



**Subsection A Information For Additional or Subsequent Work Location**

1. City \_\_\_\_\_ State \_\_\_\_\_
2. Prevailing Wage \_\_\_\_\_
3. Wage is Per: ☐ Year ☐ Week  
☐ Month ☐ Hour  
☐ 2 Weeks
4. Wage Source ☐ SESA  
☐ Collective Bargaining Agreement  
☐ Other
5. Year Source Published \_\_\_\_\_
6. Other Wage Source \_\_\_\_\_

**F. Employer Labor Condition Statements**

**Please Note:** In order for your application to be processed, you **MUST** read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all four labor condition statements summarized below:

- (1) Wages: Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers.
- (2) Working Conditions: Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment.
- (4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B or H-1B1 workers.

I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages. ☒ Yes ☐ No

**F-1. Additional Employer Labor Condition Statements - H-1B Employers Only**

**Please Note:** In order for an application regarding H-1B nonimmigrants to be processed, you **MUST** read Section F-1 - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you **MUST** read Section F-1 - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.

**1. Subsection 1**

Choose ONE of the following 3 alternatives:

- A ☐ Employer is not H-1B dependent and is not a willful violator.
- B ☒ Employer is H-1B dependent and/or a willful violator.
- C ☐ Employer is H-1B dependent and/or a willful violator BUT will use this application **ONLY** to support H-1B petitions for exempt nonimmigrants.

**2. Subsection 2**

If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:

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

I have read and agree to Additional Labor Condition Statements 2 A, B, and C. ☒ Yes ☐ No

**FORM CERTIFIED**



**A. Program Designation**

You must choose one:

☒ H-1B ☐ H-1B1 Chile ☐ H-1B1 Singapore ☐ E-3 Australian

**B. Employer's Information**

2. Employer's Full Legal Name

KLARUS INC

1. Return Fax Number

3. Employer's Address (Number and Street)

9428 BAYMEADOWS RD, SUITE 135

4. Employer's City

JACKSONVILLE

5. Employer's Address EIN Number

03-0406798

6. Employer's Phone Number

(904) 519-6813

State

FL

Zip/Postal Code

32256

Extension

**C. Rate of Pay**

1. Wage Rate (or Rate From) (Required):

\$50,000.00

2. Rate Up To (Optional):

\$0.00

3. Rate is Per:

☒ Year ☐ Week

☐ Month ☐ Hour

☐ 2 Weeks

4. Is this position  
part-time?

☐ Yes

☒ No

**Please Note:**  
Part-time hours  
worked by  
nonimmigrant(s) will  
be in the range of  
hours stated on the  
INS Form(s) I-129.

**D. Period Of Employment and Occupation Information**

1. Begin Date

09/28/2007

2. End Date

09/28/2010

3. Occupational Code

0 3 0

4. Number of H-1B or H-1B1 Nonimmigrants

0 0 1

5. Job Title

SYSTEMS ANALYST

**E. Information relating to Work Location for the H-1B or H-1B1 Nonimmigrants**

1. City

JACKSONVILLE

State

FL

2. Prevailing Wage

\$44,824.00

3. Wage is Per:

☒ Year ☐ Week

☐ Month ☐ Hour

☐ 2 Weeks

4. Wage Source

☐ SESA

☐ Collective  
Bargaining  
Agreement

☒ Other

5. Year Source Published

2007

6. Other Wage Source

Online Wage Library

**FORM CERTIFIED**

A Case Number I-07087-3282221

Form ETA 9035E - Page 2 of 4

**I-129, Petition for a  
Nonimmigrant Worker**

**START HERE - Please type or print in black ink.**

**Part 1. Information about the employer filing this petition.** *If the employer is an individual, complete Number 1. Organizations should complete Number 2.*

1. Family Name (Last Name)		Given Name (First Name)	
N/A			
Full Middle Name		Telephone No. w/Area Code	
		( )	
2. Company or Organization Name		Telephone No. w/Area Code	
Klarus, Inc.		( 904 ) 519-6813	
Mailing Address: (Street Number and Name)		Suite #	
9428 Baymeadows Road		135	
C/O: (In Care Of)			
Sujay Bodagala, Vice President			
City		State/Province	
Jacksonville		FL	
Country	Zip/Postal Code	E-Mail Address (If Any)	
USA	32256	N/A	
Federal Employer Identification #	U.S. Social Security #	Individual Tax #	
03 0406798	N/A	N/A	

**Part 2. Information about this petition.** *(See instructions for fee information.)*

1. Requested Nonimmigrant Classification. <i>(Write classification symbol):</i>	
H1B	
2. Basis for Classification <i>(Check one):</i>	
a. <input checked="" type="checkbox"/> New employment (including new employer filing H-1B extension).	
b. <input type="checkbox"/> Continuation of previously approved employment without change with the same employer.	
c. <input type="checkbox"/> Change in previously approved employment.	
d. <input type="checkbox"/> New concurrent employment.	
e. <input type="checkbox"/> Change of employer.	
f. <input type="checkbox"/> Amended petition.	
3. If you checked Box 2b, 2c, 2d, 2e, or 2f, give the petition receipt number.	
N/A	
4. Prior Petition. If the beneficiary is in the U.S. as a nonimmigrant and is applying to change and/or extend his or her status, give the prior petition or application receipt #:	
N/A	
5. Requested Action. <i>(Check one):</i>	
a. <input checked="" type="checkbox"/> Notify the office in Part 4 so the person(s) can obtain a visa or be admitted. <i>(NOTE: a petition is not required for an E-1, E-2 or R visa).</i>	
b. <input type="checkbox"/> Change the person(s)' status and extend their stay since the person(s) are all now in the U.S. in another status <i>(see instructions for limitations)</i> . This is available only where you check "New Employment" in Item 2, above.	
c. <input type="checkbox"/> Extend the stay of the person(s) since they now hold this status.	
d. <input type="checkbox"/> Amend the stay of the person(s) since they now hold this status.	
e. <input type="checkbox"/> Extend the status of a nonimmigrant classification based on a Free Trade Agreement. <i>(See Free Trade Supplement for TN and H1B1 to Form I-129).</i>	
f. <input type="checkbox"/> Change status to a nonimmigrant classification based on a Free Trade Agreement. <i>(See Free Trade Supplement for TN and H1B1 to Form I-129).</i>	
6. Total number of workers in petition <i>(See instructions relating to when more than one worker can be included):</i>	
One	

**For USCIS Use Only**

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Petitioner Interviewed on	
<input type="checkbox"/> Beneficiary Interviewed on	
Class: _____	
# of Workers: _____	
Priority Number: _____	
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	
Partial Approval <i>(explain)</i>	
Action Block	
To Be Completed by Attorney or Representative, if any.	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License #	

**Part 3. Information about the person(s) you are filing for.** Complete the blocks below. Use the continuation sheet to name each person included in this petition.

**1. If an Entertainment Group, Give the Group Name**

N/A

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

Margapuri

Sriram

None

All Other Names Used (include maiden name and names from all previous marriages)

N/A

N/A

N/A

Date of Birth (mm/dd/yyyy)

U.S. Social Security # (if any)

A # (if any)

05/24/1979

N/A

N/A

Country of Birth

Province of Birth

Country of Citizenship

India

Kakinada

INDIA

**2. If in the United States, Complete the Following:**

Date of Last Arrival (mm/dd/yyyy)

I-94 # (Arrival/Departure Document)

Current Nonimmigrant Status

Date Status Expires (mm/dd/yyyy)

Passport Number

Date Passport Issued (mm/dd/yyyy)

Date Passport Expires (mm/dd/yyyy)

F2297125

03/16/2005

03/15/2015

Current U.S. Address

**Part 4. Processing Information.**

**1. If the person named in Part 3 is outside the United States or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.**

Type of Office (Check one): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry

Office Address (City)

U.S. State or Foreign Country

Chennai

India

Person's Foreign Address

D.No 1-70, Agraharam Street, Kakinada, East Gdavari-533005 AP India

**2. Does each person in this petition have a valid passport?**

☐ Not required to have passport

☐ No - explain on separate paper

☒ Yes

**3. Are you filing any other petitions with this one?**

☒ No

☐ Yes - How many?

**4. Are applications for replacement/initial I-94s being filed with this petition?**

☒ No

☐ Yes - How many?

