOUR SIX
LANGUAGE PROCESSORS & ASSEMBLY LANGUAGE LAB	50	18	43	FOUR THREE
SESSIONAL MARKS	400		265	TWO SIX FIVE
<b>TOTAL :</b>	1100		748	SEVEN FOUR EIGHT

ANANTAPUR - 515 003

16 JUN 2006

Dated :

Read by

Compared by

  
ASSISTANT REGISTRAR  
(Examinations)

Note : Any discrepancy in the entries or between the results published and the marks noted above must be brought to the notice of the Dean U.G. Examinations, IMMEDIATELY



Deloitte Consulting LLP

Deloitte - 4022 Sells Drive, Hermitage, TN 37076  
(1-800-DELOITTE)

Name Karthik Medhavi Penagamuri Shriram	Personnel Number 00404968	Period Begin 07/30/2017	Period End 08/12/2017			
Date Paid 08/11/2017	Rate/Salary 3,573.08	Cost Center 43206	Company FEIN 06-1454513			
Total Earnings 4,058.97	Pre-Tax Ded 266.16	Tax Deduction 1,078.54	After-Tax Ded 315.01			
	Hours	Rate	Current	Year-to-Date	Current	Year-to-Date
<b>GROSS EARNING(S):</b>				<b>PRE-TAX DEDUCTION(S):</b>		
08/12 Regular Salary		\$3,573.08	\$58,955.82	08/12 Anthem Bluecard PPO	226.00	3,616.00
Well-Being Subsidy			23.63	08/12 Metlife Preferred De	28.00	448.00
08/12 Recognition Award		479.16	1,597.16	08/12 Voluntary Vision Car	12.16	194.56
08/12 Imp Inc Core Life		1.59	25.44			
08/12 Imp Inc Core LTD		5.14	82.24	<b>TAXABLE EARNINGS (FED):</b>	<b>\$3,792.81</b>	<b>\$56,425.73</b>
<b>TOTAL GROSS</b>		<b>\$4,058.97</b>	<b>\$60,684.29</b>	<b>TAX DEDUCTION(S):</b>		
				FED TX Withholding Tax	606.42	8,668.53
				FED TX EE Social Securit	235.16	3,498.40
				FED TX EE Medicare Tax	54.99	818.17
				PA TX Withholding Tax	116.44	1,732.28
				PA TX EE Unemployment T	2.84	42.48
				PAKT TX Withholding Tax	60.69	902.85
				PAKT TX Local Services Ta	2.00	32.00
				<b>OTHER DEDUCTION(S):</b>		
				Well-Being Subsidy		23.63
				08/12 Award Received	300.00	1,000.00
				08/12 Imp Inc Core Life	1.59	25.44
				08/12 Imp Inc Core LTD	5.14	82.24
				08/12 Legal Plan	8.28	132.48
				<b>NET PAY</b>	<b>\$2,399.26</b>	<b>\$39,467.23</b>
Payment Type	Bank Location	Bank Number	Amount			
Direct Deposit	211391825	XXXXXX1614	\$ 359.89			
Direct Deposit	103000017	XXXXXX8864	\$ 2039.37			



Deloitte Consulting LLP

Deloitte - 4022 Sells Drive, Hermitage, TN 37076  
(1-800-DELOITTE)

Name Karthik Medhavi Penagamuri Shriram	Personnel Number 00404968	Period Begin 07/16/2017	Period End 07/29/2017		
Date Paid 07/28/2017	Rate/Salary 3,573.08	Cost Center 43206	Company FEIN 06-1454513		
Total Earnings 3,603.44	Pre-Tax Ded 266.16	Tax Deduction 908.21	After-Tax Ded 38.64		
Hours	Rate	Current	Year-to-Date	Current	Year-to-Date
<b>GROSS EARNING(S):</b>				<b>PRE-TAX DEDUCTION(S):</b>	
07/29 Regular Salary	\$3,573.08	\$55,382.74	07/29 Anthem Bluecard PPO	226.00	3,390.00
07/29 Well-Being Subsidy	23.63	23.63	07/29 Metlife Preferred De	28.00	420.00
Recognition Award		1,118.00	07/29 Voluntary Vision Car	12.16	182.40
07/29 Imp Inc Core Life	1.59	23.85			
07/29 Imp Inc Core LTD	5.14	77.10	<b>TAXABLE EARNINGS (FED):</b>	<b>\$3,337.28</b>	<b>\$52,632.92</b>
<b>TOTAL GROSS</b>	<b>\$3,603.44</b>	<b>\$56,625.32</b>	<b>TAX DEDUCTION(S):</b>		
			FED TX Withholding Tax	492.54	8,062.11
			FED TX EE Social Securit	206.91	3,263.24
			FED TX EE Medicare Tax	48.39	763.18
			PA TX Withholding Tax	102.45	1,615.84
			PA TX EE Unemployment T	2.52	39.64
			PAKT TX Withholding Tax	53.40	842.16
			PAKT TX Local Services Ta	2.00	30.00
<b>OTHER DEDUCTION(S):</b>					
			07/29 Well-Being Subsidy	23.63	23.63
			Award Received		700.00
			07/29 Imp Inc Core Life	1.59	23.85
			07/29 Imp Inc Core LTD	5.14	77.10
			07/29 Legal Plan	8.28	124.20
			<b>NET PAY</b>	<b>\$2,390.43</b>	<b>\$37,067.97</b>
Payment Type	Bank Location	Bank Number	Amount		
Direct Deposit	211391825	XXXXXX1614	\$ 358.56		
Direct Deposit	103000017	XXXXXX8864	\$ 2031.87		

