

4519

CRUISE LLC

101 MONTGOMERY ST., STE. 825
 SAN FRANCISCO, CA 94104-4168
 (415) 788-9000

BANK OF SAN FRANCISCO
 345 CALIFORNIA ST., STE. 1600
 SAN FRANCISCO, CA 94104
 (415) 744-6700

11-4405/1210

Four Hundred Sixty & No/100 Dollars

PAY
 TO THE
 ORDER OF

DATE	CONTROL NUMBER	AMOUNT
6/21/2023	4519	***460.00

US Department of Homeland Security

VOID IF NOT CASHED WITHIN 6 MONTHS



Details on back

#004519# 1121044055#704018819#

CRUISE LLC

4519

Invoice Date	Invoice No.	Description	Matter ID	Amount
6/21/2023	Ck Req 5 06/21/2023 LV	I-129 Filing Fee (15085-0446) Qian, Danyan		\$460.00
			Check Amount	\$460.00

CRUISE LLC

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 (415) 788-9000

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 (415) 744-6700

11-4405/1210

4520

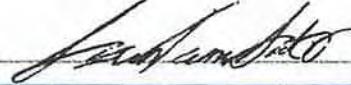
PAY
 TO THE
 ORDER OF

One Thousand, Five Hundred & No/100 Dollars

DATE	CONTROL NUMBER	AMOUNT
6/21/2023	4520	***1,500.00

US Department of Homeland Security

VOID IF NOT CASHED WITHIN 6 MONTHS

MP

1100452011 112104405511 704018819111

CRUISE LLC

4520

Invoice Date	Invoice No.	Description	Matter ID	Amount
6/21/2023	Ck Req 6 06/21/2023 LV	ACWA Fee (15085-0446) Qian, Danyan		\$1,500.00
Check Amount				\$1,500.00

4521

CRUISE LLC

101 MONTGOMERY ST., STE. 825
 SAN FRANCISCO, CA 94104-4168
 (415) 788-9000

BANK OF SAN FRANCISCO
 345 CALIFORNIA ST., STE. 1600
 SAN FRANCISCO, CA 94104
 (415) 744-6700

11-4405/1210

Five Hundred & No/100 Dollars

PAY
 TO THE
 ORDER OF

DATE	CONTROL NUMBER	AMOUNT
6/21/2023	4521	***\$500.00

US Department of Homeland Security

VOID IF NOT CASHED WITHIN 6 MONTHS




MP

#004521# 1210440551704018819#

CRUISE LLC

4521

Invoice Date	Invoice No.	Description	Matter ID	Amount
6/21/2023	Ck Req 7 06/21/2023 LV	Anti-Fraud Fee (15085-0446) Qian, Danyan		\$500.00
			Check Amount	\$500.00

4522

CRUISE LLC

101 MONTGOMERY ST., STE. 825
 SAN FRANCISCO, CA 94104-4168
 (415) 788-9000

BANK OF SAN FRANCISCO
 345 CALIFORNIA ST., STE. 1600
 SAN FRANCISCO, CA 94104
 (415) 744-6700

11-4405/1210

Two Thousand, Five Hundred & No/100 Dollars

PAY
 TO THE
 ORDER OF

DATE	CONTROL NUMBER	AMOUNT
6/21/2023	4522	***2,500.00

US Department of Homeland Security

VOID IF NOT CASHED WITHIN 6 MONTHS



MP

1100452211 11210440551170401881911

CRUISE LLC

4522

Invoice Date	Invoice No.	Description	Matter ID	Amount
6/21/2023	Ck Req 8 06/21/2023 LV	I-907 Fee (15085-0446) Qian, Danyan		\$2,500.00
Check Amount				\$2,500.00

ORIGIN ID:APCA (415) 788-9000
IPG
MINAMI TAMAKI LLP
101 MONTGOMERY STREET, SUITE 825
SAN FRANCISCO CA 94104
UNITED STATES US

SHIP DATE: 27 JUN 23
ACTWGT: 1.00 LB
CAD: 109108343/NET4610

BILL SENDER

TO ATTN: H-1B PREMIUM PROCESSING

USCIS - CALIFORNIA SERVICE CENTER

24000 AVILA RD

2ND FLOOR, ROOM 2312

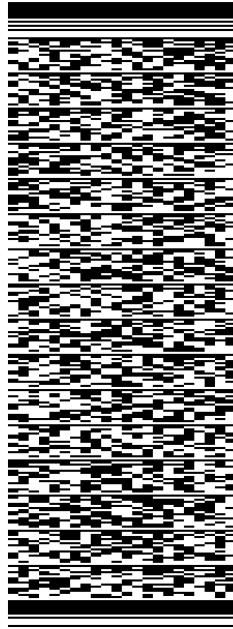
LAGUNA NIGUEL CA 92677

(415) 788-9000
INV SENT BY KC
PO: 15085-LQ446

REF: 11600-150CRUISE/QJANDANVAN

DEPT:

583J2/29AB/FE2D

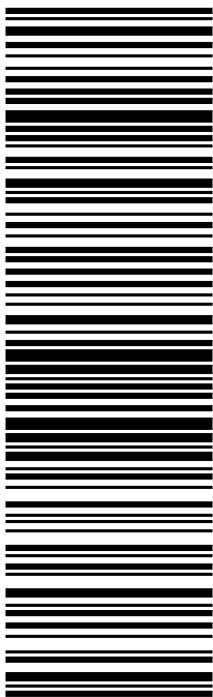


WED - 28 JUN 4:30P

STANDARD OVERNIGHT

TRK# 0201 7725 7466 7125

WZ INSA
92677
CA-US
SNA



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

June 27, 2023

VIA OVERNIGHT FEDEX

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Premium Processing Service
California Service Center
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Immigration Practice Group

Olivia S. Lee
Suhi Koizumi
La Verne A. Ramsay
Angela C. Mapa
Dian Sohn
David M. Palmer

Attn: H-1B Petition for Nonimmigrant Worker

Re: Petitioner: Cruise LLC
Beneficiary: Ms. Danyan Qian
Petition for Nonimmigrant Worker

Dear Sir or Madam,

Enclosed are the following documents in connection with the above-entitled H-1B petition:

1. Request for Premium Processing Service (Form I-907), completed and signed by Attorney of Record for the Petitioner and Beneficiary, along with premium processing filing fee (\$2500);
2. Form G-28, Notice of Appearance, Minami Tamaki LLP as attorney of record;
3. Filing fee checks for: I-129 Filing fee (\$460), Training fee (\$1,500), and Fraud fee (\$500);
4. Forms I-129, Petition to Classify Beneficiary in H-1B status, along with H-1B Supplement and H-1B Data Collection Forms;
5. Petitioner's approved labor condition application on behalf of beneficiary;
6. Statement from Petitioner outlining the proposed job duties, a summary of the terms of employment, and the beneficiary's qualifications;
7. Beneficiary's Documents:
 - a. Beneficiary's qualifications: beneficiary's educational documents;
 - b. Beneficiary's maintenance of status:
 - i. Beneficiary's Form I-94 and relevant pages of the passport;
 - ii. Beneficiary's Form I-140 Approval Notice;
 - iii. Beneficiary's Form I-797 (H-1B Approval Notices) for current and prior H-1B status;
 - iv. Beneficiary's Forms I-20 and EAD card for previous F-1 stay; and
 - v. Beneficiary's recent pay stubs.
8. Petitioner's Documents: supporting corporate documentation.

Please advise us if you require further information in connection with this petition. Thank you.

Sincerely,
MINAMI TAMAKI LLP



David McKinley Palmer, Attorney at Law



Request for Premium Processing Service

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

USCIS
Form I-907
OMB No. 1615-0048
Expires 11/30/2025

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	Date _____	Date _____	Date _____	
	Date _____	Date _____	Date _____	
Remarks		Action Block		

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 260285	Attorney or Accredited Representative USCIS Online Account Number (if any)
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► START HERE - Type or print in black ink.

Part 1. Information About the Person Filing This Request

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

► A-

2. USCIS Online Account Number (if any)

►

3. Family Name (Last Name)

Given Name (First Name)

Middle Name

4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)

Cruise LLC

5. Mailing Address

In Care Of Name

Tuyet Nguyen

Street Number and Name

333 Brannan Street

Apt. Ste. Flr. Number

City or Town

San Francisco

State

CA

ZIP Code

[USPS ZIP Code Lookup](#)

94107

Province

Postal Code

Country

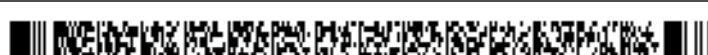
United States

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

Yes

No

If you answered "No" to Item Number 6., provide your physical address in Item Number 7.



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

7. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application

I-129

2. Receipt Number of Related Petition or Application

TBD

3. Classification or Eligibility Requested

H-1B

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Cruise LLC

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

QIAN

Given Name (First Name)

Danyan

Middle Name

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

Family Name (Last Name)

Nguyen

Given Name (First Name)

Tuyet

Middle Name

Position Title

Senior Program Manager

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

38-3995716

Part 2. Information About the Request (continued)

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

Street Number and Name

333 Brannan Street

Apt. Ste. Flr. Number

City or Town

San Francisco

State

CA

ZIP Code

94107

Province

Postal Code

Country

[Redacted]

[Redacted]

United States

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

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

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

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in [Redacted], a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.** [Redacted], prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

415-788-9000

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

[Redacted]

5. Requestor's Fax Number (if any)

(415) 398-3887

6. Requestor's Email Address (if any)

dpalmer@minamitamaki.com

Requestor's Declaration and Certification

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

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



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

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature

Date of Signature (mm/dd/yyyy)

06/27/2023

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

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

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 3.,

Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



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

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

--	--

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

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

--	--

Preparer's Given Name (First Name)

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

--

Preparer's Mailing Address

3. Street Number and Name

--	--

Apt. Ste. Flr. Number

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

--	--	--

City or Town

--

State

--

ZIP Code

--	--	--

--	--	--

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

--

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

--

6. Preparer's Email Address (if any)

--

Preparer's Statement

7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case
 extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



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

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ► A-

3.A. Page Number 3.B. Part Number 3.C. Item Number

3.D.

4.A. Page Number 4.B. Part Number 4.C. Item Number

4.D.

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D.





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 1 7 9 3 8 4 2 4 1 4 7

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name **McKinley**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **101 Montgomery Street**

3.b. Apt. Ste. Flr. **825**

3.c. City or Town **San Francisco**

3.d. State **CA** 3.e. ZIP Code **94104**

3.f. Province

3.g. Postal Code

3.h. Country

United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

4157889000

5. Mobile Telephone Number (if any)

6. Email Address (if any)

dpalmer@minamitamaki.com

7. Fax Number (if any)

4153983887

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

California Supreme Court

- 1.b. Bar Number (if applicable)

260285

1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

- 1.d. Name of Law Firm or Organization (if applicable)

Minami Tamaki LLP

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

- 2.b. Name of Recognized Organization

- 2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with

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

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

- 4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.

I-129 I-907

- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
[Redacted]
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
[Redacted]

4. Receipt Number (if any)
► [Redacted]

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
- Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **Nguyen**
- 6.b. Given Name (First Name) **Tuyet**
- 6.c. Middle Name [Redacted]
- 7.a. Name of Entity (if applicable)
Cruise LLC
- 7.b. Title of Authorized Signatory for Entity (if applicable)
Senior Program Manager
8. Client's USCIS Online Account Number (if any)
► [Redacted]
9. Client's Alien Registration Number (A-Number) (if any)
► A- [Redacted]

Client's Contact Information

10. Daytime Telephone Number

4159413094

11. Mobile Telephone Number (if any)
[Redacted]

12. Email Address (if any)

jennie.nguyen@getcruise.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **333 Brannan Street**
- 13.b. Apt. Ste. Flr. [Redacted]
- 13.c. City or Town **San Francisco**
- 13.d. State **CA** 13.e. ZIP Code **94107**
- 13.f. Province [Redacted]
- 13.g. Postal Code [Redacted]
- 13.h. Country **United States**

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

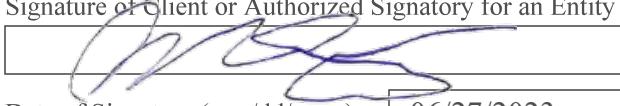
Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ 
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

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

- 1.a. Signature of Attorney or Accredited Representative



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

- 2.a. Signature of Law Student or Law Graduate



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



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name
(Last Name) **Nguyen**

1.b. Given Name
(First Name) **Tuyet**

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.





Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

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

Cruise LLC

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Tuyet Nguyen

Street Number and Name

333 Brannan Street

Apt. Ste. Flr. Number

City or Town

San Francisco

State

CA

ZIP Code

94107

Province

Postal Code

Country

United States

4. Contact Information

Daytime Telephone Number

4159413094

Mobile Telephone Number

Email Address (if any)

jennie.nguyen@getcruise.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 38-3995716

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." ► **I O E 8 6 4 1 7 2 2 0 1 6**
4. Requested Action (select only one box):
- a. Notify the office in Part 4. so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 - b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
 - c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 - e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 - f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ► **1**

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

1. If an Entertainment Group, Provide the Group Name

N/A

2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

QIAN

Danyan

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)

Gender

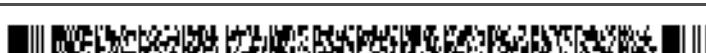
U.S. Social Security Number (if any)

10/16/1996

Male

Female

► **6 9 9 4 7 5 4 7 2**



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- **N o n e**

Country of Birth

China

Province of Birth

Zhejiang

Country of Citizenship or Nationality

China

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

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

06/24/2023

► **4 1 3 3 4 6 6 5 2 A 3**

E51792280

Date Passport or Travel Document

Issued (mm/dd/yyyy)

05/22/2015

Date Passport or Travel Document

Expires (mm/dd/yyyy)

05/21/2025

Passport or Travel Document Country of Issuance

CHINA

Current Nonimmigrant Status

H-1B

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

05/02/2025

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

1775 Hillebrant Place

Apt. Ste. Flr. Number

City or Town

Santa Clara

State

CA

ZIP Code

95050

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)

c. U.S. State or Foreign Country

Shanghai

China

d. Beneficiary's Foreign Address

Street Number and Name

HuangGuanHuaYuan Phase II, Yinzhou District

Apt. Ste. Flr. Number

04#1401

City or Town

Ningbo

State

Province

Zhejiang

Postal Code

315103

Country

China

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



Part 4. Processing Information (continued)

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

2. LCA or ETA Case Number

Systems Engineering Analyst**I-200-23171-129698**

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

Apt. Ste. Flr. Number

Same as Part 1 and 840 W. California Avenue

City or Town

State

ZIP Code

Sunnyvale

CA

94086

4. Did you include an itinerary with the petition?

Yes No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location?

Yes No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?

Yes No

7. Is this a full-time position?

Yes No

8. If the answer to Item Number 7. is no, how many hours per week for the position? ►

9. Wages: \$ **140,000** per (Specify hour, week, month, or year) ► **year**

10. Other Compensation (Explain)

Standard benefits

11. Dates of intended employment From: (mm/dd/yyyy) **06/26/2023**

To: (mm/dd/yyyy) **06/25/2026**

12. Type of Business

Autonomous Vehicle Technology

13. Year Established

2013

14. Current Number of Employees in the United States

2843

15. Gross Annual Income

Parent company-GM

16. Net Annual Income

Parent company-GM



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)

Nguyen

Given Name (First Name)

Tuyet

Title

Senior Program Manager

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

06/27/2023

3. Signatory's Contact Information

Daytime Telephone Number

(415) 941-3094

Email Address (if any)

jennie.nguyen@getcruise.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)

Given Name (First Name)

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).)

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

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)



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

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

1. A-Number ► A-

2. **Page Number** **Part Number** **Item Number**

Have you ever filed an immigrant petition for any beneficiary in this application?

Yes. I-140 approved (LIN2206150707)

3. **Page Number** **Part Number** **Item Number**

Have you ever previously filed a nonimmigrant petition for this beneficiary?

Yes. H-1B approved (EAC2020751277)

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 11/30/2025

1. Name of the Petitioner

Cruise LLC

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

- 2.a. Name of the Beneficiary

QIAN, Danyan

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
QIAN, Danyan (H-1B)	10/01/2020	Present

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

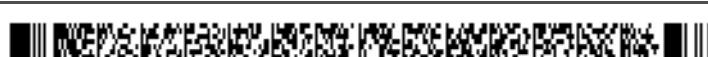
- a. H-1B Specialty Occupation
- b. H-1B1 Chile and Singapore
- c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- d. H-1B3 Fashion model of distinguished merit and ability
- e. H-2A Agricultural worker
- f.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

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

N/A

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

N/A

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

1. Describe the proposed duties.

Please see employer letter.

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

Please see employer letter.

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

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

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

Signature of Petitioner	Name of Petitioner	Date (mm/dd/yyyy)
	Tuyet Nguyen, Senior Program Manager	06/27/2023

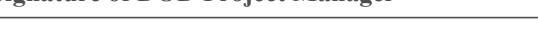
Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

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)
	Tuyet Nguyen, Senior Program Manager	06/27/2023

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)
		





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 11/30/2025

1. Name of the Petitioner

Cruise LLC

2. Name of the Beneficiary

Danyan QIAN

Section 1. General Information

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

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

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

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

3. Major/Primary Field of Study

Civil and Environmental Engineering

4. Rate of Pay Per Year

\$140,000

5. DOT Code

0 0 5

6. NAICS Code

5 4 1 7 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)(ii)(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



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 * Systems Engineering Analyst

2. SOC (ONET/OES) code *
17-2051.01

3. SOC (ONET/OES) occupation title *
Transportation Engineers

4. Is this a full-time position? *

Yes No

Period of Intended Employment

5. Begin Date * 6/26/2023
(mm/dd/yyyy)

6. End Date * 6/25/2026
(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*

1

e. Change in employer *

0

c. Change in previously approved employment *

0

f. Amended petition *

C. Employer Information

1. Legal business name *
Cruise LLC

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

3. Address 1 *
333 Brannan Street

4. Address 2

5. City *
San Francisco

6. State *
California

7. Postal code *
94107

8. Country *
United States Of America

9. Province

10. Telephone number *
+1 (415) 941-3094

11. Extension

12. Federal Employer Identification Number (FEIN from IRS) *
38-3995716

13. NAICS code (must be at least 4-digits) *
54171

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)
Nguyen	Tuyet	
4. Contact's job title *		
Senior Program Manager		
5. Address 1 *		
333 Brannan Street		
6. Address 2		
7. City *	8. State *	9. Postal code *
San Francisco	California	94107
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (415) 941-3094		jennie.nguyen@getcruise.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)	
Palmer	David		
5. Address 1 § 101 Montgomery Street			
6. Address 2 Suite 825			
7. City § San Francisco	8. State § California	9. Postal code § 94104	
10. Country § United States Of America	11. Province		
12. Telephone number § +1 (415) 788-9000	13. Extension	14. E-Mail address kchan@MinamiTamaki.com	
15. Law firm/Business name § Minami Tamaki LLP	16. Law firm/Business FEIN § 94-2269575		
17. State Bar number (only if attorney) § 260285	18. State of highest court where attorney is in good standing (only if attorney) § California		
19. Name of the highest State court where attorney is in good standing (only if attorney) § Supreme			

Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
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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, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. 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 * 333 Brannan Street	
5. Address 2	
6. City * San Francisco	7. County * San Francisco
8. State/District/Territory * California	9. Postal code * 94107
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>130000</u> . <u>00</u> To: \$ <u>150000</u> . <u>00</u>	10a. 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 Rate * \$ <u>116438</u> . <u>00</u>	11a. 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

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 type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2022 - 6/30/2023
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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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. §

Yes 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 * Nguyen	2. First (given) name of hiring or designated official * Tuyet	3. Middle initial §
4. Hiring or designated official title * Senior Program Manager		
5. Signature *	6. Date signed * 06/27/2023	

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



K. LCA Preparer

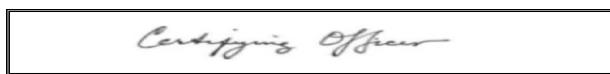
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		
5. E-Mail address §		

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 6/26/2023 to 6/25/2026.



Department of Labor, Office of Foreign Labor Certification

6/27/2023

Certification Date (date signed)

I-200-23171-129698

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. 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. 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.

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, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 2

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 * 840 W. California Avenue	
5. Address 2	
6. City * Sunnyvale	7. County * Santa Clara
8. State/District/Territory * California	9. Postal code * 94086
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>130000</u> . <u>00</u> To: \$ <u>150000</u> . <u>00</u>	10a. 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 Rate * \$ <u>119621</u> . <u>00</u>	11a. 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

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 type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2022 - 6/30/2023
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 §	

June 21, 2023

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Attn: I-129 H-1B
California Service Center
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

RE: Ms. Danyan QIAN

Dear Sir or Madam:

Cruise LLC wishes to employ Ms. Danyan Qian in the role of Systems Engineering Analyst in H-1B status.

THE PETITIONER

Cruise LLC (“Cruise”) is a pioneer in the field of robotics; specifically, self-driving cars. Cruise developed the first highway autopilot system that installs on your existing vehicle. It used sensors and advanced machine vision technology to keep you in your lane and a safe distance from the car in front of you, with a unique focus on eliminating the mundane parts of driving and improving safety. Cruise recently developed a fully driverless solution. We are actively testing this solution on San Francisco city streets, one of twelve companies permitted to do so by the San Francisco Municipal Transportation Agency.

In March 2016, General Motors (“GM”) acquired Cruise Automation, Inc., our former legal entity, for more than \$1 billion. Since the acquisition, Cruise LLC was formed and has inherited all assets and liabilities of our former legal entity Cruise Automation, Inc. Cruise is based in San Francisco, California.

THE BENEFICIARY’S POSITION

In the role of Systems Engineering Analyst (SOC: Transportation Engineers), Ms. Qian will utilize her Transportation Engineering educational background to design and develop plans for surface transportation projects for our autonomous vehicle (AV) company. She will work across Cruise on end-to-end AV system design by providing the specific analysis, tools, and translation of requirements into a form that is easily consumed by the engineers who design and build these systems. Specifically, Ms. Qian will be responsible for the following job duties:

- Perform analysis of Autonomous Vehicle data to characterize vehicle systems performance, validate systems engineering requirements, and influence development of systems engineering requirements
- Facilitate data driven design and prioritization decisions
- Lead and communicate data analyses, trade studies, and safety analysis that provide teams with all the information needed to develop and continuously improve the systems function and performance
- Develop and implement test and validation plans
- Build data tools and visualizations to enable better decisions
- Develop methods to analyze and compare the impact of software changes on top level systems engineering requirements

- Develop long-term and stable requirements, verification/validation, and software solutions to advanced problems

Due to the complexities of this position, it is imperative that this individual possess a minimum of a Bachelor's degree in Transportation Engineering, Civil Engineering, or a closely related field as she will be working on complex problems of diverse scope requiring this educational background and in fact, that she possesses. Ms. Qian is exceptionally well-qualified to perform these duties. She graduated from University of California, Berkeley with a Master of Engineering degree in Civil and Environmental Engineering. Her relevant coursework included Systems Analysis in Transportation, Operation of Transportation Facilities, Teaming and Project Management, Intelligent Transportation Systems, Scalable Spatial Analytics, amongst others. Ms. Qian also possesses a Bachelor of Science degree in Civil Engineering from Rice University. Her relevant coursework included Engineering Economics and Project Management, Structural Analysis, Urban Transportation Systems, amongst others. Enclosed is a copy of Ms. Qian's diploma and transcript of studies.

Ms. Qian also possesses relevant experience in the field. She is currently employed with Amazon.com Services LLC as a Software Development Engineer pursuant to valid H-1B status. In this capacity, Ms. Qian developed Amazon's Halo Fitness tracking band's mobile application on Android and iOS devices. Prior to joining Amazon, Ms. Qian was employed at our company as a Systems Analyst pursuant to valid H-1B status. In this position, she performed duties similar to the ones listed above.