**5. Are applications by dependents being filed with this petition?**

☒ No

☐ Yes - How many?

**6. Is any person in this petition in removal proceedings?**

☒ No

☐ Yes - explain on separate paper

**Part 4. Processing Information.** (Continued)

7. Have you ever filed an immigrant petition for any person in this petition? ☒ No ☐ Yes - explain on separate paper
8. If you indicated you were filing a new petition in **Part 2**, within the past seven years has any person in this petition:
- a. Ever been given the classification you are now requesting? ☒ No ☐ Yes - explain on separate paper
- b. Ever been denied the classification you are now requesting? ☒ No ☐ Yes - explain on separate paper
9. Have you ever previously filed a petition for this person? ☒ No ☐ Yes - explain on separate paper
10. If you are filing for an entertainment group, has any person in this petition not been with the group for at least one year? ☒ No ☐ Yes - explain on separate paper

**Part 5. Basic information about the proposed employment and employer.** Attach the supplement relating to the classification you are requesting.

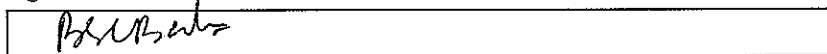
- |   |  |
|---|--|
| 1. Job Title<br><div>Systems Analyst</div>  | 2. Nontechnical Job Description<br><div>Design and deploy customized software solutions.</div>         |
| 3. LCA Case Number<br><div>I-07087-3282221</div>  | 4. NAICS Code<br><div>541511</div>   |
| 5. Address where the person(s) will work if different from address in <b>Part 1</b> . (Street number and name, city/town, state, zip code)<br><div>Same as above</div>  |  |
| 6. Is this a full-time position?<br><input type="checkbox"/> No - Hours per week: <div></div> <input checked="" type="checkbox"/> Yes - Wages per week or per year: <div>\$48,000/ yr</div>                   |  |
| 7. Other Compensation (Explain)<br><div>None</div>  | 8. Dates of intended employment (mm/dd/yyyy):<br>From: <div>10/01/2007</div> To: <div>09/27/2010</div> |
| 9. Type of Petitioner - Check one:<br><input type="checkbox"/> U.S. citizen or permanent resident <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Other - explain on separate paper |  |
| 10. Type of Business<br><div>IT Solutions</div>   |  |
| 11. Year Established<br><div>2002</div>   | 12. Current Number of Employees<br><div>20</div>   |
| 13. Gross Annual Income<br><div>\$1,200,000</div>   | 14. Net Annual Income<br><div>Profitable</div>   |

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**Part 6. Signature.** *Read the information on penalties in the instructions before completing this section.*

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I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

**Signature****Daytime Phone Number (Area/Country Code)**

( 904 ) 519-6813

**Print Name**

Sujay Bodagala

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

**NOTE:** If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

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**Part 7. Signature of person preparing form, if other than above.**

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I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

**Signature****Daytime Phone Number (Area/Country Code)**

( )

**Print Name****Date (mm/dd/yyyy)****Firm Name and Address**

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

**H Classification Supplement  
to Form I-129**

1. Name of person or organization filing petition:

Klaruc, Inc.

2. Name of person or total number of workers or trainees you are filing for:

Sriram      None      Margapuri

3. List the alien's and any dependent family member's prior periods of stay in H classification in the United States for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in an H classification. **NOTE:** Submit photocopies of Forms I-94, I-797 and/or other USCIS issued documents noting these periods of stay in the H classification. If more space is needed, attach an additional sheet(s). (If applying for H-2A/H-2B classification skip this item.)

Subject's Name	Period of Stay (mm/dd/yyyy)	Subject's Name	Period of Stay (mm/dd/yyyy)
Sriram Margapuri	From: None      To:		From:      To:
	From:      To:		From:      To:

4. Classification sought (Check one):

☒ H-1B1 Specialty occupation

☐ H-2A Agricultural worker

☐ H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)

☐ H-2B Non-agricultural worker

☐ H-1B3 Fashion model of national or international acclaim

☐ H-3 Trainee

☐ H-3 Special education exchange visitor program

**Section 1. Complete this section if filing for H-1B classification.**

1. Describe the proposed duties

The Position of Systems Analyst requires the incumbent to analyze a client's environment and then develop or assist in the

2. Alien's present occupation and summary of prior work experience

Mr.Sriram has over 4 years of progressive IT experience. Mr.Sriram has extensive experience in different software applications.

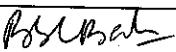
**Statement for H-1B specialty occupations only:**

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.

Petitioner's Signature

Print or Type Name

Date (mm/dd/yyyy)



Sujay Bodagala

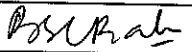
**Statement for H-1B specialty occupations and U.S. Department of Defense projects:**

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 alien is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Print or Type Name

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



Sujay Bodagala

**Statement for H-1B U.S. Department of Defense projects only:**

I certify that the alien 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.

DOD Project Manager's Signature

Print or Type Name

Date (mm/dd/yyyy) (mm/

N/A

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

Petitioner's Name

## Part A. General Information.

### 1. Employer Information - (check all items that apply)

- a. Is the petitioner a dependent employer? ☐ No ☒ Yes
- b. Has the petitioner ever been found to be a willful violator? ☒ No ☐ Yes
- c. Is the beneficiary an exempt H-1B nonimmigrant? ☐ No ☒ Yes
1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☒ No ☐ Yes
2. Or is it because the beneficiary has a master's or higher degree in a speciality related to the employment? ☐ No ☒ Yes

### 2. Beneficiary's Last Name

First Name

Middle Name

Margapuri

Sriram

None

Attention To or In Care Of

Current Residential Address - Street

Apt. #

Klaruc, Inc.

9428 Baymeadows Road, Suite 135

City

State

Zip/Postal Code

Jacksonville

FL

32256

U.S. Social Security # (If Any)

I-94 # (Arrival/Departure Document)

Previous Receipt # (If Any)

N/A

None

None

### 3. Beneficiary's Highest Level of Education. Please check one box below.

- ☐ NO DIPLOMA
- ☐ HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (example: GED)
- ☐ Some college credit, but less than one year
- ☐ One or more years of college, no degree
- ☐ Associate's degree (for example: AA, AS)
- ☒ Bachelor's degree (for example: BA, AB, BS)
- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

### 4. Major/Primary Field of Study.

C o m p u t e r S c i e n c e

### 5. Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education as defined in 20 U.S.C. section 1001(a)?

- ☒ No ☐ Yes (If "Yes" provide the following information):

Name of the U.S. institution of higher education

Date Degree Awarded

Type of U.S. Degree

Address of the U.S. institution of higher education

### 6. Rate of Pay Per Year.

\$48,000/yr

### 7. LCA Code.

0 3 0

### 8. NAICS Code.

5 4 1 5 1 1

## Part B. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 fee, please answer all of the following questions:

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



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

If you answered "Yes" to any of the questions above, you are ONLY required to submit the fee for your H-1B Form I-129 petition, which is \$185. If you answered "No" to all questions, please answer Question 9.

9. ☒ Yes ☐ No Do you currently employ a total of no more than 25 full-time equivalent employees in the United States, including any affiliate or subsidiary of your company?

If you answered "Yes" to Question 9 above, then you are required to pay an additional fee of \$750. If you answered "No", then you are required to pay an additional fee of \$1,500.

**NOTE:** On or after March 8, 2005, a U.S. employer seeking initial approval of H-1B or L nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B or L nonimmigrant currently working for another U.S. employer, must submit an additional \$500 fee. This additional \$500 Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee.**


#### Part C. Numerical Limitation Exemption Information.

1. ☐ Yes ☒ No Are you an institution of higher education as defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?
2. ☐ Yes ☒ No Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as such institutions of higher education are defined in the Higher Education Act of 1965, section 101 (a), 20 U.S.C. section 1001(a)?
3. ☐ Yes ☒ No Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
4. ☐ Yes ☒ No Is the beneficiary of this petition a J-1 nonimmigrant alien who received a waiver of the two-year foreign residency requirement described in section 214 (l)(1)(B) or (C) of the Act?
5. ☐ Yes ☒ No Has the beneficiary of this petition been previously granted status as an H-1B nonimmigrant in the past 6 years and not left the United States for more than one year after attaining such status?
6. ☐ Yes ☒ No If the petition is to request a change of employer, did the beneficiary previously work as an H-1B for an institution of higher education, an entity related to or affiliated with an institution of higher education, or a nonprofit research organization or governmental research institution defined in questions 1, 2 and 3 of Part C of this form?
7. ☐ Yes ☒ No Has the beneficiary of this petition earned a master's or higher degree from a U.S. institution of higher education, as defined in the Higher Education Act of 1965, section 101(a), 20 U.S.C. section 1001(a)?

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it is true and correct. If filing this on behalf of an organization or entity, I certify that I am empowered to do so by that organization or entity. I authorize the release of any information from my records, or from the petitioning organization or entity's records, that U.S. Citizenship and Immigration Services may need to determine eligibility for the exemption being sought.

#### Certification.

Signature



Print Name

Sujay Bodagala

Title


Vice President

Date (mm/dd/yyyy)



U.S. Department of State  
**NONIMMIGRANT VISA APPLICATION**

Approved OMB 1405-0018  
Expires 09/30/2007  
Estimated Burden 1 Hour  
See Page 2

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM					
1. Passport Number <b>F2297125</b>		2. Place of Issuance: City <b>VISAKHAPATNAM</b>		Country <b>INDIA</b>	State/Province <b>ANDHRA PRADESH</b>
3. Issuing Country <b>INDIA</b>		4. Issuance Date (dd-mm-yyyy) <b>16-Mar-2005</b>		5. Expiration Date (dd-mm-yyyy) <b>15-Mar-2015</b>	
6. Surnames (As in Passport) <b>MARGAPURI</b>				DO NOT WRITE IN THIS SPACE B-1/B-2 MAX B-1 MAX B-2 MAX Other _____ MAX Visa Classification _____	
7. First and Middle Names (As in Passport) <b>SRIRAM</b>				Mult or Number of Applications _____	
8. Other Surnames Used (Maiden, Religious, Professional, Aliases) <b>NA</b>				Months Validity _____ Issued/Refused _____	
9. Other First and Middle Names Used <b>NA</b>			10. Date of Birth (dd-mm-yyyy) <b>24-May-1979</b>		
11. Place of Birth: City <b>KAKINADA</b>		Country <b>INDIA</b>	State/Province <b>ANDHRA PRADESH</b>		12. Nationality <b>INDIA</b>
13. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	14. National Identification Number (If Applicable) <b>NA</b>		15. Home Address (Include apartment number, street, city, state or province, postal zone and country) <b>HOUSE NO 29 JAYAMMA HOUSE TOP FLOOR, OPP.WATER TANK KONAPPA AGRAHARA, BANGALORE, 560100, KARNATAKA, INDIA</b>		
16. Home Telephone Number		Business Phone Number <b>91-80-26177091</b>		Mobile/Cell <b>9900775000</b>	
Fax Number		Fax Number Business		Pager Number	
17. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		18. Spouse's Full Name (Even if divorced or separated, include maiden name.) <b>NA</b>		19. Spouse's DOB (dd-mm-yyyy)	
20. Name and Address of Present Employer or School Name: <b>HEWLETT-PACKARD</b>		Address: <b>HP AVENUE 39-40, ELECTRONIC CITY HOSUR RD, BANGALORE, KARNATAKA, INDIA, 560100</b>			
21. Present Occupation (If retired, write "retired" If student, write "student") <b>SENIOR SOFTWARE ENGINEER</b>		22. When Do You Intend To Arrive In The U.S.? (Provide Specific Date if Known) <b>12-Feb-2008</b>		23. E-Mail Address <b>margapuri.sriram@yahoo.com</b>	
24. At What Address Will You Stay In The U.S.? <b>KLAURUS INC., .8849 CANTERBURY COVE CT, JACKSONVILLE, FLORIDA, 32256</b>				 <b>9001328481</b>  DO NOT WRITE IN THIS SPACE  50 mm x 50 mm  PHOTO  Staple or glue photo here	
25. Name and Telephone Numbers of Person in U.S. Who You Will be Staying With or Visiting for Tourism or Business Name <b>SUJAY BODAGALA</b>		Home Phone <b>732-874-3540</b>			
Business Phone <b>732-8743540</b>		Cell Phone			
26. How Long Do You Intend To Stay in the U.S.? <b>3 YEAR(S)</b>		27. What is The Purpose of Your Trip? <b>WORKING IN THE USA</b>			
28. Who Will Pay For Your Trip? <b>KLAURUS INC</b>		29. Have You Ever Been In The U.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  WHEN? _____  FOR HOW LONG? _____			

<p>30. Have You Ever Been Issued a U.S. Visa? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>WHEN? _____</p> <p>WHERE? _____</p> <p>WHAT TYPE OF VISA? _____</p>	<p>31. Have You Ever Been Refused a U.S. Visa? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>WHEN? _____</p> <p>WHERE? _____</p> <p>WHAT TYPE OF VISA? _____</p>						
<p>32. Do You Intend To Work in The U.S.? (If YES, give the name and complete address of U.S employer.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>KLARUS INC, 8849 CANTERBURY COVE CT, JACKSONVILLE, FL, 32256</b></p>	<p>33. Do You Intend to Study in The U.S.? (If YES, give the name and complete address of the school.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>						
<p>34. Names and Relationships of Persons Traveling With You <b>N/A</b></p>							
<p>35. Has Your U.S. Visa Ever Been Cancelled or Revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Who? _____</p>						
<p>37. Are Any of The Following Persons in The U.S., or Do They Have U.S. Legal Permanent Residence or U.S. Citizenship? Mark YES or NO and indicate that person's status in the U.S. (i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.).</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Husband / Wife</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fiancee / Fiancee</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Brother / Sister</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Father / Mother</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Son / Daughter</td> <td></td> </tr> </table>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Husband / Wife	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fiancee / Fiancee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Brother / Sister	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Father / Mother	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Son / Daughter	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Husband / Wife	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fiancee / Fiancee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Brother / Sister					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Father / Mother	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Son / Daughter						
<p>38. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance): Is any of the following applicable to you?</p> <ul style="list-style-type: none"> <li>• Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> <li>• Have you ever been refused admission to the U.S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> <li>• Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany, or have you ever participated in genocide? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> <li>• Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> <li>• Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> <li>• Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> </ul> <p>While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.</p>							
<p>39. Was this Application Prepared by Another Person on Your Behalf? (If answer is YES, then have that person complete item 40.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>							
<p>40. Application Prepared By:</p> <p>NAME _____ Relationship to Applicant _____</p> <p>ADDRESS _____</p> <p>Signature of Person Preparing Form _____ DATE (dd-mm-yyyy) _____</p>							
<p>41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.</p> <p>APPLICANT'S SIGNATURE _____ DATE (dd-mm-yyyy) <b>22-Jan-2008</b></p>							
<p style="text-align: center;"><b>Privacy Act and Paperwork Reduction Act Statements</b></p> <p>INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of the visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.</p> <p>Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB Number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/RPS/DIR, Washington, D.C. 20520.</p>							



RECEIPT NUMBER EAC-07-145-50322		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE April 27, 2007	PRIORITY DATE	PETITIONER KLARUS INC
NOTICE DATE June 25, 2007	PAGE 1 of 1	
KLARUS INC C/O SUJAY BODAGALA VICE PRESIDENT 9428 BAYMEADOWS ROAD 135 JACKSONVILLE FL 32256		Notice Type: Approval Notice Class: H1B Valid from 10/01/2007 to 09/27/2010

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

Petition approval does not authorize employment. When the workers are granted status based on this petition they can then work for the petitioner, but only as detailed in the petition and for the period authorized. Please contact the IRS with any questions about tax withholding.

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

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

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

Number of workers: 1			
Name	DOB	COB	Class Consulate or POE
MARGAPURI, SRIRAM	05/24/1979	INDIA	H1B CHENNAI
			OCC Code
			030

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

IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
SAINT ALBANS VT 05479-0001

Customer Service Telephone: (800) 375-5283

Form I-797B (Rev. 09/07/93)N



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

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

Receipt#: EAC-07-145-50322	Case Type: I129		
Notice Date: June 25, 2007	Petitioner: KLARUS INC		
Petition Validity Dates: 10/01/2007 through 09/27/2010	Number of Workers: 1		
Name	DOB	COB	Class Consulate or POE
MARGAPURI, SRIRAM	05/24/1979	INDIA	H1B CHENNAI
			OCC Code
			030