## SIGNATURE AUTHORIZATION

**Issue Date:** January 1, 2017

**Expiration Date:** December 31, 2019

**Purpose:** This signature authorization document ("Signature Authorization") authorizes the Authorized Counsel of the Law Firm to sign immigration-related documentation, including U.S. government forms and supporting documents, on behalf of the Company.

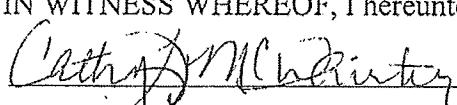
**Limitations:** This Signature Authorization is not valid if it is submitted beyond the expiration Date, if Company has delivered to Government Agency a written revocation of this signature authorization, or if Authorized Counsel is not filing the immigration case documentation as an attorney of Law Firm. Each exercise of the Signature Authorization is based on a Company Representative's review of the case documentation for completeness and accuracy and on Company Representative's communication to Authorized Counsel in writing (in the form of an email or other written correspondence) that the case documentation is acceptable for signing.

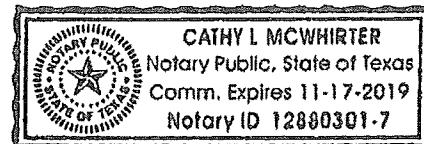
**Defined Terms:** Each capitalized term used in this document is defined below.

<b>Company</b>	Deloitte Consulting LLP and its subsidiaries
<b>Company Representative(s)</b>	Gretchen Moxcey; Marigold Bergman; Kathryn del Campo; Zainab Niaz; Casey Carlson; Lisa Beier; Jennifer Eichenberger; Caitlin Sommers; Anna Dempsey; Shelly Lancaster; Peter Clark; Somesh Kumar Janakiram; Anna Syrkis.
<b>Authorized Counsel</b>	List the Authorized Counsel of Law Firm on Attachment "A".
<b>Law Firm</b>	Guberman Garson LLP
<b>Government Agency</b>	U.S. Citizenship and Immigration Services; U.S. Department of Labor; U.S. Department of State

### Company Certification and Signature

<b>Certification</b>	The person signing below certifies and affirms that he or she is an authorized representative of Company who possesses the authority to execute this Signature Authorization form and that each of the Company Representatives is authorized on behalf of Company to approve immigration case documentation for signing.
<b>Signature</b>	
<b>Printed Name</b>	Michael Preston, Chief Talent Officer, Deloitte LLP

<b>Notary Attestation</b>	STATE OF <u>Texas</u> COUNTY OF <u>Tarrant</u>  On this <u>4</u> day of <u>January</u> , 2017, appeared Michael Preston, for and on behalf of Deloitte LLP and its subsidiaries, personally and proven to me, a Notary Public in and for said County and State, who acknowledged the signing of the foregoing Signature Authorization to be his voluntary act and deed.  IN WITNESS WHEREOF, I hereunto set my hand and official seal.   My Commission Expires: <u>11-17-2019</u>
---------------------------	--

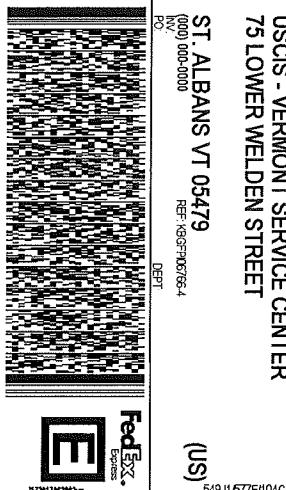


**Attachment "A" – List of Authorized Counsel at Law Firm**

1. Ronald T. Matten
2. Agnna Varinia Guzman
3. Gloria D'Souza
4. Janice May
5. Rebecca Michaels
6. Erin Farrell
7. Thomas Reilly
8. Connie Kleiss
9. Camille Birch
10. Shaena Rowland
11. Saima Hussain
12. Charles Gillman