Ms. Qian's background is, therefore, directly and closely related to the duties and responsibilities of this position and provides Ms. Qian with the necessary practical framework and in-depth knowledge that is absolutely required by this technically-demanding position.

SUMMARY OF THE TERMS OF EMPLOYMENT

This is a full time position with a salary of \$140,000 and Ms. Qian will be assigned to our San Francisco, California and Sunnyvale, California office. Cruise LLC develops and sells its own proprietary autonomous vehicle technology and is not a job shop. We do not have "end-clients" that use Cruise LLC for their staffing needs. Therefore, work orders, service agreements, or statements of work are unavailable and inapplicable.

I confirm that Cruise LLC will comply with the terms of the labor condition application on behalf of Ms. Qian for the duration of Ms. Qian's authorized period of stay. Cruise LLC also agrees to pay the reasonable cost of Ms. Qian's return transportation abroad should Cruise LLC dismiss Ms. Qian from employment for any reason before the end of her period of authorized admission.

CONCLUSION

Your favorable consideration of Cruise LLC's H-1B petition on Ms. Qian's behalf would be greatly appreciated as we expect excellent results from her.

Very truly yours,

CRUISE LLC



Tuyet Nguyen
Senior Program Manager

BENEFICIARY DOCUMENTS

THE REGENTS OF THE

UNIVERSITY OF CALIFORNIA

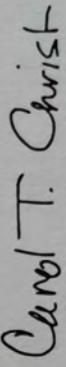
ON THE NOMINATION OF THE
GRADUATE COUNCIL OF THE BERKELEY DIVISION
HAVE CONFERRED UPON

DANYAN QIAN

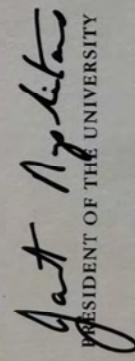
THE DEGREE OF MASTER OF ENGINEERING
WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING
GIVEN AT BERKELEY
THIS SEVENTEENTH DAY OF MAY IN THE YEAR
TWO THOUSAND AND NINETEEN

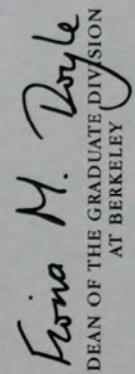

GOVERNOR OF CALIFORNIA AND
PRESIDENT OF THE REGENTS




Carol T. Christ

CHANCELLOR AT BERKELEY


Tina M. Boyle
PRESIDENT OF THE UNIVERSITY


Tina M. Boyle
DEAN OF THE GRADUATE DIVISION
AT BERKELEY

CALCENTRAL

Academic Summary

Student Profile

Name	Danyan Qian		
Student ID	3034326715		
Academic Career	Graduate		
Level	Graduate		
Cumulative Units	Total Units	29	
	P/NP Total	4	
	P/NP Passed	4	
Cumulative GPA	3.692		
Degree Conferred	 Master of Engineering in Civil and Environmental Engineering Awarded: May 17, 2019		

Enrollment

Fall 2018					
Class	Title	Un.	Gr.	Pts.	
CIVENG 251	Operation of Transportation Facilities	3.0	B+	9.9	
CIVENG 252	Systems Analysis in Transportation	3.0	A-	11.1	
COMPSCI 186	Introduction to Database Systems	4.0	S	0.0	
ENGIN 270A	Organizational Behavior for Engineers	1.0	B+	3.3	
ENGIN 270B	R&D Technology Management & Ethics	1.0	A-	3.7	
ENGIN 270C	Teaming & Project Management	1.0	A+	4.0	
ENGIN 295	Communications for Engineering Leaders	1.0	A	4.0	
ENGIN 296MA	Master of Engineering Capstone Project	2.0	A	8.0	
Enrolled Total:				16.0	

Spring 2019					
Class	Title	Un.	Gr.	Pts.	

Class	Title	Un.	Gr.	Pts.
CIVENG 253	Intelligent Transportation Systems	3.0	A-	11.1
CIVENG 263N	Scalable Spatial Analytics	3.0	B+	9.9
ENGIN 270G	Marketing & Product Management	1.0	A	4.0
ENGIN 270H	Accounting & Finance for Engineers	1.0	B+	3.3
ENGIN W270K	Coaching for High Performance Teams	1.0	A	4.0
ENGIN 295	Communications for Engineering Leaders	1.0	A	4.0
ENGIN 296MB	Master of Engineering Capstone Project	3.0	A	12.0
Enrolled Total:				13.0



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RICE UNIVERSITY

AN AMERICAN INSTITUTION
DEDICATED TO THE ADVANCEMENT
OF LIBERAL AND TECHNICAL LEARNING
AND THE PROGRESS OF HUMANKIND
IN LETTERS SCIENCE AND ART
FOUNDED AND ENDOWED
AD MAIOREM DEI GLORIAM
BY WILLIAM MARSH RICE
IN FREEDOM FOR RESEARCH
TO SOBER FEARLESS PURSUIT
OF TRUTH BEAUTY RIGHTEOUSNESS
AND TO ALL HIGH EMPRISE CONSECRATED
WOULD HAVE ALL KNOW BY THESE PRESENTS
THAT IN THE PRESENCE OF THE TRUSTEES FACULTY
STUDENTS AND FRIENDS OF THIS UNIVERSITY
IN PUBLIC CONVOCATION ASSEMBLED
THE TRUSTEES HAVE CONFERRED UPON

DANYAN QIAN

A STUDENT OF THE UNIVERSITY
**THE DEGREE OF BACHELOR OF SCIENCE
IN CIVIL ENGINEERING**

WITH ALL THE RIGHTS DUTIES AND PRIVILEGES
APPERTAINING TO THAT DEGREE

HOUSTON, TEXAS
MAY TWELFTH
A. D. MMXVIII

David W. Leebron
PRESIDENT



RICE

Student No:S01199450

COPY

William Marsh Rice University

Houston, TX 77005

COPY

Date of Birth: 16-OCT-1996

Date Issued:30-NOV-2018 OFFICIAL

Record of : Danyan Qian

9 Sunset Blvd.

Rm 305

Houston, TX 77005

Issued To : UNIVERSITY OF SOUTHERN CALIFORNIA

Course Level : Undergraduate

Current Program

Major:

Civil Engineering

Degree Information:

Degree Awarded: BS in Civil Engineering 12-MAY-2018

Major:

Civil Engineering

Subj	No.	Title	Cred	Grade	Pts R
------	-----	-------	------	-------	-------

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Fall 14 A Levels

MATH 101	SINGLE VARIABLE CALCULUS I	3.00	TR
MATH 102	SINGLE VARIABLE CALCULUS II	3.00	TR
PHYS 101	MECHANICS (WITH LAB)	3.00	TR
PHYS 102	ELECTRICITY & MAGNETISM W/LAB	4.00	TR

Earned Hrs	GPA-Hrs	QPts	GPA
13.00	0.00	0.00	0.00

Fall 14 Advanced Placement

ECON 111	AP/OTH CREDIT MICROECONOMICS	3.00	TR
STAT 280	ELEMENTARY APPLIED STATISTICS	4.00	TR

Earned Hrs	GPA-Hrs	QPts	GPA
7.00	0.00	0.00	0.00

Subj	No.	Title	Cred	Grade	Pts R
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INSTITUTION CREDIT:

Fall Semester 2014

Major: Engineering Division

CEVE 101	FUNDAMENTAL OF CIVIL & ENVIR E	3.00	A	12.00
CHEM 121	GENERAL CHEMISTRY I	3.00	B	9.00
CHEM 123	GENERAL CHEMISTRY LAB I	1.00	B	3.00
ESCI 301	INTRODUCTION TO EARTH	4.00	B+	13.32
FWIS 100	FUNDAMENTALS OF ACADEMIC COMM	3.00	B+	9.99
LPAP 155	INTRODUCTION TO BALLET	1.00	A	4.00

Earned Hrs	GPA-Hrs	QPts	GPA
15.00	15.00	51.31	3.42

Good Academic Standing

Spring Semester 2015

Major: Engineering Division

ARCH 305	ARCH FOR NON-ARCHITECTS	3.00	A	12.00
CAAM 210	INTRO TO ENG COMPUTATION	3.00	A	12.00
CHEM 122	GENERAL CHEMISTRY II	3.00	C+	6.99
CHEM 124	GENERAL CHEMISTRY LAB II	1.00	C+	2.33

Official

Page 1 of 3

Subj	No.	Title	Cred	Grade	Pts R
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INSTITUTION CREDIT:

FWIS 168	BUILDING DESIGN PROBLEMS	3.00	A-	11.01
MATH 211	ORD DIFFERENTIAL EQUATIONS	3.00	A	12.00

Earned Hrs	GPA-Hrs	QPts	GPA
16.00	16.00	56.33	3.52

Good Academic Standing

Fall Semester 2015

Major: Civil Engineering

CEVE 211	ENGINEERING MECHANICS	3.00	A-	11.01
CEVE 310	PRINCIPLES OF ENVI ENGINEERING	3.00	A-	11.01
ECON 100	PRINCIPLES OF ECONOMICS	3.00	A	12.00
MATH 212	MULTIVARIABLE CALCULUS	3.00	B+	9.99
MATH 355	LINEAR ALGEBRA	3.00	A-	11.01
RELI 101	INTRO TO THE STUDY OF RELIGION	3.00	P	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
18.00	15.00	55.02	3.66

Good Academic Standing

Spring Semester 2016

Major: Civil Engineering

CEVE 304	STRUCTURAL ANALYSIS I	3.00	B	9.00
CEVE 311	MECHANICS OF SOLIDS	3.00	A-	11.01
CEVE 312	STRENGTH OF MATERIALS LAB	1.00	A	4.00
CEVE 320	ETHICS & ENGINNRG LEADERSHIP	3.00	A	12.00
CEVE 412	HYDROLOGY & WATER RESOURCES	3.00	A	12.00
ENG				
CEVE 452	URBAN TRANSPORTATION SYSTEMS	3.00	A+	12.99
PSYC 101	INTRODUCTION TO PSYCHOLOGY	3.00	P	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
19.00	16.00	61.00	3.81

Good Academic Standing

Fall Semester 2016

Major: Civil Engineering

CEVE 407	REINFORCED CONCRETE DESIGN	3.00	A	12.00
CEVE 408	CONCRETE LABORATORY	1.00	A	4.00
CEVE 420	ENVI REMEDIATION RESTORATION	3.00	A	12.00
CEVE 499	SPECIAL TOPICS	1.00	A	4.00
JAPA 141	FIRST YEAR JAPANESE I	3.00	A	12.00
STAT 312	PROB & STAT FOR ENGINEERS	3.00	A	12.00

Earned Hrs	GPA-Hrs	QPts	GPA
14.00	14.00	56.00	4.00

President's Honor Roll

Good Academic Standing

Spring Semester 2017

Major: Civil Engineering

Minor: Statistics

CEVE 308	INTRO TO AIR POLLUTION CONTROL	3.00	A-	11.01
CEVE 512	ADV HYDROLOGY & HYDRAULICS	3.00	A-	11.01
CEVE 518	CONTAMINANT HYDROGEOLOGY	3.00	A-	11.01
POLI 210	AMERICAN GOVT AND POLITICS	3.00	P	0.00
POLI 211	INTRO INTERNATIONAL RELATIONS	3.00	A-	11.01
STAT 405	R FOR DATA SCIENCE	3.00	A-	11.01


University Registrar
Rice University



RICE

Student No:S01199450

Date of Birth: 16-OCT-1996

William Marsh Rice University
Houston, TX 77005

Date Issued:30-NOV-2018 OFFICIAL

Record of : Danyan Qian

Subj No.	Title	Cred	Grade	Pts R
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INSTITUTION CREDIT:

Earned Hrs	GPA-Hrs	QPts	GPA
18.00	15.00	55.05	3.67

Good Academic Standing

Summer Semester 2017

Major: Civil Engineering

Minor: Statistics

BUSI 305 FINANCIAL ACCOUNTING

3.00 A 12.00

Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	12.00	4.00

Fall Semester 2017

Major: Civil Engineering

Minor: Statistics

CEVE 363	APPLIED FLUID MECHANICS	3.00	A-	11.01
CEVE 401	ENVIRONMENTAL CHEMISTRY	4.00	A	16.00
CEVE 481	INTRODUCTION TO SENIOR DESIGN	1.00	A	4.00
LEAD 150	LEADERSHIP IN PROF. CONTEXT	1.00	A	4.00
MUSI 181	PIANO FOR NON-MAJORS	2.00	B+	6.66
STAT 410	LINEAR REGRESSION	4.00	B+	13.32
UNIV 295	CAREERS THRU INTERNSHIP	1.00	B+	3.33

Earned Hrs	GPA-Hrs	QPts	GPA
16.00	16.00	58.32	3.64

Good Academic Standing

Spring Semester 2018

Major: Civil Engineering

CEVE 201	ENG ECONOMICS & PROJECT MGMT	3.00	A	12.00
CEVE 404	ATMOSPHERIC PARTICULATE MATTER	3.00	B	9.00
CEVE 480	SENIOR DESIGN	3.00	A	12.00
LPAP 100	INTRODUCTION TO TENNIS	0.00	AUD	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	9.00	33.00	3.66

Good Academic Standing

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	128.00	119.00	438.03	3.68
TOTAL TRANSFER	20.00	0.00	0.00	0.00
OVERALL	148.00	119.00	438.03	3.68

-----CONTINUED ON NEXT PAGE-----



RICE

COPY

COPY

William Marsh Rice University

Houston, TX 77005

Student No:S01199450

Date of Birth: 16-OCT-1996

Date Issued:30-NOV-2018 OFFICIAL

Record of : Danyan Qian

9 Sunset Blvd
Rm 505
Houston, TX 77005

Issued To : UNIVERSITY OF SOUTHERN CALIFORNIA

Course Level : Visiting Graduate

Current Program
Major:
Undeclared

Subj No.	Title	Cred	Grade	Pts R
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INSTITUTION CREDIT:

Summer Semester 2018
Major: Undeclared

COMP 130 ELEMENTS OF ALGORITHMS & COMP 4.00 A+ 17.32

Earned Hrs	GPA-Hrs	QPts	GPA
4.00	4.00	17.32	4.33

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	4.00	4.00	17.32	4.33
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	4.00	4.00	17.32	4.33

-----END OF TRANSCRIPT-----



For: DANYAN QIAN



Most Recent I-94

Admission (I-94) Record Number : 413346652A3

Most Recent Date of Entry: 2023 June 24

Class of Admission : H1B

Admit Until Date : 05/02/2025

Details provided on the I-94 Information form:

Last/Surname :	QIAN
First (Given) Name :	DANYAN
Birth Date :	1996 October 16
Document Number :	E51792280
Country of Citizenship :	China

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 06/30/2023

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

[Accessibility | Privacy Policy](#)

Privacy - Terms

中华人 民共 和国 PEOPLE'S REPUBLIC OF CHINA



中华人民共和国
公 安 部
P

CHN

E51792280

女
F

QIAN, DANYAN

CHN

钱丹妍
QIAN, DANYAN

CHN

女 / F 中 国 / CHINESE 16 OCT 1996

浙江 / ZHEJIANG

22 MAY 2015

浙江省公安厅

21 MAY 2025

浙江 / ZHEJIANG

21 MAY 2025

公安厅出入境管理局

2014052260

钱丹妍



POCHIQIANN DAN YAN <<<<<<<<<<<<<<<<<<<<<<

E51792280 CHN 9610161F2505211H KOL FKE OFF PLA 956

VISA

Holding Post Name

VANCOUVER

Surname

QIAN

Given Name

DANHUA

Passport Number

E5179280

Date

Issue Date
05SEP2022

Sex

Birth Date

Visa Type Class

F

16OCT1995

R - HIB

Entered Date

05SEP2023

Residence Date

0111

Nationality

CHIN



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RTT198440

PW-AMAZON.COM SERVICES LLC

PT. IOE-BS-417-22016

PED-02MAY2025

WNUUSAQIAN<<DANYAN<<<<<<<<<<<<<<<<<<<<

E517922800CHN9610161F2309051H8VAC0FP0Y053390





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dwight.hannan@rice.edu

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YUNUSAQIYAH

VISA

中华人民共和国外交部请各国军政机关对持照人予以通行的便利和必要的协助。

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

护照
PASSPORT

类型 / Type P
国家码 / Country Code CHN

护照号 / Passport No.
G48965717

姓 / Surname

钱/QIAN

名 / Given names

丹妍/DANYAN

性别 / Sex

女/F

出生日期 / Date of birth

16 OCT 1996

签发日期 / Date of issue

12 FEB 2011

签发机关 / Authority

出生地点 / Place of birth

浙江/ZHEJIANG

签发地点 / Place of issue

浙江/ZHEJIANG

有效期至 / Date of expiry

11 FEB 2016

6940026009

公安部出入境管理局 Exit & Entry Administration
Ministry of Public Security CHINA

POCHNQIAN<<DANYAN<<<<<<<<<<<<<<<<

G489657177CHN9610161F160211319203302<<<<<48



THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION

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

Receipt Number LIN2206150707		Case Type I140 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 11/30/2021	Priority Date 05/06/2021	Petitioner CRUISE LLC
Notice Date 12/03/2021	Page 1 of 1	Beneficiary QIAN, DANYAN
MINAMI TAMAKI LLP c/o LA VERNE RAMSAY ANN 360 POST STREET FLR 8TH SAN FRANCISCO CA 94108		Notice Type: Approval Notice Section: Mem of Profession w/Adv Deg.or of Exceptn'l Ability Sec.203(b)(2) Consulate: NVC ETA Case Number: A2111980323 SOC Code: 172051 Skill Level: 2

The above petition has been approved. We have sent it to the **Department of State National Visa Center (NVC), 32 Rochester Avenue, Portsmouth, NH 03801-2909**. NVC processes all approved immigrant visa petitions that need consular action. It also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.

This completes all USCIS action on this petition. You should allow a minimum of 30 days for Department of State processing before contacting the NVC. If you have not received any correspondence from the NVC within 30 days, you may contact the NVC by e-mail at NVCINQUIRY@state.gov. You will need to enter the USCIS receipt number from this approval notice in the subject line. In order to receive information about your petition, you will need to include the Petitioner's name and date of birth, and the Applicant's name and date of birth, in the body of the e-mail.

The NVC will contact the person for whom you are petitioning concerning further immigrant visa processing steps.

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

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

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

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

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

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

USCIS Contact Center: www.uscis.gov/contactcenter





I-797A | NOTICE OF ACTION

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



Receipt Number IOE8641722016	Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 05/13/2022	Priority Date
Notice Date 05/23/2022	Page 1 of 2
AMAZON.COM SERVICES LLC c/o DENTREMONT, COURTNEY FRAGOMEN DEL REY BERNSEN AND L 7000 BROOKTRÉE RD C 6525923 WEXFORD PA 15090	Notice Type: Approval Notice Class: H1B Valid from 05/16/2022 to 05/02/2025

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 petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to 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, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. 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 his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a extension of stay who leaves the U.S. and is not visa-exempt 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, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this 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>.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: 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# IOE8641722016

I-94# 424211682 A2

NAME QIAN, DANYAN

CLASS H1B

VALID FROM 05/16/2022 **UNTIL** 05/12/2025

PETITIONER

AMAZON.COM SERVICES LLC,
1770 CRYSTAL DR
ARLINGTON VA 22202

424211682 A2

Receipt Number IOE8641722016

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: AMAZON.COM SERVICES LLC

14. Family Name

QIAN

15. First (Given) Name

DANYAN

16. Date of Birth

10/16/1996

17. Country of Citizenship

China



I-797A | NOTICE OF ACTION

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



Receipt Number IOE8641722016	Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 05/13/2022	Priority Date
Notice Date 05/23/2022	Page 2 of 2

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

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

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

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

USCIS 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>.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter



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

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Detach this half for Personal Records

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

NAN INTENTIONALLY LEFT BLANK
CLASS INTENTIONALLY LEFT BLANK
VAN INTENTIONALLY LEFT BLANK

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

I94 Departure Record INTENTIONALLY LEFT BLANK
Petitioner INTENTIONALLY LEFT BLANK

14. Family Name INTENTIONALLY LEFT BLANK

15. First (Given) Name INTENTIONALLY LEFT BLANK
16. Date of Birth INTENTIONALLY LEFT BLANK

17. Country of Citizenship

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

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

Receipt Number EAC2020751277		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 05/12/2020	Priority Date	Petitioner CRUISE LLC.
Notice Date 07/10/2020	Page 1 of 2	Beneficiary QIAN, DANYAN
CRUISE LLC c/o OLIVIA SERENE LEE MINAMI TAMAKI LLP 360 POST ST FL 8TH SAN FRANCISCO CA 94108		Notice Type: Approval Notice Class: H1B Valid from 10/01/2020 to 09/30/2023

The above petition and accompanying request for a change of status 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 petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to 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, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. 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 his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this 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.

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

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
75 Lower Welden Street
Saint Albans VT 05479-0001

USCIS Contact Center: 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# EAC2020751277

I-94# 424211682 A2

NAME QIAN, DANYAN

CLASS H1B

VALID FROM 10/01/2020 UNTIL 10/10/2023

PETITIONER

CRUISE LLC.

333 BRANNAN STREET
SAN FRANCISCO CA 94107

424211682 A2

Receipt Number EAC2020751277

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: CRUISE LLC

14. Family Name
QIAN

15. First (Given) Name
DANYAN

16. Date of Birth
10/16/1996

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

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

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

Receipt Number EAC2020751277		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 05/12/2020	Priority Date	Petitioner CRUISE LLC.
Notice Date 07/10/2020	Page 2 of 2	Beneficiary QIAN, DANYAN

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

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

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
75 Lower Welden Street
Saint Albans VT 05479-0001

Customer Service Telephone: 800-375-5283



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

Detach This Half for Personal Records

RECEIVED **INTENTIONALLY LEFT BLANK**

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

CLASS **INTENTIONALLY LEFT BLANK**
VALID FROM **INTENTIONALLY LEFT BLANK** **UNTIL**

PETITIONER **INTENTIONALLY LEFT BLANK**

INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

RECEIVED **INTENTIONALLY LEFT BLANK**
US Citizenship and Immigration Services
INTENTIONALLY LEFT BLANK

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

14. Family Name: **INTENTIONALLY LEFT BLANK**

15. First (Given) Name: **INTENTIONALLY LEFT BLANK**

16. Date of Birth: **INTENTIONALLY LEFT BLANK**

17. Country of Citizenship: **INTENTIONALLY LEFT BLANK**

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname

QIAN

Given Name

DANYAN

USCIS#

131-445-111 C03B YSC1990252395

Category Card#

131-445-111

Country of Birth

China, People's Republic

Terms and Conditions

Stu: Post-Completion Opt

Date of Birth Sex

16 OCT 1996 F

Valid From 07/26/19

Card Expires 07/17/20

fingerprint
not
available

NOT VALID FOR REENTRY TO U.S.

FORM I-766
Rev (02-2016)

34983778



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

102

If found, drop in any US Mailbox. USPS: Mail to USCIS, 7 Product Way, Lees Summit, MO 64002

IAUSA1314451113YSC1990252395<<
9610161F2007173CHN<<<<<<<<<<<3
QIAN<<DANYAN<<<<<<<<<<<<

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	Class of Admission F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER 100834205A2	
FORM ISSUE REASON CONTINUED ATTENDANCE - UPDATED	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME University of California at Berkeley University of California at Berkeley	SCHOOL ADDRESS Berkeley International Office, 2299 Piedmont, Berkeley, CA 94720
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Mimi Ghosh Summer Sessions Coordinator	SCHOOL CODE AND APPROVAL DATE SFR214F00615000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 22 AUGUST 2018	PROGRAM START/END DATE 15 AUGUST 2018 - 17 MAY 2019	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 55,576	Personal Funds	\$ 0
Living Expenses	\$ 18,900	Dept. Funds	\$ 20,000
Expenses of Dependents (0)	\$ 0	Family Support	\$ 54,476
Other	\$	On-Campus Employment	\$
TOTAL	\$ 74,476	TOTAL	\$ 74,476

REMARKS

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SCHOOL ATTESTATION

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

X

DATE ISSUED

PLACE ISSUED

SIGNATURE OF: Mimi Ghosh, Summer Sessions Coordinator

06 November 2019

Berkeley, CA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X

SIGNATURE OF: Danyan Qian

X

DATE

NAME OF PARENT OR GUARDIAN

SIGNATURE

ADDRESS (city/state or province/country)

DATE

SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	26 JULY 2019	17 JULY 2020

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
	EMPLOYER NAME	START DATE	END DATE	CITY & STATE
POST-COMPLETION OPT	GM Cruise Automation	12 AUGUST 2019		SAN FRANCISCO, CA

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
N/A. Student is on post-completion practical training.	

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X <i>WSh</i>	11/6/2019	
		X		
		X		
		X		

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	Class of Admission F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME University of California at Berkeley University of California at Berkeley	SCHOOL ADDRESS Berkeley International Office, 2299 Piedmont, Berkeley, CA 94720
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Alethea Stoltzfus International Student Advisor	SCHOOL CODE AND APPROVAL DATE SFR214F00615000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 22 AUGUST 2018	PROGRAM START-END DATE 15 AUGUST 2018 - 17 MAY 2019	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 55,576	Personal Funds	\$ 0
Living Expenses	\$ 18,900	Dept. Funds	\$ 20,000
Expenses of Dependents (0)	\$ 0	Family Support	\$ 54,476
Other	\$	On-Campus Employment	\$
TOTAL	\$ 74,476	TOTAL	\$ 74,476

REMARKS

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SCHOOL ATTESTATION

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

X

DATE ISSUED

PLACE ISSUED

SIGNATURE OF: Alethea Stoltzfus, International Student

26 March 2019

Berkeley, CA

Advisor

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X

04/01/2019

SIGNATURE OF: Danyan Qian

DATE

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
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SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	REQUESTED	01 JULY 2019	30 JUNE 2020

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

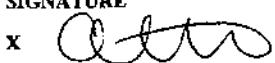
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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
22 JANUARY 2019	17 MAY 2019

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Althea Stoltzfus	DSO/ARO	X 	3/26/19	
Althea Stoltzfus	DSO/ARO	X 	16/25/19	
		X		
		X		

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	Class of Admission F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME University of California at Berkeley University of California at Berkeley	SCHOOL ADDRESS Berkeley International Office, 2299 Piedmont, Berkeley, CA 94720
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Mikaela Auerbach SEVIS Coordinator	SCHOOL CODE AND APPROVAL DATE SFR214F00615000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 22 AUGUST 2018	PROGRAM START-END DATE 15 AUGUST 2018 - 17 MAY 2019	

FINANCIALS

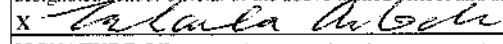
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 55,576	Personal Funds	\$ 0
Living Expenses	\$ 18,900	Dept. Funds	\$ 20,000
Expenses of Dependents (0)	\$ 0	Family Support	\$ 54,476
Other	\$	On-Campus Employment	\$
TOTAL	\$ 74,476	TOTAL	\$ 74,476

REMARKS

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SCHOOL ATTESTATION

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

 **DATE ISSUED**
SIGNATURE OF: Mikaela Auerbach, SEVIS Coordinator 15 August 2018 **PLACE ISSUED**
Berkeley, CA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X		DATE
SIGNATURE OF: Danyan Qian		
X		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)
		DATE

SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

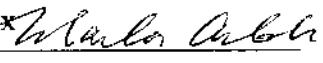
CURRENT SESSION DATES

CURRENT SESSION START DATE
22 AUGUST 2018

CURRENT SESSION END DATE
14 DECEMBER 2018

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Mikaela Auerbach	DSO, Berkeley, CA	 8/15/18		
		X		
		X		
		X		

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	Class of Admission F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER	
FORM ISSUE REASON Transfer Pending - Rice University	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME University of California at Berkeley University of California at Berkeley	SCHOOL ADDRESS Berkeley International Office, 2299 Piedmont, Berkeley, CA 94720
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Anna McCreedy International Student Advisor	SCHOOL CODE AND APPROVAL DATE SFR214F00615000 27 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 22 AUGUST 2018	PROGRAM START-END DATE 15 AUGUST 2018 - 17 MAY 2019	

FINANCIALS

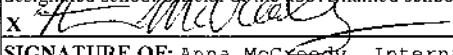
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 55,576	Personal Funds	\$ 0
Living Expenses	\$ 18,900	Dept. Funds	\$ 20,000
Expenses of Dependents (0)	\$ 0	Family Support	\$ 54,476
Other	\$	On-Campus Employment	\$
TOTAL	\$ 74,476	TOTAL	\$ 74,476

REMARKS

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SCHOOL ATTESTATION

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

	DATE ISSUED 11 June 2018	PLACE ISSUED Berkeley, CA
SIGNATURE OF: Anna McCreedy, International Student Advisor		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X	DATE		
SIGNATURE OF: Danyan Qian			
X	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Anna McCreedy	DSO/ARO		6/11/18	
		X		
		X		
		X		

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	Class of Admission F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER 43566743085	
FORM ISSUE REASON CONTINUED ATTENDANCE - UPDATED	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Elizabeth Moisic Thomas International Advisor	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 15 JULY 2014
START OF CLASSES 14 AUGUST 2014	PROGRAM START-END DATE 14 AUGUST 2014 - 12 MAY 2018	

FINANCIALS

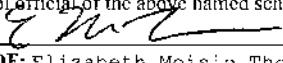
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 41,256	Personal Funds	\$ 0
Living Expenses	\$ 18,659	Funds From This School	\$
Expenses of Dependents (0)	\$	Mother: Shi Fen Huang	\$ 59,915
Other	\$	On-Campus Employment	\$
TOTAL	\$ 59,915	TOTAL	\$ 59,915

REMARKS

Work/practicum is a required/integral part of UNIV 295 (Exploring Careers Through An Internship) coursework.
Student is a Civil Engineering major.

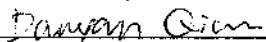
SCHOOL ATTESTATION

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

X 	DATE ISSUED 03 August 2017	PLACE ISSUED Houston, TX
SIGNATURE OF: Elizabeth Moisic Thomas, International Advisor		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X 	DATE 08/03/2017		
SIGNATURE OF: Danyan Qian	DATE		
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	26 JUNE 2017	20 AUGUST 2017
CPT	PART TIME	APPROVED	07 AUGUST 2017	20 AUGUST 2017
CPT	PART TIME	APPROVED	21 AUGUST 2017	12 DECEMBER 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
CPT	26 JUNE 2017 - 20 AUGUST 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Houston Bike Share/BCycle	26 JUNE 2017	20 AUGUST 2017	Houston, TX

TYPE	AUTHORIZATION DATES		
CPT	07 AUGUST 2017 - 20 AUGUST 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Trinity Consultants	07 AUGUST 2017	20 AUGUST 2017	Houston, TX

TYPE	AUTHORIZATION DATES		
CPT	21 AUGUST 2017 - 12 DECEMBER 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Trinity Consultants	21 AUGUST 2017	12 DECEMBER 2017	Houston, TX

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
09 JANUARY 2017	03 MAY 2017

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Elizabeth Thomas	Int'l Advisor	X E. Thomas	08/03/17	Houston, TX
		X		
		X		
		X		

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	Class of Admission F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER 29361395385	
FORM ISSUE REASON CONTINUED ATTENDANCE - LOST	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Elizabeth Moisio Thomas International Advisor	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 15 JULY 2014
START OF CLASSES 14 AUGUST 2014	PROGRAM START/END DATE 14 AUGUST 2014 - 12 MAY 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 41,256	Personal Funds	\$ 0
Living Expenses	\$ 18,659	Funds From This School	\$
Expenses of Dependents (0)	\$	Mother: Shi Fen Huang	\$ 59,915
Other	\$	On-Campus Employment	\$
TOTAL	\$ 59,915	TOTAL	\$ 59,915

REMARKS

Work/practicum is a required/integral part of LEAD 150 (Leadership in Prof. Context) coursework. Student is a Civil Engineering major.

SCHOOL ATTESTATION

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

X <i>E.M.T.</i>	DATE ISSUED 14 June 2017	PLACE ISSUED Houston, TX
SIGNATURE OF: Elizabeth Moisio Thomas, International Advisor		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X <i>Danyan Q.</i>	DATE		
SIGNATURE OF: Danyan Qian			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	26 JUNE 2017	20 AUGUST 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
CPT	26 JUNE 2017 - 20 AUGUST 2017		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Houston Bike Share/BCycle	26 JUNE 2017	20 AUGUST 2017	Houston, TX

CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

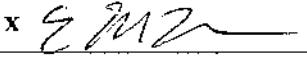
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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
09 JANUARY 2017	03 MAY 2017

TRAVEL ENDORSEMENT

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

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Elizabeth Thomas	Int'l Advisor	X 	06/14/17	HOUSTON, TX
		X		
		X		
		X		

SEVIS ID: N0011316648

SURNAME/PRIMARY NAME Qian	GIVEN NAME Danyan	CLASS F-1
PREFERRED NAME Danyan Qian	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 16 OCTOBER 1996	ADMISSION NUMBER 71644612530	
FORM ISSUE REASON CONTINUED ATTENDANCE - Updated Form I-20 or Name Conversion	LEGACY NAME Danyan Qian	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Sandra Bloem-Curtis Director, International Compliance & Administration	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Civil Engineering, General 14.0801	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 48 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 14 AUGUST 2014	PROGRAM END DATE 12 MAY 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 41,256	Personal Funds	\$ 0
Living Expenses	\$ 18,659	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Mother: Shi Fen Huang	\$ 59,915
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 59,915	TOTAL	\$ 59,915

REMARKS

/

SCHOOL ATTESTATION

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

X *Sandra Bloem-Curtis*
SIGNATURE OF: Sandra Bloem-Curtis, Director,
International Compliance & Administration

DATE ISSUED
12 November 2015

PLACE ISSUED
Houston, TX

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X *Danyan Qian*
SIGNATURE OF: Danyan Qian

DATE
11/26

NAME OF PARENT OR GUARDIAN	SIGNATURE X	ADDRESS (city/state or province/country)	DATE
----------------------------	----------------	--	------

SEVIS ID: N0011316648 (F-1)

NAME: Danyan Qian

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
---------------------	-------------------------	----------------	---------------------------------

EVENT HISTORY

EVENT NAME	EVENT DATE
Registration	04 SEPTEMBER 2014

OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
---------------	------------	----------

TRAVEL ENDORSEMENT

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

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Sandra Bloom Curtis	Director	x Sandra Bloom Curtis	11/7/15	Houston, TX
Jennifer Brydges	Sr. Mgr	x J. Brydges	25/10/2016	Houston, TX
Elizabeth Thomas	Int'l Advisor	x Elizabeth Thomas	12/07/2016	Houston, TX
Irena Aleksic	Program Manager & Senior International Advisor	x Irena Aleksic	5/5/17	Houston, TX

CO. NFT	FILE 084110	DEPT. 411700	CLOCK 3023	VCHR. NO. 0000277160	1
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Page 1(Cont'd) Next Page)

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Optional Higher Withholding Table

Earnings Statement



Period Beginning: 06/04/2023
Period Ending: 06/17/2023
Pay Date: 06/23/2023

DANYAN QIAN
3238 SCOTT BLVD UNIT 402
SANTA CLARA CA 95054

Social Security Number: XXX-XX-5472

Earnings	rate	salary/hours	this period	year to date
Regular	72.3558	80.00	5,788.46	70,871.44
Ca Pto Time				285.29
Float Holiday				570.58
Holiday Pay				2,861.16
Rsu Vest				2,759.51
Gross Pay			\$5,788.46	77,347.98

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$5,496.00

Deductions	Statutory		
Federal Income Tax	-1,289.89	17,147.87	
Social Security Tax	-355.54	4,751.03	
Medicare Tax	-83.15	1,111.13	
CA State Income Tax	-398.51	5,396.35	
CA SDI Tax	-51.55	688.86	
Other			
Accident Ins	-1.74	22.62	
Critic Illness	-2.60	33.80	
Grp Legal Plan	-6.97	90.61	
Pre-Tax Dental	-4.15*	53.95	
Pre-Tax Medical	-54.92*	709.81	
Pre-Tax Vision	-1.85*	24.05	
Supp Ad/D	-6.50	83.78	
Supp Life Ins	-6.38	82.30	
401K-Trad	-231.54*	2,983.54	
Healthcare Fsa		20.00	
Net Pay	\$3,293.17		
Savings Acct 1	-3,293.17		

Other Benefits and Information	this period	total to date
Groupterm Life	6.96	89.28
Tot Work Hours	80.00	
Pp Sick Earned	4.62	
Away Tm Pto Bal	110.50	
Floating Holiday	24.00	
Important Notes		
"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180		
BASIS OF PAY: SALARY		
IF YOU HAVE PAY RELATED QUESTIONS, VISIT HTTPS://ATOZ.AMAZON.WORK AND CLICK RESOURCES.		

Additional Tax Withholding Information

Taxable Marital Status:
CA: Single

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AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Advice number: 00000277160
Pay date: 06/23/2023

Deposited to the account of
DANYAN QIAN

account number transit ABA amount
xxxxxx7187 xxxx xxxx \$3,293.17

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 1
NFT 084110 411700 3023 0000277160

Page 2

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Earnings Statement



Period Beginning: 06/04/2023
Period Ending: 06/17/2023
Pay Date: 06/23/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Optional Higher Withholding Table

Social Security Number: XXX-XX-5472

Additional Tax Withholding Information

Exemptions/Allowances:
CA: 1

DANYAN QIAN
3238 SCOTT BLVD UNIT 402
SANTA CLARA CA 95054

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CO. NFT	FILE 084110	DEPT. 411700	CLOCK 3023	VCHR. NO. 0000250137	1
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AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Optional Higher Withholding Table

Social Security Number: XXX-XX-5472

Earnings	rate	salary/hours	this period	year to date
Regular	72.3558	72.00	5,209.62	65,082.98
Holiday Pay	72.3558	8.00	578.85	2,861.16
Ca Pto Time				285.29
Float Holiday				570.58
Rsu Vest				2,759.51
Gross Pay			\$5,788.47	71,559.52

Deductions	Statutory	
Federal Income Tax	-1,289.89	15,857.98
Social Security Tax	-355.54	4,395.49
Medicare Tax	-83.15	1,027.98
CA State Income Tax	-398.51	4,997.84
CA SDI Tax	-51.54	637.31
Other		
Accident Ins	-1.74	20.88
Critic Illness	-2.60	31.20
Grp Legal Plan	-6.97	83.64
Pre-Tax Dental	-4.15*	49.80
Pre-Tax Medical	-54.92*	654.89
Pre-Tax Vision	-1.85*	22.20
Supp Ad/D	-6.50	77.28
Supp Life Ins	-6.38	75.92
401K-Trad	-231.54*	2,752.00
Healthcare Fsa		20.00
Net Pay	\$3,293.19	
Savings Acct 1	-3,293.19	

Earnings Statement



Period Beginning: 05/21/2023
 Period Ending: 06/03/2023
 Pay Date: 06/09/2023

DANYAN QIAN
 3238 SCOTT BLVD UNIT 402
 SANTA CLARA CA 95054

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$5,496.01

Other Benefits and Information	this period	total to date
Groupterm Life	6.96	82.32
Tot Work Hours	72.00	
Pp Sick Earned	4.62	
Away Tm Pto Bal		105.88
Floating Holiday		24.00
Important Notes		
"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180		
BASIS OF PAY: SALARY		
IF YOU HAVE PAY RELATED QUESTIONS, VISIT HTTPS://ATOZ.AMAZON.WORK AND CLICK RESOURCES.		

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single

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AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Advice number: 00000250137
 Pay date: 06/09/2023

Deposited to the account of
 DANYAN QIAN

account number	transit ABA	amount
xxxxxx7187	XXXX XXXX	\$3,293.19

THIS IS NOT A CHECK

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CO. FILE DEPT. CLOCK VCHR. NO. 1
NFT 084110 411700 3023 0000250137

Page 2

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Earnings Statement



Period Beginning: 05/21/2023
Period Ending: 06/03/2023
Pay Date: 06/09/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Optional Higher Withholding Table

Social Security Number: XXX-XX-5472

Additional Tax Withholding Information

Exemptions/Allowances:
CA: 1

DANYAN QIAN
3238 SCOTT BLVD UNIT 402
SANTA CLARA CA 95054

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AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Optional Higher Withholding Table

Social Security Number: XXX-XX-5472

Earnings	rate	salary/hours	this period	year to date
Regular	72.3558	80.00	5,788.46	59,873.36
Ca Pto Time				285.29
Float Holiday				570.58
Holiday Pay				2,282.31
Rsu Vest				2,759.51
Gross Pay			\$5,788.46	65,771.05

Deductions	Statutory		
Federal Income Tax	-1,289.89	14,568.09	
Social Security Tax	-355.54	4,039.95	
Medicare Tax	-83.16	944.83	
CA State Income Tax	-398.51	4,599.33	
CA SDI Tax	-51.55	585.77	
Other			
Accident Ins	-1.74	19.14	
Critic Illness	-2.60	28.60	
Grp Legal Plan	-6.97	76.67	
Pre-Tax Dental	-4.15*	45.65	
Pre-Tax Medical	-54.92*	599.97	
Pre-Tax Vision	-1.85*	20.35	
Supp Ad/D	-6.50	70.78	
Supp Life Ins	-6.38	69.54	
401K-Trad	-231.54*	2,520.46	
Healthcare Fsa		20.00	
Net Pay	\$3,293.16		
Savings Acct 1	-3,293.16		

Earnings Statement



Period Beginning: 05/07/2023
 Period Ending: 05/20/2023
 Pay Date: 05/26/2023

DANYAN QIAN
 3238 SCOTT BLVD UNIT 402
 SANTA CLARA CA 95054

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$5,496.00

Other Benefits and Information	this period	total to date
Groupterm Life	6.96	75.36
Tot Work Hours	80.00	
Pp Sick Earned	4.62	
Away Tm Pto Bal	101.26	
Floating Holiday	24.00	
Important Notes		
"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180		
BASIS OF PAY: SALARY		
IF YOU HAVE PAY RELATED QUESTIONS, VISIT HTTPS://ATOZ.AMAZON.WORK AND CLICK RESOURCES.		

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single

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AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Deposited to the account of
 DANYAN QIAN

Advice number: 00000229923
 Pay date: 05/26/2023

account number	transit ABA	amount
xxxxxx7187	XXXX XXXX	\$3,293.16

NON-NEGOTIABLE

CO.
NFT FILE 084110 DEPT. 411700 CLOCK 3023 VCHR. NO. 0000229923 1

Page 2

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Earnings Statement



Period Beginning: 05/07/2023
Period Ending: 05/20/2023
Pay Date: 05/26/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Optional Higher Withholding Table

Social Security Number: XXX-XX-5472

Additional Tax Withholding Information

Exemptions/Allowances:
CA: 1

DANYAN QIAN
3238 SCOTT BLVD UNIT 402
SANTA CLARA CA 95054

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AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Earnings Statement



Period Beginning: 05/07/2023
Period Ending: 05/19/2023
Pay Date: 05/16/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Optional Higher Withholding Table

DANYAN QIAN
3238 SCOTT BLVD UNIT 402
SANTA CLARA CA 95054

Social Security Number: XXX-XX-5472

Earnings	rate	salary/hours	this period	year to date
Rsu Vest			2,759.51	2,759.51
Regular				54,084.90
Ca Pto Time				285.29
Float Holiday				570.58
Holiday Pay				2,282.31
Gross Pay			\$2,759.51	59,982.59

Net Check **\$0.00**

Your federal taxable wages this period are
\$2,759.51

Deductions	Statutory	
Federal Income Tax	-607.09	13,278.20
Social Security Tax	-171.09	3,684.41
Medicare Tax	-40.01	861.67
CA State Income Tax	-282.30	4,200.82
CA SDI Tax	-24.84	534.22
Other		
Stock	-1,545.34	17.40
Accident Ins		26.00
Critic Illness		69.70
Grp Legal Plan		20.00
Healthcare Fsa		41.50
Pre-Tax Dental		545.05
Pre-Tax Medical		18.50
Pre-Tax Vision		64.28
Supp Ad/D		63.16
Supp Life Ins		2,288.92
401K-Trad		
Net Pay	\$88.84	
Savings Acct 1	-88.84	

Other Benefits and Information	this period	total to date
Groupterm Life		68.40
Away Tm Pto Bal		96.64
Floating Holiday		24.00

Important Notes

"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180

BASIS OF PAY: SALARY

IF YOU HAVE PAY RELATED QUESTIONS, VISIT
[HTTPS://ATOZ.AMAZON.WORK](https://atoz.amazon.work) AND CLICK RESOURCES.

Additional Tax Withholding Information

Taxable Marital Status:
CA: Single
Exemptions/Allowances:
CA: 1

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AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Advice number: 00000213472
Pay date: 05/16/2023

Deposited to the account of
DANYAN QIAN

account number	transit	ABA	amount
xxxxxx7187	XXXX	XXXX	\$88.84

THIS IS NOT A CHECK

NON-NEGOTIABLE

AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Optional Higher Withholding Table

Social Security Number: XXX-XX-5472

Earnings	rate	salary/hours	this period	year to date
Regular	72.3558	80.00	5,788.46	54,084.90
Ca Pto Time				285.29
Float Holiday				570.58
Holiday Pay				2,282.31
Gross Pay			\$5,788.46	57,223.08

Deductions	Statutory			
Federal Income Tax	-1,289.89			12,671.11
Social Security Tax	-355.53			3,513.32
Medicare Tax	-83.15			821.66
CA State Income Tax	-398.51			3,918.52
CA SDI Tax	-51.55			509.38
Other				
Accident Ins	-1.74			17.40
Critic Illness	-2.60			26.00
Grp Legal Plan	-6.97			69.70
Pre-Tax Dental	-4.15*			41.50
Pre-Tax Medical	-54.92*			545.05
Pre-Tax Vision	-1.85*			18.50
Supp Ad/D	-6.50			64.28
Supp Life Ins	-6.38			63.16
401K-Trad	-231.54*			2,288.92
Healthcare Fsa				20.00
Net Pay		\$3,293.18		
Savings Acct 1		-3,293.18		
Net Check		\$0.00		

AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Deposited to the account of
 DANYAN QIAN

Earnings Statement



Period Beginning: 04/23/2023
 Period Ending: 05/06/2023
 Pay Date: 05/12/2023

DANYAN QIAN
 3238 SCOTT BLVD UNIT 402
 SANTA CLARA CA 95054

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$5,496.00

Other Benefits and Information	this period	total to date
Groupterm Life	6.84	68.40
Tot Work Hours	80.00	
Pp Sick Earned		4.62
Away Tm Pto Bal		96.64
Floating Holiday		24.00

Important Notes

"YOUR COMPANY'S PHONE NUMBER IS 888-892-7180

BASIS OF PAY: SALARY

IF YOU HAVE PAY RELATED QUESTIONS, VISIT
[HTTPS://ATOZ.AMAZON.WORK](https://ATOZ.AMAZON.WORK) AND CLICK RESOURCES.

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 1

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Advice number: 00000209749
 Pay date: 05/12/2023

account number	transit ABA	amount
xxxxxx7187	xxxx xxxx	\$3,293.18

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NON-NEGOTIABLE

PETITIONER DOCUMENTS

GM buys self-driving car kit startup Cruise, plans to use tech to make driverless cars

Published Mar 11, 2016 by Sarah Buhr (@sarahbuhr)



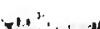
General Motors (GM) announced today it plans to snap up Cruise Automation, a San Francisco-based startup making sensors that turn regular vehicles into ones that can drive themselves, for an undisclosed sum.

The move is part of a big bet for GM in the driverless car industry as several of the major car manufacturers are now racing to implement this type of technology.

GM recently formed an internal autonomous vehicle development team and entered into a strategic alliance with rideshare service Lyft earlier this year – adding a whopping \$500 million to Lyft's latest funding round to help build a connected network for self-driving cars.

The Cruise acquisition will help further GM's automation goals. Though Cruise will remain

6/15/2016

 Driverless car kit startup Cruise, plans to use tech to make driverless cars | TechCrunch

operationally independent, GM President Dan Ammann tells TechCrunch the car maker intends to integrate Cruise's technology within its fleet of vehicle brands as soon as possible.

"The next step is to make sure we bring the full resources to the table to accelerate what Cruise is doing and integrate into the GM vehicle system," Ammann said over the phone.

Cruise has grown from products for semi-autonomous conversion systems since its launch in 2013 to building "full stack" driverless technology over the last year. The startup is now poised to grow and was seeking ways to rapidly scale, according to Cruise founder Kyle Vogt.

That's where GM comes in. Other vehicle companies working on autonomous technology such as Tesla and Uber have chosen to continue building on their own and GM's rival Ford has long partnered with robotics company Velodyne LiDAR for its self driving systems. But Vogt believes GM's committed resources will help his fledgling startup get there faster.

Just how much faster? GM sold close to 10 million cars globally in 2014, more than 3 million of them in the U.S. Google has said its driverless car project won't be ready for market for five to 10 years. GM could add Cruise's technology to its latest models and have them ready for market in the next couple of years.

"We believe this is the best path forward to implement cruise tech at a massive scale...this is a ground-breaking and necessary step toward rapidly commercializing autonomous vehicle technology," Vogt said.

Related Articles

[GM Unveils Maven, Its Big New Play In Car-Sharing Services](#)

[Lyft, Now Worth \\$5.5 Billion, Hops Into The Autonomous Car Race With General Motors](#)



News Video Events CrunchBase



Neither GM or Cruise wanted to disclose terms of the deal. Cruise has so far raised close to \$19 million in Series A funding from investors such as Spark Capital and Sam Altman.



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<http://www.wsj.com/articles/gm-closes-acquisition-of-cruise-automation-1463154595>

BUSINESS | AUTOS & TRANSPORTATION | AUTOS

GM Closes Acquisition of Cruise Automation

Auto maker to provide additional details of acquisition in its second-quarter earnings release



General Motors President Dan Ammann (right) with Cruise Automation co-founders Kyle Vogt (center) and Daniel Kan (left). Published Credit: General Motors PHOTO: GENERAL MOTORS

By GAUTHAM NAGESH

May 13, 2016 11:49 a.m. ET

General Motors Co. said Friday it has closed on its acquisition of Cruise Automation Inc., a Silicon Valley company developing autonomous-vehicle technology.

GM said in a statement additional details of the acquisition will be disclosed with the company's second quarter financial results. The auto maker typically reports its second-quarter earnings in late July.

GM in March said it would acquire Cruise to accelerate its efforts to develop self-driving cars. The deal is valued at more than \$1 billion, according to people familiar with the terms, and is a building block in the Detroit auto giant's strategy to better compete with tech giants plowing further into the business -- including Apple Inc., Uber Inc. and

Alphabet Inc.'s Google car program.

Cruise software will be part of a coming self-driving taxi pilot run by GM and Lyft Inc., a ride-hailing service that competes with Uber. GM in January invested \$500 million in Lyft, and recently acquired the assets of San Francisco ride-sharing firm Sidecar.

Friday's disclosure that the Cruise deal is closed indicates GM is confident it can steer around a lawsuit filed last month against Cruise and its founder by Jeremy Guillory, an engineer who worked with the startup in its early days and was instrumental in attempts to gain early-stage funding.

Mr. Guillory didn't immediately respond to a request for comment. GM said it is not providing any details pertaining to the lawsuit.

Write to Gautham Nagesh at gautham.nagesh@wsj.com

Cruise acquires Strobe to help dramatically reduce LiDAR costs

Posted Oct 9, 2017 by Darrell Etherington (@etherington)

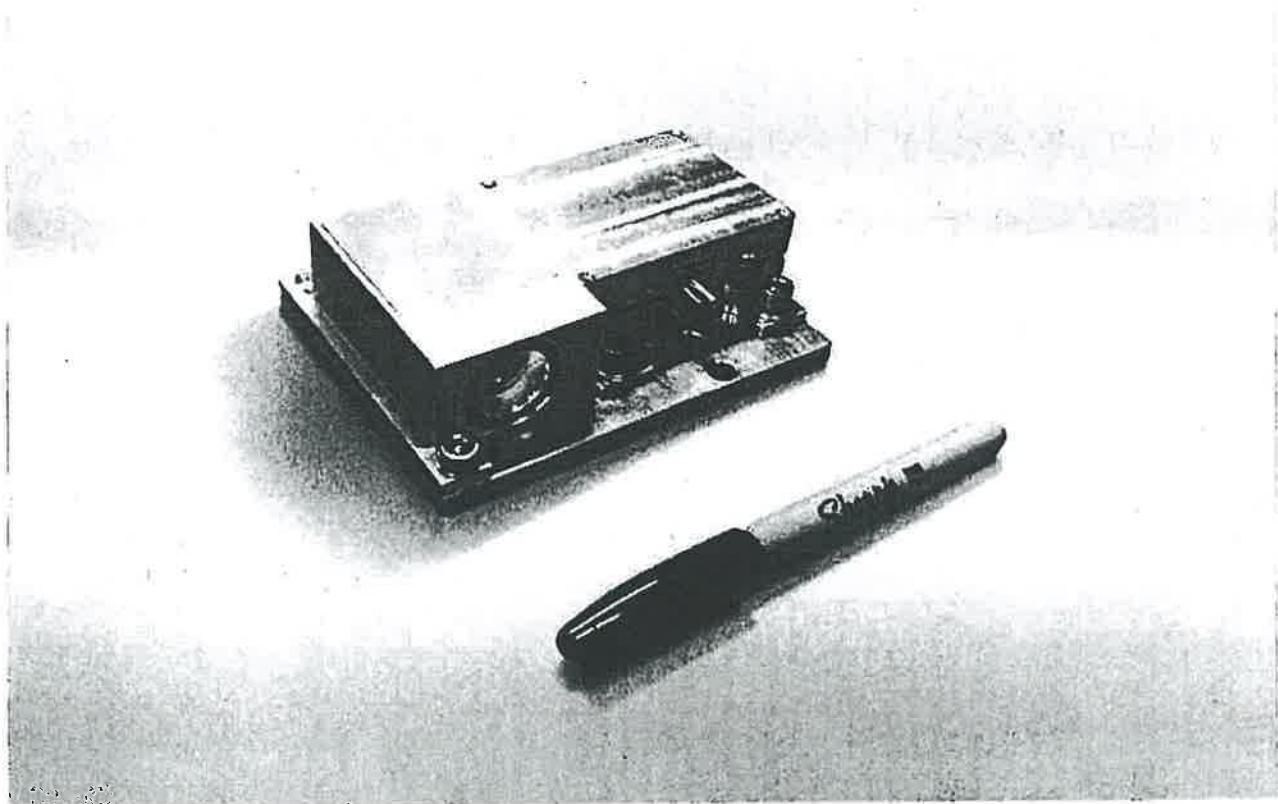


Cruise, the self-driving car startup GM acquired last year, has acquired a startup of its own - Strobe, a LiDAR sensor maker that reduces an entire LiDAR array down to just one chip, which Cruise says will be instrumental in helping it reduce the cost of LiDAR on a per vehicle basis by nearly 100 percent.

The cost issue is a big one: LiDAR remains one of the single most expensive component in the autonomous vehicle stack, and it's a bottleneck not just in terms of cost, but also in terms of manufacturing complexity and performance and reliability over time across all types of weather, as Cruise CEO Kyle Vogt notes in a Medium post announcing the news.

Vogt says that decreasing costs for autonomous vehicles will be key in deploying them across a range of different areas, including in the suburbs and outside of major cities, where currently

the economics would make it difficult to deploy something like an autonomous ride hailing service.



Strobe's LiDAR component

Strobe's technology offers accurate measurement of both distance and velocity, Vogt says, and combined with radar, can provide information vital to decision-making for self-driving cars. Strobe will bring their team and founders to Cruise, and Cruise will work with both its new engineers and with GM resources to develop LiDAR tech along with GM's Hughes Research Labs skunkworks team.

Velodyne is currently the industry leader in terms of LiDAR employed in self-driving vehicle technology, but many are trying to improve the cost, form factor and reliability of LiDAR parts. Another startup, Luminar, recently revealed the scale of its own operation, and it's also announced that it's working with Toyota Research Institute along with other select partners to add its capabilities to autonomous test vehicles on the road.



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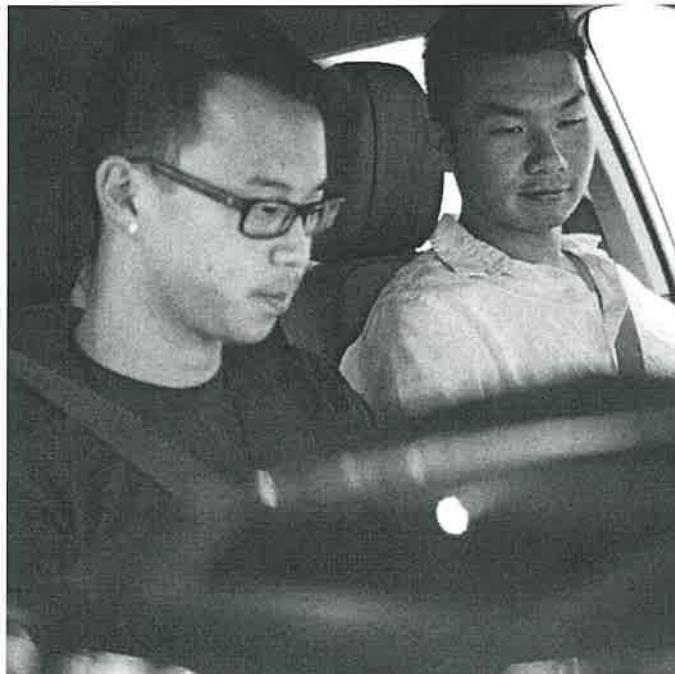
ON THE ROAD

Our vehicles are on the road in communities across the U.S. navigating some of the most challenging and unpredictable driving environments. We believe the best way to bring self-driving technology to the world is to expose them to the same unique and complex traffic scenarios human drivers face every day. We collect and analyze petabytes of data to ensure our vehicles operate safely and reliably.



END-TO-END ENGINEERING

Self-driving electric cars can save millions of lives and significantly accelerate the world's transition to sustainable energy, but only when they're deployed in large numbers. General Motors and Cruise Automation are focused on bringing that future to life. State-of-the-art software and hardware paired with over 100 years of automotive engineering make us uniquely positioned to create the world's first scalable AV fleet.

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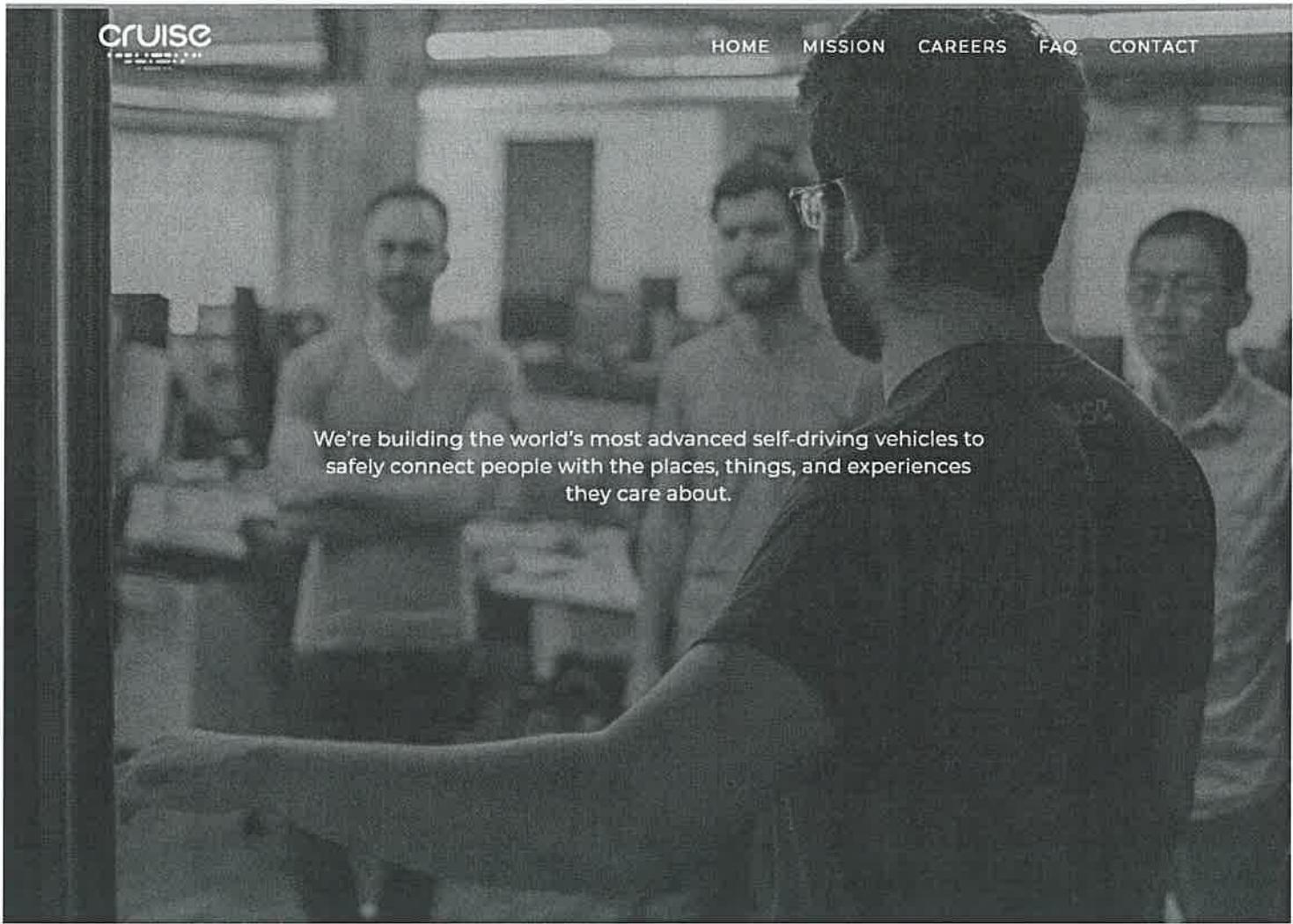
We're hiring people who want to solve some of our generation's most complex engineering challenges and completely transform the future of transportation. If you share our passion for achieving what some say is impossible, join us.

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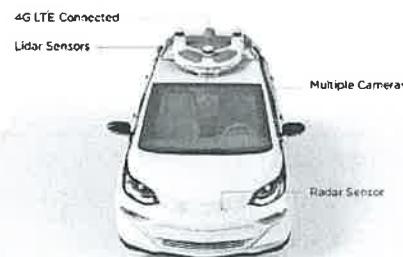


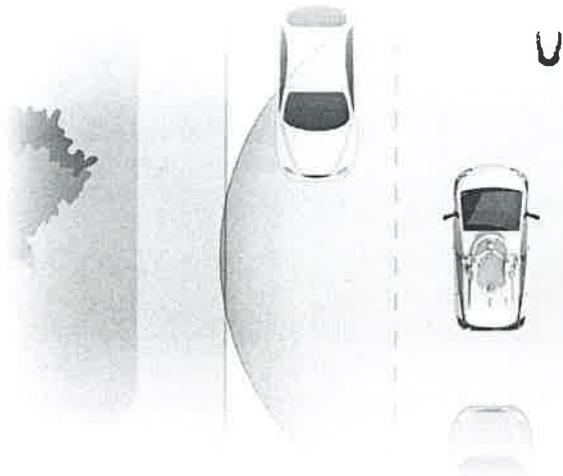
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WE ARE LEADING THE WAY

Safety design and operational requirements in compliance with federal, state and local regulations are our focus as we design our level 4 and level 5 cars for deployment.

Today's test vehicles have a complementary array of sensors so that the vehicle can navigate complex city streets intelligently and with a 360-degree view of the world around it. Each car alone has 10 cameras that take pictures at 10 frames per second. The car sees more of its environment at once than a human driver can, and therefore can respond more quickly and safely.





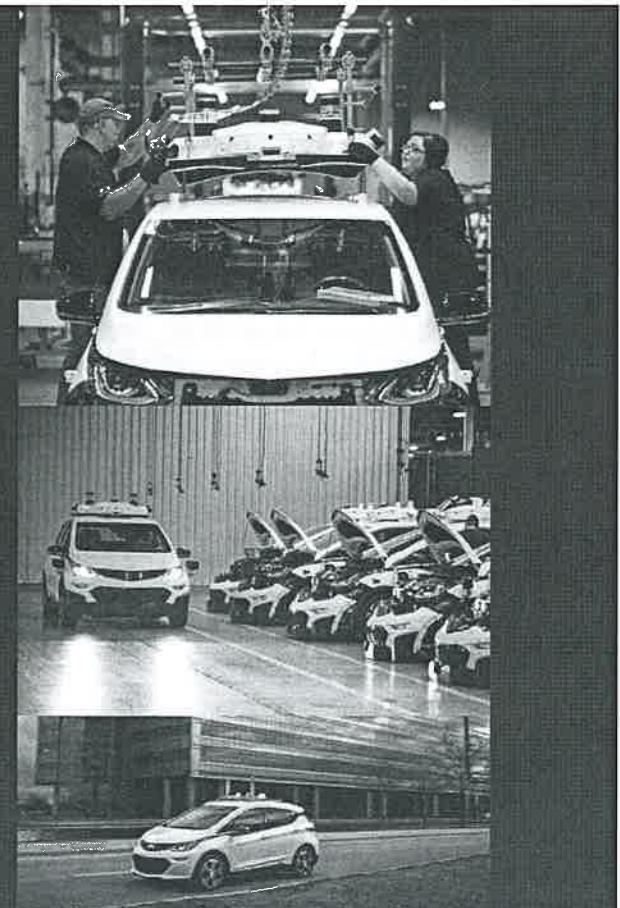
Our sensors allow for comprehensive data collection across traffic, road maintenance and environmental factors. Our cars can adapt to various real-life road situations and especially those that are usually unanticipated by human drivers.

We have a sophisticated simulations team that tests real-world scenarios in zero-consequence, off-road environments. This means that we can simulate the most horrific traffic accidents and unexpected road experiences to train our cars to respond.

Our 100% EV Bolt fleet is designed with fully-integrated hardware and software to account for operational capabilities and safety redundancies, such that the operator behind the wheel can take control of the vehicle throughout development and testing.

CRUISE + GENERAL MOTORS

Cruise was founded in 2013 in San Francisco, CA, but our roots can be traced back to the work and vision for the future set by our founders years earlier. What began as a passion for solving the most difficult engineering problems transformed into developing the most advanced self-driving technology for the greater good. We entered Y Combinator in 2014 to shape our vision and develop a plan to build vehicles that are completely driverless. In 2016, we teamed up with General Motors (GM) to help scale our vision to build the world's largest fleet of self-driving cars, and we haven't looked back.



AT THE END OF THE DAY, YOU'RE NOT BEING DRIVEN BY ROBOTS.

YOU'RE BEING DRIVEN BY US.

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FREQUENTLY ASKED QUESTIONS

↗ What does Cruise do?

We're building the world's most advanced self-driving vehicles to safely connect people with the places, things, and experiences they care about.

↗ How did Cruise get started?

Cruise was founded in 2013 in San Francisco, CA, but our roots can be traced back to the work and vision for the future set by our founders years earlier. What began as a passion for solving the most difficult engineering problems transpired into developing the most advanced self-driving technology for the greater good. We entered Y Combinator in 2014 to shape our vision and develop a plan to build vehicles that are completely driverless. In 2016, we teamed up with General Motors (GM) to help scale our vision to build the world's largest fleet of driverless cars and we haven't looked back.

↗ Why should I work at Cruise?

Cruise has the advantage of operating as a lean, fast-moving startup with the support of a Fortune 500 company—we don't just work on the bleeding edge of technology, we define it. We believe in tackling the most difficult challenges first and taking ownership in each other's progress by setting each other up for success wherever we can. Check out [the careers page](#) to learn more.

How do your driverless cars work?

Today's test vehicles have a complementary array of sensors, cameras and radars, so that we can navigate complex city streets intelligently and with a 360-degree view of the world around it. Safety design and operational requirements, in compliance with federal, state and local regulations, are our focus as we design our level 4 and level 5 cars for deployment.

In each car alone, we have installed 10 cameras that take picture at a frequency of 10 shots/s. We see more of what is going on around the car at any given time than a driver can, and therefore have greater agility and safer response capabilities.

Our 100% EV Bolt fleet is designed with fully-integrated hardware and software to account for operational capabilities and assurances, such that the operator behind the wheel can take control of the vehicle throughout development and testing. Our sensors allow for comprehensive data collection across traffic, road



What technical challenges is Cruise working on?

As innovators in the space, we're solving problems that have never been solved before in an industry that's still in its infancy. At Cruise, we have a variety of technical teams with diverse skillsets and experience seamlessly working together to develop self-driving technology for level 4 and 5 autonomous vehicles—completely driverless. Whether you're interested in writing the code that brings our driverless cars to life, or building vehicle hardware to support our software or designing different aspects of the driverless experience, the technical challenges we face push the boundaries of the new frontier in technology. Visit [our careers page](#) to learn more about what our teams are working on.



Where can I see your driverless cars on the road today?

Our driverless cars are on the road in California, Arizona, and Michigan navigating some of the most challenging and unpredictable driving environments. We look forward to introducing this amazing technology to more communities soon.



What's your relationship with GM?

In 2016, we teamed up with GM to help scale our vision for a driverless future. Together, Cruise and GM are investing over \$14 million in an R&D facility in San Francisco, CA and expanding our workforce by 1,100 full-time employees. This partnership gives Cruise a unique advantage in terms of our ability to provide people with safer, reliable, and more accessible transportation options quicker.

 Describe your company culture

We're a highly collaborative and diverse group of people that places a premium on helping each other succeed, because we all share the same vision for a driverless future and believe working together is the only way to make it a reality. Each person here understands how their role contributes to the larger vision of a driverless future and appreciates the importance of doing their job well. To support each person, Cruise invests heavily in recreational activities and social events, professional development, and perks that encourage work-life balance-like minimums for vacation time that must be used :)

 Who is Kyle Vogt?

Kyle Vogt is an engineer, entrepreneur, and robotics pioneer who is redefining the future of human mobility. In 2013, Kyle founded Cruise Automation, which under his leadership as CEO developed the first driverless fleet of Chevy Bolt EVs that are currently on the road in cities across the U.S. In 2016, Kyle and Cruise partnered with General Motors to help scale his vision for a driverless future, which under his leadership as CEO developed the first driverless car fleet to be widely tested in San Francisco and is now testing states across the U.S. His interest in self-driving technology stemmed from competing in Battlebots at an early age. At 14 years old, Kyle had built a self-driving power wheels car that used a webcam, computer vision, and a power window motor to follow yellow lines in a parking lot. As an undergrad at MIT, he worked on the DARPA Grand Challenge where he co-led

a team to retrofit a Ford F-150 with drive by wire capability and sensors. Prior to Cruise, Kyle co-founded Twitch (acquired by Amazon), Socialcam (acquired by Autodesk), and Justin.tv, where he gained a following through an MIT

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BRAND ASSETS

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Cruise Word Mark	PNG, SVG

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