

*Akst & Akst PLLC*  
*Attorneys at Law*  
*800 Third Avenue*  
*26th Floor*  
*New York, N.Y. 10022*

February 06, 2025

Mansi Rajesh Khanna  
FLEXTRADE SYSTEMS INC,  
111 Great Neck Road STE 314  
Great Neck, NY 11021

TEL: (212) 308-3999  
FAX: (917) 261-5642  
[www.akstlaw.com](http://www.akstlaw.com)

## H-1B CONGRATULATIONS LETTER

Dear Mansi,

I am pleased to advise you that the United States Citizenship and Immigration Service has approved the H-1B petition submitted by **FLEXTRADE SYSTEMS INC** on your behalf. The H-1B approval authorizes you to work only for **FLEXTRADE SYSTEMS INC** in the U.S. from **10/21/2024** through **08/01/2027** in the position of **Software Engineer** at the company's **Wisconsin** location. Should there be a change in your position or work location, please advise our office as soon as possible because the H-1B petition approved on your behalf may need to be amended to reflect the updated information. Failing to properly advise the Immigration Service of a material change in your employment may result in an unauthorized employment situation. If you are planning to go to an American Embassy or Consulate to have the visa indorsed in your passport, you will need to follow these directions:

1. Original passports with at least two blank pages, valid for one year beyond the date of your appointment at U.S. embassy;
2. File DS-160 Application Form online. *Please note that you MUST visit <https://ceac.state.gov/genniv/> to create a profile and obtain the necessary instructions on how to complete your visa application and pay the relevant fee; we have attached a memo to help guide you in the completion of this very important form.*
3. One passport size photograph (without eyeglasses);
4. A copy of all the attached supporting documents.

It is important to note that as a result of the ongoing review of visa practices by the State Department and other U.S. agencies, visa applications are subject to a greater degree of scrutiny than in the past. This means that in some instances, visa applications are taking longer to process to conclusion at the US Consulates, even when presenting an approved petition from USCIS, than has been customary.

Please note that all temporary visa approvals must be verified by the consulate through the Petition Information Management Service (known as PIMS). Electronic verification through PIMS is now required by the consulate before an approval can be issued. While the State Department believes most PIMS clearances will be completed before the interview, this may occasionally give

rise to several days of delay after the interview. You can ask the interviewing officer if PIMS clearance has been received.

**Please note that although you will no longer receive a paper I-94 from CBP upon entry to the US you are required to visit [www.cbp.gov/194](http://www.cbp.gov/194) and use the information from the admission stamp in your passport to download your paper I-94. Once you download the I-94 kindly verify that your name, date and class of admission as well as the date until when you are admitted are accurate. Please contact our office if there are any issues regarding the I-94.**

**It is also very important that you (1) provide your employer with a copy of your most recent I-94 (2) retain a copy for yourself and (3) send us a copy for our records.**

In addition, the Immigration Law requires that all non-citizens notify the Immigration Service of a change of address within 10 days of that change. If you change your address please notify your employer and our office so that you can complete the proper documentation.

**It is imperative that you remain in proper visa status. Remember, if you fail to remain in valid status by overstaying your allotted period of stay (as noted on your I-94 Form) – even for one day – you will be held to be unlawfully present in the U.S. A departure and a visa will be required, as this violation automatically revokes your status. If you remain in the United States beyond the date noted on your I-94 record, you may be subject to a 3 year or 10 year bar. Therefore, it is very important to review your I-94 Form every time you return from travel abroad to make certain that you are given the maximum period of time as indicated on your approval notice. Moreover, if we obtained H-4 approvals for your spouse or children please remember that this H-4 status only remains valid as long as the marital relationship continues and your children are UNDER 21 YEARS OF age, regardless of the end date on any visa.**

*Lastly, we are adding you to our email list so that you can be kept informed of important developments in immigration law.*

If you would like more frequent updates on immigration related developments, feel free to "like" us on Facebook at <http://www.facebook.com/AkstAkst>.

If you have any questions regarding the enclosed documents, please contact our office at (212) 308-3999 or by email at [azakst@akstlaw.com](mailto:azakst@akstlaw.com)

Once again, congratulations on your approval.

Very truly yours,

Alisa Z. Akst  
Attorney at Law

Enclosures  
AZA/ej

# THE UNITED STATES OF AMERICA

## I-797A | NOTICE OF ACTION

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



Receipt Number IOE0928267000		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 10/21/2024	Priority Date	Petitioner FLEXTRADE SYSTEMS INC
Notice Date 01/27/2025	Page 1 of 2	Beneficiary A141 189 623 KHANNA, MANSI RAJESH
<b>FLEXTRADE SYSTEMS INC</b> c/o AKST, ALISA NMN AKST & AKST PLLC 800 THIRD AVENUE FLR. 26 NEW YORK NY 10022		<b>Notice Type:</b> Approval Notice <b>Class:</b> H1B <b>Valid from</b> 10/21/2024 to 08/01/2027

The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, and 30 days after the petition validity period. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before the decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. 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 beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with their other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when they leave the United States. The left part is for their records. A person granted an extension of stay who leaves the U.S. and is not visa-present must normally obtain a new visa before returning. The left part can be used when applying for the new visa. If a visa is not required, they should 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 petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

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

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

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

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



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

Detach This Half for Personal Records

Receipt# IOE0928267000

I-94# 755662582 A2

NAME KHANNA, MANSI RAJESH

CLASS H1B

VALID FROM 10/21/2024 UNTIL 08/11/2027

**PETITIONER**

FLEXTRADE SYSTEMS INC  
111 GREAT NECK ROAD 314  
GREAT NECK NY 11021

755662582 A2

Receipt Number IOE0928267000

US Citizenship and Immigration Services

**I94 Departure Record**

Petitioner: FLEXTRADE SYSTEMS INC

14. Family Name  
KHANNA

15. First (Given) Name  
MANI

16. Date of Birth  
09/23/1995

17. Country of Citizenship  
India

# THE UNITED STATES OF AMERICA

## I-797A | NOTICE OF ACTION

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



Receipt Number IOE0928267000		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 10/21/2024	Priority Date	Petitioner FLEXTRADE SYSTEMS INC
Notice Date 01/27/2025	Page 2 of 2	Beneficiary A141 189 623 KHANNA, MANSI RAJESH