**XH EFKA**  
12:00P  
INT'L PRIORITY  
05479  
BTW  
VT-US  
TPK#  
04520  
7700 5840 5699



ORIGIN POINT  
GUELPH, ON N1G 2R2  
CANADA  
220 FIELDING STREET  
9TH FLOOR  
TORONTO, ON M5H 1E3  
CANADA

(416) 643-8004  
SHP DATE 5/18/17  
CITY CODE 105624ADNL13920  
BILL SENDER

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The right to damages against us shall be extinguished unless an action is brought within two years, as set forth in the Warsaw Convention, or is not otherwise set forth in the applicable law of the country where the damage occurred. In order for us to accept that you will file a claim for damage, the original shipping carton and packing must be made available to us for inspection. MANDATORY LAW. Insofar as any provision contained or referred to in this Air Waybill may be contrary to mandatory International treaties, laws, government regulations, orders or requirements such provisions shall remain in effect as a part of our agreement to the extent that it is not overridden. The invalidity or unenforceability of any provision shall not affect any other part of this Air Waybill. Unless otherwise indicated, FEDERAL EXPRESS CORPORATION, 2005 Corporate Avenue, Memphis, TN 38132, USA, is the first carrier of this shipment. Email address located at [www.fedex.com](http://www.fedex.com).

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<p>TO Attention: I-129          USCIS - Vermont Service Center          75 Lower Welden Street          St. Albans, VT 05479</p>		<p>(000) 000-0000</p>
		 <p>J172017062920uv</p>
<hr/> <p style="text-align: center;"><b>XH EFKKA</b></p> <hr/> <p><b>AWB</b></p>		
<p>TRK# 7700 5840 5699 Form 0430</p> <p>12:00P INT'L PRIORITY REF: KSGP108764          DESC: Legal Documents          DESC:          DESC:</p> <p>PKG TYPE: ENV</p>		

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 Government of Canada Immigration Lia  
 22 Adelaide Street West  
 9th Floor  
 TORONTO, ON M5H1E3  
 CANADA, CA

Ship Date: 18AUG17  
 Add'l Svc: CAD: 08642440NET3920  
 BILL SENDER  
 ENVAT:

(000) 000-0000



J1720170622020W

TO Attention: 1-129  
 USCIS, Vermont Service Center  
 75 Lower Welden Street  
 St. Albans, VT 05479

(US)



XH EFFKA

TRK# 7700 5540 5599 Fom 0430 PKG TYPE: ENV

12:00P  
 INTL PRIORITY  
 REF: K5GFPI07684  
 DESC: Legal Documents  
 DESC:  
 DESC:

COUNTRY/MFG: CA  
 CARRIAGE VALUE: 0.00 CAD  
 CUSTOMS VALUE: 1.00 CAD

SIGN: Oren Gurus  
 DATE: 5/17/0941

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INTL PRIORITY  
M5H 4E3  
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TO CEREN GUMUS  
GUBERMAN GARRSON IMMIGRATION LA  
22 ADELAIDE STREET WEST  
9TH FLOOR  
TORONTO ON M5H 4E3  
(CA) 549J1577E104C  
REF: FGSP00764  
DEPT:  
PO  
N/M  
SIGN ATTENTION: 1-129

ORIGIN/DEST: (000) 000-0000  
ASIAN/AMERICAN SERVICE CENTER  
75 LOWER WEDDING STREET  
ST. ALBANS, VT 05479 US

SHIP DATE: 13 AUGUST  
ACTUAL DATE: 13 AUGUST  
CID: 70964240UNINET3920  
NO EEE 30:30

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USCIS-Vermont Service Center  
75 Lower Welden Street  
St. Albans, VT 05479  
UNITED STATES, US

Ship Date: 19AUG17  
Avail Date: 05JUL17  
Cust ID: 1982444000013920  
BILL SENDER  
ENVAT:

TO Caren Glotus  
Gberman Carson Immigration La  
22 Adelaide Street West  
9th Floor  
TORONTO, ON M5H4E3

(416) 643-3804  
**FedEx**  
Express

AWB  
(CA)



J17201706222020Jv



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TRK# 7907 0390 7818 Form 0430

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INTL PRIORITY

REF: KEGP107654

DESC1: legal Documents

DESC2:

DESC3:

DESC4:

EE NO EEE 30.36

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USCIS: 75 Lower Wadden Street	
S. Alsens, VT 05479	
UNITED STATES, US	
TO: Garen Grinrus	
Gberman Garson Immigration La	
22 Adelaide Street West	
9th Floor	
TORONTO, ON M5H 4E3	
(CA)	
AWB	
TRK# 7907 0390 7818	
Form 0430	
PKG TYPE: ENV	
RETURNS	MON-FRI
INT'L PRIORITY	
REF: KBOFF00785-4	
DESCR: Legal Documents	
DECODE:	
DECODE:	
EEI NO: EBI 3036	
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COUNTRY (IFG): US	SIGN: Attention: 1-128
CARRIAGE VALUE: 100 CAD	DR: 157168941
CUSTOMS VALUE: 100 CAD	DR: 157168941
Shp Date: 18AUG17	
Adv. Mat: 0.012 B	
CAD: 105842401NET3920	
BILL SENDER	
ENVAT:	
(416) 643-8004	
FedEx	
Express	
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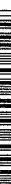
FEDEX AWB COPY - PLEASE PLACE IN POUCH

ORIGIN DEFFKA (000) 000-0000  
Attention: 1-129  
USCIS - Vermont Service Center  
75 Lower Welden Street

Ship Date: 18AUG17  
ActWgt: 0.50 LB  
CAD: 109642440/NET3920

O Ceren Gumus  
Guberman Garson Immigration  
22 Adelaide Street West  
9th Floor  
**TORONTO, ON M5H 4E3**

The logo consists of the letters "AWB" in a bold, sans-serif font above a stylized square icon containing a lowercase letter "e". To the right of the icon, the letters "(CA)" are enclosed in parentheses.

**PRG TYPE: ENV**  
**TRK# 7907 0390 7818**  
**Fam 0430**  
  
**INT'L PRIORITY**  
**REF: (GPSP0676564**  
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**DECC3;**  
**DECC4;**  
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**REURNS MON-FRI**  

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**COUNTRY MFG.** MFG. 15  
**CUSTOMS VALUE** 100 CAD  
**DCR S 15778341**

**SIGN: Amerson 1-29**  
**DCR S 15778341**

**FEDEX AWB COPY - PLEASE PLACE IN POUCH**

The reverse side of this document may be copied and will govern in most cases until the liability of Federal Express for loss or damage to your shipment. Subject to the conditions of the contract on the reverse.

## Return Shipment Instructions



### Return Shipment Instructions

1. Place the shipping label and all signed copies of the Commercial invoice in the shipping pouch.
2. Affix the shipping pouch with the recipient's full address on the most visible side of the container away from any folds or seams.
3. Ship your package one of three ways:
  - Use your regular scheduled pickup.
  - Drop off at FedEx.
  - Schedule a pickup.

To find the closest drop-off location or for more information on shipping your package, go to [fedex.com/globalreturns](http://fedex.com/globalreturns) to access the customer support center.

#### Prepare Your Package With Care.

- Use an appropriate container, cushioning materials and at least three strips of packing tape.
- If reusing packaging, remove or black out old shipping labels including their barcode(s).

#### Include the Correct Customs Documents.

Complete and accurate documentation is one of the most important elements for International shipping and customs clearance. Properly completed documentation will help your shipment reach its International destination on time and reduce the risk of it being delayed at customs.

- Customs documents must be completed for only the commodities being returned.
- A signed Commercial Invoice is generally required when shipping items other than documents internationally. It is used by the broker and customs as your primary declaration as to the contents and value of the shipment you are shipping. Certain countries require the Commercial Invoice to be on company letterhead if the returning party is a business. Please refer to [fedex.com/globalreturns](http://fedex.com/globalreturns) for a list of applicable countries and necessary instructions.
- Shipping from Canada? International return shipments from Canada to countries other than the U.S., Puerto Rico or the U.S. Virgin Islands may require a B13A form. If required, please include a completed B13A form with your shipment. Please refer to [fedex.com/globalreturns](http://fedex.com/globalreturns) for a blank B13A form, list of applicable countries and necessary instructions.
- FedEx® Global Returns shipments are governed by the terms and conditions applicable to the country from which the shipment is returned. The terms and conditions of service may vary from country to country. Consult a local FedEx location or [fedex.com/globalreturns](http://fedex.com/globalreturns) for specific information.
- For more information regarding documentation that may be required for clearance in the destination country, assistance in completing the documentation, or information on duties and taxes, go to [fedex.com/globalreturns](http://fedex.com/globalreturns).

#### Special Instructions from the merchant: