

THE UNITED STATES OF AMERICA

RECEIPT NUMBER WAC-16-225-51118		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE August 12, 2016	PRIORITY DATE	PETITIONER TEKSYSTEMS INC
NOTICE DATE August 25, 2016	PAGE 1 of 2	BENEFICIARY CHALAPAKA, RAMESH B.
MICHAEL FRANCIS SMITH FRAGOMEN DEL REY BERNSEN & LOEWY L RE: TEKSYSTEMS INC 1101 15 STREET NW STE 700 WASHINGTON DC 20005	<b>Notice Type:</b> Approval Notice Class: H1B Valid from 08/25/2016 to 08/24/2017 Consulate:	

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

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

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

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

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

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

CALIFORNIA SERVICE CENTER  
P. O. BOX 30111  
LAGUNA NIGUEL CA 92607-0111  
**Customer Service Telephone: (800) 375-5283**  
Form I797A (Rev. 10/31/05)N



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



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(continued)

at the Small Business Administration. The OMB 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 OMB at [www.ombudsman.sba.gov](http://www.ombudsman.sba.gov) or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

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Detach This Half for Personal Records

Receipt# **VOID** PETITIONER: **VOID** **VOID**

I-94# **VOID** **VOID** **VOID**

NAME **VOID** **VOID** **VOID**

CLASS **VOID** **VOID** **VOID**

Receipt Number **VOID** **VOID** **VOID**

United States Citizenship and Immigration Services **VOID** **VOID** **VOID**

I-94 **VOID** **VOID** **VOID**

Departure Record **VOID** **VOID** **VOID**

14. Family Name **VOID** **VOID** **VOID**

15. First (Given) Name **VOID** **VOID** **VOID**

16. Date of Birth

17. Country of Citizenship **VOID** **VOID** **VOID**