**THIS NOTICE 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.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

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

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



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

**INTENTIONALLY LEFT BLANK**  
Detach This Part for Personal Records

**Recipient I-94#**  
**INTENTIONALLY LEFT BLANK**

**NAM**  
**INTENTIONALLY LEFT BLANK**

**CLASS**  
**INTENTIONALLY LEFT BLANK**

**VALID FROM**  
**INTENTIONALLY LEFT BLANK**

**PENITENTIALY LEFT BLANK**

**INTENTIONALLY LEFT BLANK**

**INTENTIONALLY LEFT BLANK**

**Receipt Number**  
**INTENTIONALLY LEFT BLANK**  
US Citizenship and Immigration Services

**INTENTIONALLY LEFT BLANK**

**I94 Departure Record**  
**Petitioner**  
**INTENTIONALLY LEFT BLANK**

14. Family Name <b>INTENTIONALLY LEFT BLANK</b>	16. Date of Birth <b>INTENTIONALLY LEFT BLANK</b>
15. First (Given) Name <b>INTENTIONALLY LEFT BLANK</b>	
17. Country of Citizenship	



## Petition for a Nonimmigrant Worker

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

USCIS

Form I-129

OMB No. 1615-0009  
Expires 02/28/2027

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) N/A	Given Name (First Name)	Middle Name
--------------------------------	-------------------------	-------------

#### 2. Company or Organization Name

FlexTrade Systems, Inc.

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

In Care Of Name

LS Srinivas

Street Number and Name

111 Great Neck Road

Apt. Ste. Flr. Number

314

City or Town

Great Neck

State

NY

ZIP Code

11021

Province

Postal Code

Country

United States

#### 4. Contact Information

Daytime Telephone Number (646) 402-5094	Mobile Telephone Number	Email Address (if any) ls.srinivas@flextrade.com
--	-------------------------	---

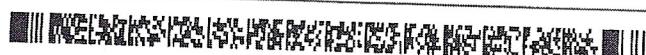
#### Other Information

##### 5. Federal Employer Identification Number (FEIN)

► 11-3311506

##### 6. Are you a nonprofit organized as tax exempt or a governmental research organization?

Yes  No



**Part 1. Petitioner Information (continued)**

7. Individual IRS Tax Number

► [REDACTED]

8. U.S. Social Security Number (if any)

► [REDACTED]

**Part 2. Information About This Petition**

1. Requested Nonimmigrant Classification (Write classification symbol): H1B

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."

► I O E 0 9 2 7 1 3 5 3 0 4

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.) ► 01

**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. Type of Beneficiaries Requested (select only one box)

 Named  Unnamed (for H-2A or H-2B petitions only)

2. If an Entertainment Group, Provide the Group Name

N/A

3. Provide Name of Beneficiary

Family Name (Last Name)

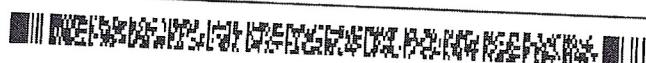
Khanna

Given Name (First Name)

Mansi

Middle Name

Rajesh



**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)

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

Family Name (Last Name)

NONE

Given Name (First Name)


Middle Name


5. Other Information

Date of birth (mm/dd/yyyy)

09/23/1995

Gender

Male     Female

U.S. Social Security Number (if any)

► 0 2 4 2 3 6 0 6 1

Alien Registration Number (A-Number)

► A- 1 4 1 1 8 9 6 2 3

Country of Birth

India

Province of Birth

Maharashtra

Country of Citizenship or Nationality

India

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

Date of Last Arrival (mm/dd/yyyy)

01/24/2022

I-94 Arrival-Departure Record Number

► 7 5 5 6 6 2 5 8 2 A 2

Passport or Travel Document Number

N1258048

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

07/10/2015

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

07/09/2025

Passport or Travel Document Country of Issuance

India

Date Status Expires or D/S (mm/dd/yyyy)

08/01/2027

Current Nonimmigrant Status

H-1B

Employment Authorization Document (EAD) Number (if any)

N/A

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

Street Number and Name

2111 E Ivanhoe Place

Apt. Ste. Flr. Number

511

City or Town

Milwaukee

State

ZIP Code

WI 53202

**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.

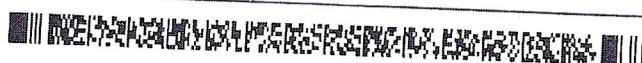
- a. Type of Office (select only one box):  Consulate     Pre-flight inspection     Port of Entry

- b. Office Address (City)

Mumbai

- c. U.S. State or Foreign Country

INDIA

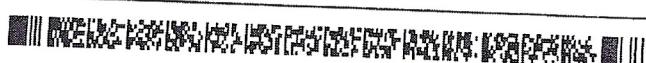


#### Part 4. Processing Information (continued)

##### d. Beneficiary's Foreign Address

Street Number and Name Shimpoli Road	Apt. Ste. Flr. Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18-B, Anuja Apt	
City or Town Borivali West, Mumbai	State	
Province Maharashtra	Postal Code 400092.	Country 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.
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? ►  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
- 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.  
 N/A



## 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

Software Developer

2. LCA or ETA Case Number

I-200-24241-300442

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

233 North Water Street

Apt. Ste. Flr. Number

City or Town

Milwaukee

State ZIP Code

WI

53202

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?

► N/A

9. Wages: \$  per (Specify hour, week, month, or year)

► Year

10. Other Compensation (Explain)

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

To: (mm/dd/yyyy)

12. Type of Business

Software Development Firm

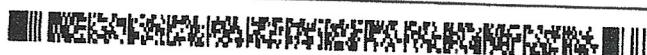
13. Year Established

14. Current Number of Employees in the United States

15. 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

16. Gross Annual Income

17. Net Annual Income



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

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

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

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

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

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

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

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

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

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

### **1. Name and Title of Authorized Signatory**

Family Name (Last Name)

Srinivas

Given Name (First Name)

LS

Title

Sr VP & Global Head-Human Resources

### **2. Signature and Date**

Signature of Authorized Signatory



/Srinivas

Date of Signature (mm/dd/yyyy)

09/10/2024

### **3. Signatory's Contact Information**

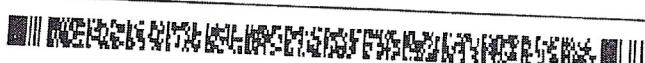
Daytime Telephone Number

(646) 402-5094

Email Address (if any)

ls.srinivas@flextrade.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)

Akst

Given Name (First Name)

Alisa

**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).)  
Akst & Akst PLLC

**3. Preparer's Mailing Address**

Street Number and Name

800 Third Avenue

Apt. Ste. Flr. Number

26

City or Town

New York

State

NY

ZIP Code

10022

Province

Postal Code

Country

United States

**4. Preparer's Contact Information**

Daytime Telephone Number

(212) 308-3999

Fax Number

(917) 261-5642

Email Address (if any)

azakst@akstlaw.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.

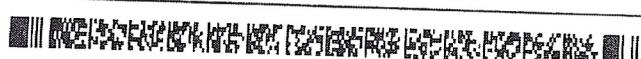
**5. Signature and Date**

Signature of Preparer



Date of Signature (mm/dd/yyyy)

10/17/2024



## **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- 

1	4	1	1	8	9	6	2	3
---	---	---	---	---	---	---	---	---

2. **Page Number**

**Part Number**

**Item Number**

FLEXTRADE SYSTEMS INC. filed an:

01) H1B petition on behalf on the Beneficiary, Ms. Khanna. It was approved from 08/08/2024 to 08/01/2027 (IOE0927135304).

3. **Page Number**

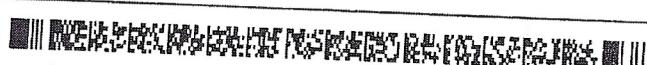
**Part Number**

**Item Number**

4. **Page Number**

**Part Number**

**Item Number**





## H Classification Supplement to Form I-129

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

USCIS

Form I-129

OMB No. 1615-0009  
Expires 02/28/2027

1. Name of the Petitioner

FlexTrade Systems, Inc.

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

- 2.a. Name of the Beneficiary

Mansi Rajesh Khanna

OR

- 2.b. Provide the total number of beneficiaries

01

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
Mansi Rajesh Khanna	10/01/2023	Current

4. Classification sought (select only one box):

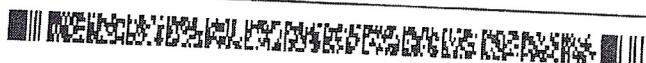
- a. H-1B Specialty Occupation  
 b. H-1B1 Chile and Singapore  
 c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)  
 d. H-1B3 Fashion model of distinguished merit and ability  
 e. H-2A Agricultural worker 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

5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption):

- a. Provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

Confirmation Number

N/A



- b. Provide the beneficiary's passport or travel document number, country of issuance, and expiration date for the passport or travel document used at the time of registration.

Passport or Travel Document Number N/A	Country of Issuance	Expiration Date (mm/dd/yyyy)
---	---------------------	------------------------------

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?  
 Yes       No
7. 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
- 8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?  
 Yes. If yes, please explain in Item Number 8.b.       No
- 8.b. Explanation

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

1. Describe the proposed duties.

PLEASE SEE ATTACHED EXHIBIT B

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

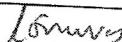
PLEASE SEE ATTACHED EXHIBIT B

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

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

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

Signature of Petitioner

→ 

Name of Petitioner

LS Srinivas

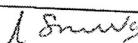
Date (mm/dd/yyyy)

09/10/2024

#### **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 beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer



Name of Authorized Official of Employer

LS Srinivas

Date (mm/dd/yyyy)

09/10/2024



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

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

**Signature of DOD Project Manager**

**Name of DOD Project Manager**

**Date (mm/dd/yyyy)**

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
3. Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed).

4. List the countries of citizenship for the H-2A or H-2B workers you plan to hire.


- 5.a. You must provide all of the requested information for **Item Numbers 5.a. - 6.** for each H-2A or H-2B worker you plan to hire who is not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1) or 214.2(h)(6)(i)(E)(1). See [www.uscis.gov](http://www.uscis.gov) for the list of participating countries. (Attach a separate sheet if additional space is needed.)

Family Name (Last Name)


Given Name (First Name)


Middle Name


- 5.b. Provide all other name(s) used

Family Name (Last Name)


Given Name (First Name)


Middle Name

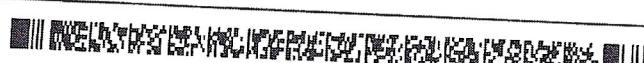

- 5.c. Date of Birth (mm/dd/yyyy)    5.d. Country of Birth


Country of Birth


- 5.e. Country of Citizenship or Nationality


- 6.a. Have any of the workers listed in **Item Number 5.** above ever been admitted to the United States previously in H-2A/H-2B status?

Yes. If yes, go to **Part 9.** of Form I-129 and write your explanation.     No



**Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)**

6.b. Visa Classification (H-2A or H-2B):

**NOTE:** If any of the H-2A or H-2B workers you are requesting are nationals of a country that is not on the eligible countries list, you must also provide evidence showing: (1) that workers with the required skills are not available from a country currently on the eligible countries list\*; (2) whether the beneficiaries have been admitted previously to the United States in H-2A or H-2B status; (3) that there is no potential for abuse, fraud, or other harm to the integrity of the H-2A or H-2B visa programs through the potential admission of the intended workers; and (4) any other factors that may serve the United States interest.

\* For H-2A petitions only: You must also show that workers with the required skills are not available from among United States workers.

7.a. Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2A/H-2B workers that you intend to hire by filing this petition?

Yes       No

If yes, list the name and address of service or agent used below. Please use **Part 10.** of Form I-129 if you need to include the name and address of more than one service or agent.

7.b. Name

7.c. Address

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"/>

8.a. Did any of the H-2A/H-2B workers that you are requesting pay you, or an agent, a job placement fee or other form of compensation (either direct or indirect) as a condition of the employment, or do they have an agreement to pay you or the service such fees at a later date? The phrase "fees or other compensation" includes, but is not limited to, petition fees, attorney fees, recruitment costs, and any other fees that are a condition of a beneficiary's employment that the employer is prohibited from passing to the H-2A or H-2B worker under law under U.S. Department of Labor rules. This phrase does not include reasonable travel expenses and certain government-mandated fees (such as passport fees) that are not prohibited from being passed to the H-2A or H-2B worker by statute, regulations, or any laws.

Yes       No

8.b. If yes, list the types and amounts of fees that the worker(s) paid or will pay.

8.c. If the workers paid any fee or compensation, were they reimbursed?

Yes       No

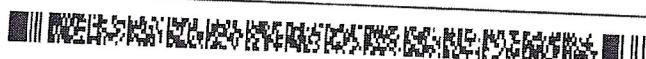
8.d. If the workers agreed to pay a fee that they have not yet been paid, has their agreement been terminated before the workers paid the fee? (Submit evidence of termination or reimbursement with this petition.)

Yes       No

9. Have you made reasonable inquiries to determine that to the best of your knowledge the recruiter, facilitator, or similar employment service that you used has not collected, and will not collect, directly or indirectly, any fees or other compensation from the H-2 workers of this petition as a condition of the H-2 workers' employment?

Yes       No

**NOTE:** If USCIS determines that you knew, or should have known, that the workers requested in connection with this petition paid any fees or other compensation at any time as a condition of employment, your petition may be denied or revoked.



## Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

- 10.a. Have you ever had an H-2A or H-2B petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer or employment?  Yes  No
- 10.a.1 If yes, when?
- 10.a.2 Receipt Number: ►
- 10.b. Were the workers reimbursed for such fees and compensation? (Submit evidence of reimbursement.) If you answered no because you were unable to locate the workers, include evidence of your efforts to locate the workers.  Yes  No
11. Have any of the workers you are requesting experienced an interrupted stay associated with their entry as an H-2A or H-2B? (See form instructions for more information on interrupted stays.)  Yes  No  
If yes, document the workers' periods of stay in the table on the first page of this supplement. Submit evidence of each entry and each exit, with the petition, as evidence of the interrupted stays.
- 12.a. If you are an H-2A petitioner, are you a participant in the E-Verify program?  Yes  No
- 12.b. If yes, provide the E-Verify Company ID or Client Company ID.

The H-2A/H-2B petitioner and each employer consent to allow Government access to the site where the labor is being performed for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner further agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker absconds from the worksite or is terminated prior to the completion of agricultural labor or services for which he or she was hired. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a one-year period. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

The petitioner must execute **Part A**. If the petitioner is the employer's agent, the employer must execute **Part B**. If there are joint employers, they must each execute **Part C**.

**For H-2A petitioners only:** The petitioner agrees to pay \$10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement.

### Part A. Petitioner

By filing this petition, I agree to the conditions of H-2A/H-2B employment and agree to the notification requirements. For H-2A petitioners: I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

Signature of Petitioner



Name of Petitioner

Date (mm/dd/yyyy)

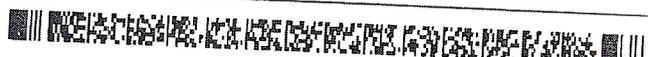
### Part B. Employer who is not the petitioner

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A/H-2B eligibility.

Signature of Employer

Name of Employer

Date (mm/dd/yyyy)



## Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)

### Part C. Joint Employers

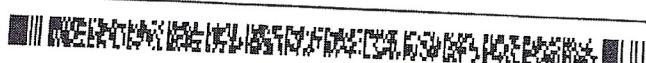
I agree to the conditions of H-2A eligibility.

Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)

## Section 3. Complete This Section If Filing for H-3 Classification

If you answer yes to any of the following questions, attach a full explanation.

1. Is the training you intend to provide, or similar training, available in the beneficiary's country?  Yes  No
2. Will the training benefit the beneficiary in pursuing a career abroad?  Yes  No
3. Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation employment versus the classroom in Part 9. of Form I-129.  Yes  No
4. Does the beneficiary already have skills related to the training?  Yes  No
5. Is this training an effort to overcome a labor shortage?  Yes  No
6. Do you intend to employ the beneficiary abroad at the end of this training?  Yes  No
7. If you do not intend to employ the beneficiary abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training.  Yes  No





## 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 02/28/2027

1. Name of the Petitioner

FlexTrade Systems, Inc.

2. Name of the Beneficiary

Mansi Rajesh Khanna

### 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
- 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

Information Technology and Analytics

4. Rate of Pay Per Year

\$105,000

5. DOT Code

0 3 0

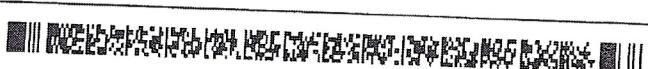
6. NAICS Code

5 1 1 2 1 0

### 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 beneficiary?  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  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, N/A  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

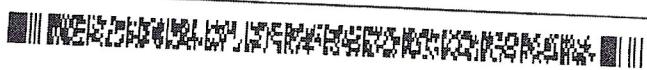
Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

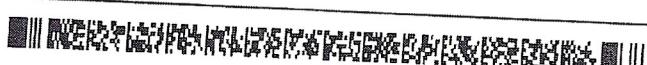


### Section 3. Numerical Limitation Information (continued)

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. N/A  Yes  No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. N/A  Yes  No



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



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor/>. 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 (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), 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 *	Software Developer		
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occupation title *		
15-1252.00	Software Developers		
4. Is this a full-time position? *	Period of Intended Employment		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Begin Date * (mm/dd/yyyy)	9/9/2024	6. End Date * (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application			

1

Total Worker Positions Being Requested for Certification \*

Basis for the visa classification supported by this application  
(indicate total workers in each applicable category)

0

a. New employment \*

0

d. New concurrent employment \*

0

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

0

e. Change in employer \*

0

c. Change in previously approved employment \*

1

f. Amended petition \*

**C. Employer Information**

1. Legal business name *	FlexTrade Systems, Inc.		
2. Trade name/Doing Business As (DBA), if applicable			
3. Address 1 *	111 Great Neck Road		
4. Address 2	Suite 314		
5. City *	6. State *	7. Postal code *	
Great Neck	New York	11021	
8. Country *	9. Province		
United States Of America			
10. Telephone number *	11. Extension		
+1 (646) 402-5094			
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *		
11-3311506	513210		

Labor Condition Application for Nonimmigrant Workers  
Form ETA-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)
Srinivas	LS	
4. Contact's job title *		
Sr VP & Global Head-Human Resources		
5. Address 1 *		
111 Great Neck Road		
6. Address 2		
Suite 314		
7. City *	8. State *	9. Postal code *
Great Neck	New York	11021
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (646) 402-5094		ls.srinivas@flextrade.com

**E. Attorney or Agent Information (If applicable)**

**Important Note:** The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

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)
Akst	Alisa	
5. Address 1 §	8. State §	9. Postal code §
800 Third Avenue	New York	10022
6. Address 2	11. Province	
26th floor		
7. City §	8. State §	9. Postal code §
New York	New York	
10. Country §	11. Province	
United States Of America		
12. Telephone number §	13. Extension	14. E-Mail address
+1 (212) 308-3999		AZAKST@AKSTLAW.COM
15. Law firm/Business name §	16. Law firm/Business FEIN §	
Akst & Akst PLLC	13-3279881	
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §	
5151725	New York	
19. Name of the highest State court where attorney is in good standing (only if attorney) §		
APPELLATE DIVISION, 2ND DEPARTMENT		

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



**F. Employment and Wage Information**

**Important Note:** The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, or multiple forms to disclose all intended places of employment. An employer has the option to use either a single Form ETA-9035/9035E attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E See the form instructions for further information about identifying all intended places of employment.

**a. Place of Employment Information 1**

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §	

4. Address 1 \*  
233 North Water Street

5. Address 2

6. City \*  
Milwaukee

8. State/District/Territory \*  
Wisconsin

10. Wage Rate Paid to Nonimmigrant Workers \*

From\* \$ 105000 . 00 To: \$ \_\_\_\_\_ . \_\_\_\_\_

10a. Per: (Choose only one)\*

Hour  Week  Bi-Weekly  Month  Year

11. Prevailing Wage Rate \*

\$ 94307 . 00

11a. Per: (Choose only one)\*

Hour  Week  Bi-Weekly  Month  Year

**Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): \***

12. <input type="checkbox"/>	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2024 - 6/30/2025
14. <input type="checkbox"/>	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	

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



**G. Employer Labor Condition Statements**

**! Important Note:** In order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. \*

Yes  No

**H. 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 H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. **Subsection 1**

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.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 nonimmigrant workers? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both

**H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY**

5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	---

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



If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E 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:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**I. Public Disclosure Information**

! **Important Note:** You **must** select one or both of the options listed in this Section.

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

**J. Notice of Obligations**

- A. Upon receipt of the certified LCA, the employer must take the following actions:
- o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
  - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
  - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

*I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) name of hiring or designated official * Srinivas	2. First (given) name of hiring or designated official * LS	3. Middle initial §
4. Hiring or designated official title * Sr VP & Global Head-Human Resources	6. Date signed * 09/10/2024	
5. Signature *	<i>Srinivas</i>	

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



**K. LCA Preparer**

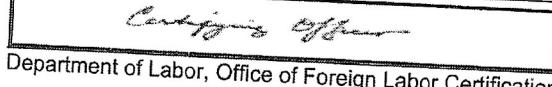
**Important Note:** Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § Akst	2. First (given) name § Alisa	3. Middle initial
4. Firm/Business name § Akst & Akst PLLC		
5. E-Mail address § AZAKST@AKSTLAW.COM		

**L. 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 9/9/2024 to 8/1/2027.

  
Department of Labor, Office of Foreign Labor Certification

9/5/2024  
Certification Date (date signed)

I-200-24241-300442  
Case number

Certified  
Case Status

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

**M. 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 DOL before it can be submitted to USCIS for final 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, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at [www.dol.gov/whd](http://www.dol.gov/whd). 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, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at [www.justice.gov](http://www.justice.gov). Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section 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).

For public burden statement information, please see Form ETA-9035CP General Instructions.

## JOB NOTICE

*This notice is provided in connection with our wish to employ an H-1B nonimmigrant worker and the filing of a Labor Condition Application (LCA). A petition will be filed for one H-1B visa. An LCA will be filed within 30 days and will be available for public inspection at our company office for ten days. Complaints alleging misrepresentation of material facts in the LCA, which is available for inspection at our principal place of business, and/or failure to comply with the terms of the LCA may be filed with any office of the Wage and Hour Division of the United States Department of Labor.*

**Position offered:** Software Developer

**Main Duties:**

- Develop our proprietary trading system that is licensed to institutional clients in the U.S., Europe and Asia;
- Enhance a Windows-based C++ application that accesses fragmented liquidity pools in OTC traded stocks;
- Use C/C++, Java and GUI to program;
- Building tools and scripts to automate the installation and troubleshooting of the system;
- Develop software using Shell, Perl, Python, Java and other programs on Linux platform;
- Design, develop and maintain complex trading algorithms like Vwap, Inline, Time slice, Random slice and Volume Tracker used by clients in real-time;
- Perform day to day production support and troubleshooting related to the trading system, trading, strategies, market data and report generation scripts using C, C++, GUI, Java, Shell Script, Perl and Python.

**Requirements:** Bachelor's degree or higher in Computer Science, Information Technology and Analytics, Computer Engineering, Electrical/Electronic Engineering, or related field

**Hours:** Full Time

**Salary:** \$105,000 per year

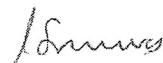
**Period of Employment:** 09/09/2024 to 08/01/2027

**Location:** FlexTrade Systems, Inc., 233 North Water Street, Milwaukee, WI 53202

### FOR FURTHER INFORMATION, CONTACT:

LS Srinivas, Sr VP & Global Head-Human Resources  
FlexTrade Systems, Inc., 111 Great Neck Rd., Ste. 314, Great Neck, NY 11021,  
or by calling (646) 402-5094

This notice was posted in two conspicuous locations at the office of FlexTrade Systems, Inc., 111 Great Neck Rd., Ste. 314, Great Neck, NY 11021, and 233 North Water Street, Milwaukee, WI 53202 from August 14, 2024, to August 28, 2024. This notice remained clearly visible and unobstructed during the entire period of posting.



LS Srinivas  
Sr VP & Global Head-Human Resources  
FlexTrade Systems, Inc.

## HOW TO FILL IN YOUR NONIMMIGRANT VISA FORM DS-160

Primary Applicant / Employee

IT IS IMPORTANT THAT YOU READ EACH QUESTION CAREFULLY  
AND FOLLOW ALL THE INSTRUCTIONS.

THE FORM DS-160 MUST BE COMPLETED ONLINE PRIOR TO YOUR INTERVIEW APPOINTMENT.  
You may access the Form at: <https://ceac.state.gov/genniv/>. Additional information may be found in the FAQs at: [http://travel.state.gov/visa/forms/forms\\_4401.html](http://travel.state.gov/visa/forms/forms_4401.html).

If you are traveling with family members, including children, you can create an individual applications for each family member by selecting the 'create a family or group application' on the "Thank you" page. When you select this option, certain information from your application, will automatically be imported to and displayed on a new application. A separate form must be completed for each family member, including children. Please make sure that the children either have passports or are listed on one spouse's passport.

Please have your passport, previous visa information (if applicable), and any other documents relevant to your current/new visa and intended travel to the United States ready and available for your reference before you start the application process.

You will have an option to upload a digital photograph with your application. Have your digital photograph readily available before you start the application process. If you do not at least attempt to upload a digital photo, you cannot proceed with the application. Ensure your photo adheres to the Guidelines for Photographs for Online Visa Applications (see [http://travel.state.gov/visa/visaphotoreq/visaphotoreq\\_5334.html](http://travel.state.gov/visa/visaphotoreq/visaphotoreq_5334.html)).

If the upload fails or is rejected (indicated with an X in the box where the photo should be), bring your printed photo to your interview at the Consulate/Embassy.

If the confirmation page includes a photo image, then the photo upload function has succeeded and no separate print photograph is required.

\*The system will automatically save your application each time you click the "Next" button, however, you MUST have the Application ID to retrieve your saved application. The Application ID will be displayed on the top left-hand corner at the beginning of the application process (only). You will be able to retrieve your unsubmitted application for up to 30 days. If you need to retain your application for more than 30 days, you must permanently save the application to a disk or to your hard drive. To permanently save your application, select the "Save Application to File" button; then, click the "Save" button on the File Download window. Identify a place on your computer to save the application file, browse to that location, and click the "Save" button on the Save As window to have the system download your application to the specified location. Once the download is complete you can click "Close" to return to the application. You can then use the "Import Application Data" option on the "Getting Started" page to upload the data that you have already entered.

\*\*THE SYSTEM WILL "TIME OUT" IF YOU DO NOT SAVE FOR 15-20 MINUTES. If this happens, all the data that has been entered since you last clicked "Next" will be lost (if you have your Application ID to retrieve that data).

"How to Apply for a U.S. Nonimmigrant Visa" – Subsections:

"Select the location where you will be applying for your visa" Choose the Region/Country where you will apply for your visa stamp.

"Getting Started" Self-explanatory (Make a note of the 'Application ID' that appears on this page. You will need this number to retrieve your application.) You may choose to upload your photo here or later. Select "Start a New Application"

"Application Information" Answer Security Question.

"Personal Information 1" Self-explanatory

"Personal Information 2" Self-explanatory

"Address and Phone Information" Self-explanatory

# HOW TO FILL IN YOUR NONIMMIGRANT VISA FORM DS-160

Primary Applicant / Employee

IT IS IMPORTANT THAT YOU READ EACH QUESTION CAREFULLY  
AND FOLLOW ALL THE INSTRUCTIONS.

"Passport Information"	Self-explanatory
"Travel Information" – Subsections:	
"Purpose of Trip to U.S."	Choose "TEMPORARY WORKER (H)".
"Specify"	Choose "SPECIALTY OCCUPATION (H-IB)".
"Application Receipt/Petition Number"	Write the Receipt Number from the top left corner of the Approval Notice.
"Intended Date of Arrival"	Write a date slightly earlier than the one you intend to travel on.
"Intended Length of Stay in U.S."	Write the duration indicated by the validity dates on the Approval Notice. (e.g., Write "3" and Choose "Years" from Drop Down Menu.)
"Address Where You Will Stay in the U.S."	Write 'Hotel' and its address, unless you know where you will be staying, then write that address
"Person/Entity Paying for Your Trip"	Self-explanatory; Choose "Self" if you are paying; Choose "U.S. Petitioner" if your employer is paying
"Travel Companions Information"	Self-explanatory
"Previous U.S. Travel Information"	Self-explanatory; Answer truthfully. Please advise Law Firm immediately if you have ever had a visa refused or revoked or if you have ever been refused admission to the U.S.
"U.S. Point of Contact Information" – Subsections:	
"Contact Person or Organization in the United States"	Write your employer contact person's information: Jennifer Oldja, Al & John Inc.
"Relationship to You"	Choose "Employer".
"Address and Phone Number of Point of Contact"	Write your employer contact person's information: Al & John Inc. 147 Clinton Road, West Caldwell, NJ 07006. 973-742-4990
"Email Address"	Choose "Does Not Apply".
"Family Information: Relatives"	Self-explanatory
"Family Information: Spouse"	Self-explanatory
"Present Work/Education/Training Information" – Subsections:	Complete only if employed at the time of application. If employed pursuant to visa status, enter information as indicated below. <u>If employed abroad, enter that information.</u>
"Primary Occupation"	If employed pursuant to visa status, choose the category that best fits the occupation listed on Form I-129, Page 4, Part 5, Item 1.
"Present Employer or School Name"	If employed pursuant to visa status, write your employer's name as it appears on Form I-129, Page 1, Part 1, Item 2.

# HOW TO FILL IN YOUR NONIMMIGRANT VISA FORM DS-160

Primary Applicant / Employee

IT IS IMPORTANT THAT YOU READ EACH QUESTION CAREFULLY  
AND FOLLOW ALL THE INSTRUCTIONS.

“Present employer or school address”

If employed pursuant to visa status, write your employer's address as it appears on Form I-129, Page 1, Part 1, Item 3.

“Monthly Salary in Local Currency”

If employed pursuant to visa status, write the salary amount from Form I-129, Page 5, Part 5, Item 9. (If listed as an annual salary, either divide by 12 or also write “per year” or “/year”.)

“Briefly describe your duties”

If employed pursuant to visa status, write the job title from Form I-129, Page 4, Part 5, Item 1. If employed abroad, write that job title.

“Previous Work/Education/Training Information” – Complete only if previously employed. If you were not previously employed (prior to current employer) or if you have been employed with your current employer for five years or more, choose “No”. If you were previously employed, choose “Yes” and provide information about your earlier employers for the past five years. *Subsections:*

“Were you previously employed”

Self Explanatory

“Employer/Employment Information”

Self-explanatory.

“Security and Background, Parts I – 5”

Self-explanatory. Your answers should all be ‘no’; if not, please advise Law Firm immediately.

“Temporary Work Visa Information” – *Subsections:*

“Application Receipt/Petition Number”

Receipt Number will be prompt from the number provide in the initial application page.

“Name of Person/Company who Filed Petition”

Write your employer's name as it appears on Form I-129, Page 1, Part 1, Item 2.

“Where Do You Intend to Work?”

Write your employer's name as it appears on Form I-129, Page 1, Part 1, Item 2; enter the work location as it appears on Form I-129, Page 5, Part 5, Item 3 (include name of subcontracted company in address, if applicable).

“Enter Monthly Salary in USD”

Write the salary amount from Form I-129, Page 5, Part 5, Item 9 (If listed as an annual salary, either divide by 12 or also write “per year” or “/year”.)

You may upload/confirm your digital passport photo.

The system will prompt you to review the information you have entered. Once completed, for the instructions for Signing (Electronic Signature) and Submitting your application as instructed.

PRINT AND CARRY YOUR CONFIRMATION PAGE WITH YOU TO YOUR INTERVIEW.

**HOW TO FILL IN YOUR NONIMMIGRANT VISA FORM DS-160**  
**Derivative Applicant – Spouse/Children**  
**IT IS IMPORTANT THAT YOU READ EACH QUESTION CAREFULLY**  
**AND FOLLOW ALL THE INSTRUCTIONS.**

THE FORM DS-160 **MUST BE COMPLETED ONLINE PRIOR TO YOUR INTERVIEW APPOINTMENT**. You may access the Form at: <https://ceac.state.gov/genniv/>. Additional information may be found in the FAQs at: [http://travel.state.gov/visa/forms/forms\\_4401.html](http://travel.state.gov/visa/forms/forms_4401.html).

If you are traveling with family members, including children, you can create an individual applications for each family member by selecting the 'create a family or group application' on the "Thank you" page. When you select this option, certain information from your application, will automatically be imported to and displayed on a new application. A separate form must be completed for each family member, including children. Please make sure that the children either have passports or are listed on one spouse's passport.

Please have your passport, previous visa information (if applicable), the primary visa holder's current visa/approval information, and any other documents relevant to your current/new visa and intended travel to the United States ready and available for your reference before you start the application process

You will have an option to upload a digital photograph with your application. Have your digital photograph readily available before you start the application process. If you do not at least attempt to upload a digital photo, you cannot proceed with the application. Ensure your photo adheres to the Guidelines for Photographs for Online Visa Applications (see [http://travel.state.gov/visa/visaphotoreq/visaphotoreq\\_5334.html](http://travel.state.gov/visa/visaphotoreq/visaphotoreq_5334.html)).

If the upload fails or is rejected (indicated with an X in the box where the photo should be), bring your printed photo to your interview at the Consulate/Embassy.

If the confirmation page includes a photo image, then the photo upload function has succeeded and no separate print photograph is required.

\* *The system will automatically save your application each time you click the "Next" button, however, you MUST have the Application ID to retrieve your saved application. The Application ID will be displayed on the top left-hand corner at the beginning of the application process (only). You will be able to retrieve your unsubmitted application for up to 30 days. If you need to retain your application for more than 30 days, you must permanently save the application to a disk or to your hard drive. To permanently save your application, select the "Save Application to File" button; then, click the "Save" button on the File Download window. Identify a place on your computer to save the application file, browse to that location, and click the "Save" button on the Save As window to have the system download your application to the specified location. Once the download is complete you can click "Close" to return to the application. You can then use the "Import Application Data" option on the "Getting Started" page to upload the data that you have already entered.*

\*\**THE SYSTEM WILL "TIME OUT" IF YOU DO NOT SAVE FOR 15-20 MINUTES. If this happens, all the data that has been entered since you last clicked "Next" will be lost (if you have your Application ID to retrieve that data).*

"How to Apply for a U.S. Nonimmigrant Visa" – Subsections:

"Select the location where you will be applying for your visa"      Choose the Region/Country where you will apply for your visa stamp.

"Getting Started"      Self-explanatory (*Make a note of the 'Application ID' that appears on this page. You will need this number to retrieve your application.*) You may choose to upload your photo here or later. Select "Start a New Application"

"Application Information"      Answer Security Question.

"Personal Information I"      Self-explanatory

"Personal Information 2"      Self-explanatory

"Address and Phone Information"      Self-explanatory

"Passport Information"      Self-explanatory

# HOW TO FILL IN YOUR NONIMMIGRANT VISA FORM DS-160

## Derivative Applicant – Spouse/Children

IT IS IMPORTANT THAT YOU READ EACH QUESTION CAREFULLY  
AND FOLLOW ALL THE INSTRUCTIONS.

“Travel Information” – Subsections:

“Purpose of Trip to U.S.”

Choose “TEMPORARY WORKER (H)” or  
“INTRACOMPANY TRANSFEREE (L)”, as applicable.

“Specify”

Choose “SPOUSE OF AN H (H-4)”, “CHILD OF AN H (H-4)”, “SPOUSE OF AN L1 (L-2)”, or “CHILD OF AN L1 (L-2)”,  
as applicable.

“Principal Applicant Information”

Write primary visa holder’s (spouse’s/father’s) full name.

“Application Receipt/Petition Number”

Write Receipt/Petition Number from primary visa holder’s Approval Notice.

“Intended Date of Arrival”

Write a date slightly earlier than the one you intend to travel on.

“Intended Length of Stay in U.S.”

Write the duration of your spouse’s anticipated H or L visa (“3” or “2” years).

“Address Where You Will Stay in the U.S.”

Write ‘Hotel’ and its address, unless you know where you will be staying, then write that address

“Person/Entity Paying for Your Trip”

Self-explanatory; Choose “Self” if you are paying; Choose “U.S. Petitioner” if your employer is paying

“Travel Companions Information”      Self-explanatory

“Previous U.S. Travel Information”      Self-explanatory; Answer truthfully. Please advise Law Firm immediately if you have ever had a visa refused or revoked or if you have ever been refused admission to the U.S.

“U.S. Point of Contact Information” – Subsections:

“Contact Person or Organization in the United States”      Write primary visa holder’s (spouse’s/father’s) name and check “Do Not Know” for Organization.

“Relationship to You”

Choose “SPOUSE” or “RELATIVE”, as applicable.

“Address and Phone Number of Point of Contact”

Write primary visa holder’s information.

“Email Address”

Choose “Does Not Apply”.

“Family Information: Relatives”      Self-explanatory

“Family Information: Spouse”      Self-explanatory

“Present Work/Education/Training Information” – Complete only if employed at the time of application. If employed pursuant to visa status, enter information as indicated below. If employed abroad, enter that information. DO NOT ENTER INFORMATION REGARDING ANTICIPATED EMPLOYMENT IN THE U.S. If no longer employed abroad, but not yet employed in the U.S., enter “HOMEMAKER.” Subsections:

“Primary Occupation”

Self-explanatory; if not employed, choose “NOT EMPLOYED” and write “Accompanying Spouse”.

## HOW TO FILL IN YOUR NONIMMIGRANT VISA FORM DS-160

### Derivative Applicant – Spouse/Children

IT IS IMPORTANT THAT YOU READ EACH QUESTION CAREFULLY  
AND FOLLOW ALL THE INSTRUCTIONS.

“Present Employer or School Name/Information”      Self-explanatory (does not appear if chose “NOT EMPLOYED”).

“Previous Work/Education/Training Information” – Complete only if previously employed. If you were not previously employed (prior to current employer) or if you have been employed with your current employer for five years or more, choose “No”. If you were previously employed, choose “Yes” and provide information about your earlier employers for the past five years. Subsections:

“Were you previously employed”      Self Explanatory.

“Employer/Employment Information”      Self-explanatory.

“Security and Background, Parts 1 – 5”      Self-explanatory. Your answers should all be ‘no’; if not, please advise Law Firm immediately.

You may upload/confirm your digital passport photo.

The system will prompt you to review the information you have entered. Once completed, for the instructions for Signing (Electronic Signature) and Submitting your application as instructed.

PRINT AND CARRY YOUR CONFIRMATION PAGE WITH YOU TO YOUR INTERVIEW.