



Petition for a Nonimmigrant Worker

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

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

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

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

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

1. Legal Name of Individual Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Company or Organization Name

HADIAMONDSTAR SOFTWARE SOLUTIONS, LLC

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Srinivasa Goluguri, President

Street Number and Name

9477B Silverking Ct

Apt. Ste. Flr. Number

☐ ☒ ☐

B

City or Town

Fairfax

State

VA

ZIP Code

22031

Province

Postal Code

Country

United States

4. Contact Information

Daytime Telephone Number

7038760070

Mobile Telephone Number

Email Address (if any)

murthy@hadiamondstar.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 203801131

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

►

Part 2. Information About This Petition (See instructions for fee information)**1. Requested Nonimmigrant Classification** (Write classification symbol):

H-1B

2. Basis for Classification (select only one box):

- ☐ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☒ f. Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

▶ E A C 1 7 1 8 8 5 1 4 7 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.)

▶ ONE (1)

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

--

2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

Valishetty

Kishore

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

Family Name (Last Name)

Given Name (First Name)

Middle Name

4. Other Information

Date of birth

(mm/dd/yyyy) 03/08/1981

Gender

☒ Male☐ Female

U.S. Social Security Number (if any)

▶

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

Alien Registration Number (A-Number) Country of Birth

► A-

INDIA

Province of Birth

TELANGANA

Country of Citizenship or Nationality

INDIA

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

Date of Last Arrival (mm/dd/yyyy)

02/20/2016

I-94 Arrival-Departure Record Number

► 8 8 6 6 8 8 6 6 0 3 0

Passport or Travel Document Number

H8157548

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

03/23/2010

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

03/21/2020

Passport or Travel Document Country
of Issuance

INDIA

Current Nonimmigrant Status

H-1B

Date Status Expires or D/S

(mm/dd/yyyy) 07/11/2017

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

Employment Authorization Document (EAD)
Number (if any)

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

Street Number and Name

1557 Blue Magnolia Rd,

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Brandon

State

FL

ZIP Code

33510

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)

HYDERABAD

c. U.S. State or Foreign Country

INDIA

d. Beneficiary's Foreign Address

Street Number and Name

H.NO 1-462/A SADANANDAM COLONY, BHEEMRAM, HANUMAKONDA

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

WARANGAL

State

ANDHRA PRADESH

Province

Postal Code

Country

506015

INDIA

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

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
☐ Yes. If yes, how many? ► ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 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 N/A
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
☐ Yes. If yes, proceed to **Item Number 11.b**. ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.
-

Part 5. Basic Information About the Proposed Employment and Employer

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

- | | |
|--------------------|---------------------------|
| 1. Job Title | 2. LCA or ETA Case Number |
| SOFTWARE DEVELOPER | I-200-17241-051900 |

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

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

Street Number and Name

Client Sites Signed

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

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? ▶ 40
9. Wages: \$ 78000.00/yr per (Specify hour, week, month, or year) ▶ Year
10. Other Compensation (Explain)

11. Dates of intended employment From: (mm/dd/yyyy) 09/08/2017 To: (mm/dd/yyyy) 08/29/2020

12. Type of Business

Software Consulting & Development

13. Year Established

2005

14. Current Number of Employees in the United States

92

15. Gross Annual Income

11,100,000.00

16. Net Annual Income

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

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

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

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

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

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

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

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

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

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

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Goluguri

Given Name (First Name)

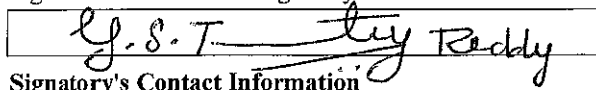
Srinivasa

Title

President

2. Signature and Date

Signature of Authorized Signatory

→ 

Date of Signature

(mm/dd/yyyy) 09/08/2017

3. Signatory's Contact Information

Daytime Telephone Number

7038760070

Email Address (if any)

murthy@hadiamondstar.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)

ILINDRA

Given Name (First Name)

Bhanu

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).)

BBI Law Group, P.C

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

3. Preparer's Mailing Address

Street Number and Name

P.O. Box 1114

Apt. Ste. Flr. Number

☐☐☐

City or Town

Herndon

State

VA

ZIP Code

20170

Province

Postal Code

Country

United States

4. Preparer's Contact Information

Daytime Telephone Number

703-496-7722

Fax Number

703-997-2473

Email Address (if any)

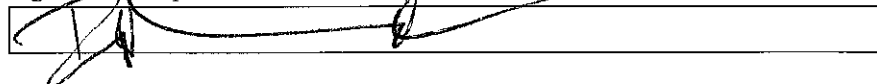
bhanu@lindralawgroup.com

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) 09/08/2017

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.

2. Page Number	Part Number	Item Number

3. Page Number	Part Number	Item Number

4. **Page Number** **Part Number** **Item Number**



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

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

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

1. Name of the Petitioner

HADIAMONDSTAR SOFTWARE SOLUTIONS, LLC

2. Name of the Beneficiary

Kishore Valishetty

Section 1. General Information

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

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

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

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

3. Major/Primary Field of Study

MS in Computer Applications

4. Rate of Pay Per Year

\$78000.00/yr

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

Section 2. Fee Exemption and/or Determination

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

1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ Yes ☒ No
2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? ☐ Yes ☒ No

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

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

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

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

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

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.

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

Section 3. Numerical Limitation Information

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

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

- b. Date Degree Awarded

- c. Type of United States Degree

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

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

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



H Classification Supplement to Form I-129

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

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

1. Name of the Petitioner

HADIAMONDSTAR SOFTWARE SOLUTIONS, LLC

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

2.a. Name of the Beneficiary

Kishore Vallshetty

OR

2.b. Provide the total number of beneficiaries

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

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

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
Kishore Valisetty	Please see addendum	

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

7.b. Explanation

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

1. Describe the proposed duties.

Please see attached petitioners letter of support

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

Please see attached petitioners letter of support

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

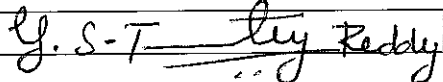
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the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

Date (mm/dd/yyyy)

→ 

Srinivasa Goluguri, President

09/08/2017

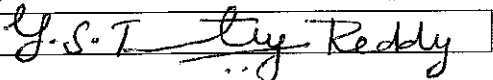
Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

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

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

Date (mm/dd/yyyy)



Srinivasa Goluguri, President

09/08/2017

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

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

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)

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

1. Employment is: (select **only one** box)

☐ a. Seasonal

☐ b. Peak load

☐ c. Intermittent

☐ d. One-time occurrence

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

☐ a. Unpredictable

☐ b. Periodic

☐ c. Recurrent annually

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

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.

a.	d.
b.	e.
c.	f.

- 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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- 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

- 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 9.** of Form I-129 if you need to include the name and address of more than one service or agent.

- 7.b. Name

Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)**7.c. Address**

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

- 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. ☐ Yes ☐ No

- 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.

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


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.

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.

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**.

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)
 <input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

-
- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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



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

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

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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

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



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

A. Employment-Based Nonimmigrant Visa Information

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

H-1B

B. Temporary Need Information

1. Job Title * SOFTWARE DEVELOPER		
2. SOC (ONET/OES) code * 15-1132	3. SOC (ONET/OES) occupation title * SOFTWARE DEVELOPERS, APPLICATIONS	
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment	
	5. Begin Date * 08/29/2017 (mm/dd/yyyy)	6. End Date * 08/29/2020 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application		
1 <input type="text"/> Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)		
0 <input type="text"/> a. New employment *	0 <input type="text"/> d. New concurrent employment *	
1 <input type="text"/> b. Continuation of previously approved employment * without change with the same employer	0 <input type="text"/> e. Change in employer *	
0 <input type="text"/> c. Change in previously approved employment *	0 <input type="text"/> f. Amended petition *	

C. Employer Information

1. Legal business name * HADIAMONDSTAR SOFTWARE SOLUTIONS, LLC		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 9477 SILVER KING CT		
4. Address 2 STE B		
5. City * FAIRFAX	6. State * VA	7. Postal code * 22031
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 7038760070	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 203801131	13. NAICS code (must be at least 4-digits) * 541511	



Labor Condition Application for Nonimmigrant Workers
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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) *
GOLUGURI	SRINIVASA	N/A
4. Contact's job title * PRESIDENT		
5. Address 1 * 9477 SILVER KING CT		
6. Address 2 STE B		
7. City * FAIRFAX	8. State * VA	9. Postal code * 22031
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number * 7038760070	13. Extension N/A	14. E-Mail address MURTHY@HADIAMONDSTAR.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", complete the remainder of Section E below.		
2. Attorney or Agent's last (family) name § ILINDRA	3. First (given) name § BHANU	4. Middle name(s) § BABU
5. Address 1 § P.O. BOX 1114		
6. Address 2 N/A		
7. City § HERNDON	8. State § VA	9. Postal code § 20170
10. Country § UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number § 7034967722	13. Extension N/A	14. E-Mail address BHANU@ILINDRALAWGROUP.COM
15. Law firm/Business name § BBI LAW GROUP, P.C.		16. Law firm/Business FEIN § 261155608
17. State Bar number (only if attorney) § 4254181	18. State of highest court where attorney is in good standing (only if attorney) § NY	
19. Name of the highest court where attorney is in good standing (only if attorney) § THIRD APPELLATE COURT		

Labor Condition Application for Nonimmigrant Workers
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U.S. Department of Labor



F. Rate of Pay

1. Wage Rate (Required) From: \$ 78000.00 * To: \$ N/A	2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
--	---

G. Employment and Prevailing Wage Information

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

a. Place of Employment 1

1. Address 1 * 300 W. LIME STREET	
2. Address 2	
3. City * LAKELAND	4. County * POLK
5. State/District/Territory * FL	6. Postal code * 33815
Prevailing Wage Information (corresponding to the place of employment location listed above)	
7. Agency which issued prevailing wage \$ N/A	7a. Prevailing wage tracking number (if applicable) \$ N/A
8. Wage level * <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ 77834.00	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one) * <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
11a. Year source published * 2017	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$ OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

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

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

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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



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

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

a. Subsection 1

1. Is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If “Yes” is marked in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

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

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

J. Public Disclosure Information

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

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

K. Declaration of Employer

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

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
GOLUGURI	SRINIVASA	N/A
4. Hiring or designated official title *		
PRESIDENT		
5. Signature *		6. Date signed *
		09/08/2017

Labor Condition Application for Nonimmigrant Workers
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L. LCA Preparer

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

1. Last (family) name § ILINDRA	2. First (given) name § BHANU	3. Middle initial § BABU
4. Firm/Business name § BBI LAW GROUP, P.C.		
5. E-Mail address § BHANU@ILINDRALAWGROUP.COM		

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

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

This certification is valid from 08/29/2017 to 08/29/2020.


Department of Labor, Office of Foreign Labor Certification

I-200-17241-051900

Case number

09/05/2017

Determination Date (date signed)

CERTIFIED

Case Status

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

N. Signature Notification and Complaints

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

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

O. OMB Paperwork Reduction Act (1205-0310)

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



September 8, 2017

Via Express Mail

U.S. Citizenship and Immigration Services
Attn: Form I-129, H-1B Cases
75 Lower Welden Street
Vermont Service Center
St. Albans, VT 05479

Not Subject to CAP

Re: Form I-129, H-1B Amendment/Extension Petition
Petitioner: Hadiamondstar Software Solutions, LLC
Beneficiary: Mr. Kishore Valishetty

Dear Officer:

Hadiamondstar Software Solutions, LLC (hereinafter referred to as "Hadiamondstar") is pleased to submit this letter in support of its H-1B petition for Mr. Kishore Valishetty. Hadiamondstar desires to employ Mr. Valishetty as a Software Developer.

The Petitioner

Hadiamondstar, founded in 2005, is a leading software solutions & Developer. Hadiamondstar empowers the exchange, execution and integration of software consultancy projects with a strong edge for human resource management. Further, by building strategic alliances with world-class companies, Hadiamondstar shall serve as plethora of multinational businesses. In addition, since its inception, Hadiamondstar experienced extraordinary growth through product diversification and the development of new distribution channels. We support our customers with a wide range of services, including consulting services, implementation and integration services, learning services, managed services and outsourcing. Our services are designed to provide each customer with the necessary strategy, guidance and execution required to deliver the intentional customer experience.

At Hadiamondstar, we are committed to incorporating quality into every aspect of our work-ranging from software development and internal business processes, to the way we work with customers and we invest considerable resources in company-wide quality programs to ensure this. Most of our employees are highly skilled and dedicated IT professionals, who provide complete services ranging from consulting to implementing customized solutions for a wide range of industries. For the reasons above mentioned, we are committed to hire only those individuals who possess the necessary high-level technical skills to serve the clients of our company. We cannot afford to do otherwise, given the tremendous size and competitiveness of the computer industry and the demands to maintain pace with current technologies.

The Position Offered

Hadiamondstar wishes to employ Mr. Valishetty as a Software Developer. In this position, candidates are generally required to:



Hadiamondstar
Software Solutions LLC
Providing Innovative Solutions

- Design, develop, and testing of Web applications using Java/J2EE, ext JS & XML technologies on Windows/Unix;
- Modify business programs and consult with Java Developer to identify current operating procedures and clarify program objectives.
- Code HTML/CSS for both emails and web pages rudimentary CSS/DHTML/JavaScript coding for front-end UI features and effects (roll overs, tabbed interfaces, image swappers and overlays etc.)
- Design and develop client Server business applications using Spring & Oracle Databases on Window/Unix.
- Perform structural Analysis, data modeling to analyze business information processing.
- Deployment and post implementation support of business client interface
- Review existing client needs.

To perform these duties, the necessary background is typically acquired through a bachelor's degree in Computer Science, Engineering, or any other related field. Hence, Hadiamondstar hires only those candidates that possess at a minimum of bachelor's degree, or its equivalent, in Computer Science, Engineering or a related field. Therefore, this position with Hadiamondstar, qualifies as a "specialty occupation" as set forth by the immigration regulations.

The Beneficiary

Mr. Valishetty is highly qualified for the position offered. He is currently present in the United States pursuant to H-1B status granted to him. Mr. Valishetty is highly qualified for the position offered. He has a Masters and Bachelor's degree in Computer Applications from Osmania University, India. Mr. Valishetty's educational documents, which are enclosed herewith, gives in complete details of his education.

Above all, Mr. Valishetty's work experience is very impressive. He has several years of work experience at various positions in the IT industry. We currently have an assignment for the beneficiary with the end client "Publix Supermarkets" in Lakeland, FL. Our client Iflowsoft solutions Inc. ("Client") has contracted for beneficiary's services to the end client, through the vendor "Intellect" at the location stated above. As per our agreement, with the client/end client options, this project is expected to continue for at least three years. Hence, petitioner shall utilize beneficiary's services for the next three years in this project. For your convenience, provided below are the following:

1. **MSA between us and the vendor, Intellect confirming beneficiary's assignment with them as our employee:** As per this letter, this project is expected to continue for a minimum of three years as there is no end date is set and the petitioner is the employer of the beneficiary. Further, this letter states that the petitioner is responsible for the wages, benefits, tax withholding, hiring, firing, training and assignment of work to the beneficiary.

Documents provided herein clearly demonstrate that the beneficiary's assignment is for next three years and we are responsible for hiring, paying, supervising or otherwise controlling the work of the beneficiary. Accordingly, we are not providing any other itinerary with this petition.



Hadiamondstar
Software Solutions LLC
Providing Innovative Solutions

Hadiamondstar is offering Mr. Valishetty a compensation package of \$78,000.00 per year with generous company benefits. Hadiamondstar understands that if Mr. Valishetty is dismissed prior to the period of his authorized stay, it will be liable for the cost of his return air transportation to India.

We thank you for considering Hadiamondstar' H-1B petition filed on behalf of Mr. Valishetty. We trust the above information provides sufficient facts to make a determination on this matter, however, if any questions arise please feel free to contact the undersigned any time.

In view of the foregoing, we seek the approval of this petition at your earliest convenience.

Sincerely,

Hadiamondstar Software Solutions, LLC


Srinivasa GOLUGURI, President

Enc.
cc: File