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**GIBNEY
ANTHONY &
FLAHERTY LLP**
June 22, 2018

Attorneys at Law
665 Fifth Avenue
New York, NY 10022
212.688.5151
212.688.8315 Fax
www.gibney.com

Mr. Bo Sun
c/o Citigroup Management Corp.

Re: H-1B Nonimmigrant Petition Approval

Dear Mr. Sun,

We are pleased to advise you that the H-1B Petition for Nonimmigrant Worker filed on your behalf by Citigroup Management Corp. has been approved. Please review this letter carefully, as it contains important information regarding your immigration status and the steps you must take to maintain your lawful status in the United States.

Enclosed is your original Approval Notice, Form I-797, which indicates approval of the petition, authorizes you to work for your sponsoring employer in H-1B status from 10/1/2018 to 8/14/2021 and states that your nonimmigrant status will change from F-1 to H-1B, effective 10/1/2018, for the same period of validity. The I-94 Departure Record at the bottom of the enclosed Approval Notice comprises evidence of your H-1B status and employment authorization in the U.S. The H-1B status conferred on you by this petition is a nonimmigrant status, which entitles you to remain in the U.S. only for the temporary period specified per your most recently issued I-94 record.

Please note that in order for the change of status to take effect, you must have been physically present in the United States from 04/12/2018, the date the petition was filed with United States Citizenship and Immigration Services (“USCIS”), through 05/21/2018, the date it was approved. Please contact our office immediately if you were not in the United States during that period. In addition, you must be physically present in the United States on 10/1/2018 for the change of status to take effect. On October 1, 2018, as stated in the instructions on Form I-797, you should detach the bottom right portion of the form, “I-94 Departure Record” and staple it into your passport in the event that U.S. Customs and Border Protection (“CBP”) requires this document when you depart the U.S. Contrary to the instructions on the form however, please retain the entire remainder of the original form, as presentation of it may be required by CBP when you reenter the U.S.

The Department of Homeland Security has enacted a regulation that automatically extends the F-1 status and associated work authorization of qualifying students who are the beneficiaries of H-1B petitions approved with a change of status. This extension is intended to cover any gap between the expiration of a student’s F-1 status and employment authorization and the H-1B employment start date of October 1, 2018. Accordingly, under the relevant regulation, your F-1 status and work authorization have been automatically extended from the expiration date of your employment authorization document (“EAD card”) through September 30, 2018. You are not

San Francisco Office: 201 California Street, Suite 350, San Francisco, CA 94111 tel 415.901.2270

Associated Offices: Gros & Waltenspuhl, Rue Beauregard 9, CH-1204 Geneva, Switzerland tel +41 22.311.3833
Magrath LLP, 66/67 Newman Street, London, W1T 3EQ, United Kingdom tel +44 207.495.3003

H-1B Approval

Page: 2

required to obtain a new EAD card or take any other action, but it is advisable to contact your DSO to ensure that your SEVIS record has been updated and to obtain a new Form I-20 indicating your extended employment authorization.

International Travel and Visa Requirement

If you depart the U.S. after October 1, you will need to obtain an H-1B visa from a U.S. Embassy or Consulate before returning to the U.S. in H-1B status. For instructions on visa application procedures, please visit the Citi Legal Immigration Portal website at <https://clip.gibney.com/>. To gain readmission to the U.S. in H-1B status you will need to present a valid passport, valid H-1B visa, and the enclosed I-797 Approval Notice to CBP.

Each time you reenter the U.S., you should be issued a stamp in your passport indicating the date of admission, class of admission and admitted until date. **Before leaving the CBP inspection area, please verify that your admission classification is H-1B and your expiration is 8/14/2021. You should immediately alert the CBP officer to any discrepancies and request correction.** After each arrival, you should review and keep a copy of your I-94 record from the CBP website: www.cbp.gov/I94. When reviewing the record, please verify that its expiration date and class of admission matches the enclosed Approval Notice. Please notify our office of any discrepancies.

Petition Copy & LCA Receipt

Please navigate to tracker.gibney.com and log in with your credentials for a copy of the H-1B petition approved on your behalf. A copy of the certified Labor Condition Application (“LCA”) is included in the H-1B petition. Please sign and date the attached memo confirming receipt, and provide to Jose Martinez at the Citi Office of the General Counsel, at jose2.martinez@citi.com.

Other Important Information:

- ***Change of Address.*** USCIS requires that *all non-citizens* notify them of a change of address *within 10 days of moving*. Address changes must be reported on Form AR-11. Information on filing Form AR-11 or otherwise reporting a change of address can be accessed at www.uscis.gov/addresschange. Failure to notify USCIS of your address change is considered a misdemeanor and can also carry immigration consequences.
- ***Changes in Employment.*** Your immigration status is employer-, worksite-, and position-specific. You are only authorized to work for the company that sponsored your petition. If there are any changes in your employment, including location of employment and/or job duties, please notify your Human Resources Business representative **prior** to such change so that we may evaluate whether an amended petition should be filed in order to maintain your legal status.
- ***Extensions of Status.*** Please be advised that **you are responsible for the maintenance of your lawful nonimmigrant status in the U.S.** It is critical to inspect and to keep copies of all status documents, including your I-94 record, as detailed above. As a foreign national

admitted for a temporary stay in the U.S., you are responsible for ensuring that appropriate action is taken before your status expires. We recommend that foreign nationals and their petitioning employers initiate the extension process approximately six months before the expiration of the foreign national's period of admission indicated on the I-94 record or petition approval, whichever is earlier, so that we may work to extend the period of temporary stay where possible and/or take other appropriate action.

- *Passport Validity.* The U.S. requires that you have a passport that is valid for at least six months to gain admission to the U.S. and to extend your immigration status in the U.S. It is your responsibility to maintain a valid passport while in the U.S.
- *Periods of Time Spent Outside the U.S. During the Approved Period of H-1B Status.* Any days spent outside of the U.S. during the validity period of your H-1B petition will not be counted toward the maximum period of stay in the U.S. in H-1B status. You have the burden of proving time spent outside of the U.S. and in order to "recapture" any of this time, independent documentary evidence must be submitted to establish physical presence outside the U.S. Accordingly, we strongly advise that you maintain a detailed list and documentation of all trips outside of the U.S., including copies of passport pages with arrival and departure stamps, and other travel records.
- *Carrying Immigration Documents While in the U.S.* Technically, every foreign national who is 18 years of age and over is required to carry and have in his/her personal possession at all times his/her immigration documentation. A failure to comply is considered a misdemeanor, punishable by a fine not to exceed \$100, or imprisonment of not more than 30 days, or both. For immigrants the "green card" is the required document; and for nonimmigrants, the I-94 record. As a practical matter, many foreign nationals opt to carry a photocopy of their green card or I-94 record and passport in lieu of originals, due to the potential for theft while carrying original immigration documents.
- *Other Immigration Matters:* For further information about immigration rules and procedures and foreign national employee obligations, please review the FAQs by visiting the Citi Legal Immigration Portal website at <https://clip.gibney.com/>.

This concludes our representation with respect to this specific matter. Thank you for your attention.

Sincerely,



Jennifer Wright

Enclosures

DATE:

I have received and reviewed a copy of the certified Form 9035, Labor Condition Application, pertaining to my position as Model/Analysis/Validation Officer at Citigroup Management Corp. and am fully aware of its contents.

Signature of H-1B worker - #6484

Date of receipt of Labor Condition Application



GIBNEY
ANTHONY &
FLAHERTY LLP

NONIMMIGRANT VISA ISSUANCE AND PROCEDURES FOR ENTRY INTO THE U.S.

Once the U.S. Department of Homeland Security/U.S. Citizenship and Immigration Services (USCIS) has approved the nonimmigrant petition for a temporary worker, if the beneficiary employee is outside the United States, s/he must obtain a visa stamp from a U.S. consular post abroad in order to enter the U.S. in work-authorized status. If the foreign national is already in the U.S. and the petition has also granted an amendment, extension or change of status, the foreign national does not need to leave the U.S. in order to become work authorized. However, if the foreign national departs the U.S. in order to re-enter the U.S. from abroad in the proper status, s/he must present a valid visa in his/her passport upon re-entry to the U.S.

PLEASE NOTE: Canadian citizens are exempt from the visa issuance requirement.

I. Submission of the Visa Application to a U.S. Consular Post

The standard procedure is to submit a visa application to a U.S. consular post in the applicant's home country. Visa issuance by a consular post outside of your home country is discretionary (see below). Some consular posts require in-person filing, while others permit filing via mail or "drop boxes." Procedures vary greatly from one consular post to another and change frequently. Consular posts require in person appointments for all visa applicants, with narrow exceptions. Foreign nationals are advised to contact the consular post and check the website in advance of travel to confirm specific procedures; links to U.S. consular posts websites can be found at: <http://usembassy.state.gov>. For estimated visa appointment wait times, please visit: http://travel.state.gov/visa/temp/wait/tempvisitors_wait.php.

Most visas are obtained by presenting the following documentation to an appropriate U.S. consular post, but additional documents are sometimes required:

- **Form DS-160, Nonimmigrant Visa Application:** A web-based visa application that is completed electronically. A separate DS-160 application must be completed and submitted for each family member. The DS-160 system is accessible through most consular websites, and can also be accessed online at: <https://ceac.state.gov/genniv/>. Please contact the consular post or review its website for specific instructions.

- **Original Form I-797:** The original visa petition approval notice issued by USCIS. This notice is either enclosed in the accompanying approval package, or has been forwarded to your employer. You should have the original document with you when applying for your visa and entering the U.S., including the detachable portion on the bottom left-hand side of the form. (Exception: Those entering the U.S. under a company's "Blanket L" will not have an original individual approval, but will submit a copy of the company's "Blanket L" approval as part of the visa application.)
- **Current employment verification letter.** If the visa application will be submitted several weeks or more following the approval of the nonimmigrant visa petition, we recommend including an updated letter from the petitioning employer confirming the offer of employment.
- **Copy of submitted Nonimmigrant Visa Petition (Form I-129).** We strongly recommend that the visa applicant review and have in his/her possession a complete copy of the visa petition as it was submitted to (and approved by) USCIS. The full petition need not be submitted with the initial visa application, unless specifically requested by a consular officer. We have forwarded a copy of the petition to you through your U.S. employer.
- **Original diploma(s) and certified English translations.** Many consulates require that visa applicants present their original degrees. Please contact the consular post or review its website for specific instructions.
- **Original passport.** Each applicant and accompanying family member must present a valid passport with at least two blank pages. All passports must be valid for at least 6 months beyond the date of the visa application.
- **Photograph.** Each applicant must include a photograph taken within the last 6 months in connection with his/her visa application. Many consular posts require that applicants upload a digital photograph to their DS-160 application prior to submission. However, photograph requirements and methods of submission vary by post. Please contact the consular post or review its website for specific instructions.
- **Application Fee(s).** A visa application fee is required for each applicant, and must be paid in the specific manner as designated by the consular post. Additional fees due to U.S. reciprocity rules with the country of nationality or additional petition fees may also be required at the time of the visa application. Please contact the consular post or review the website for confirmation of the appropriate payment method for these fees.
- **Documents Proving Relationship:** Family members must show that they are related to the principal applicant. Spouses must show a marriage certificate or family register, and children must show a birth certificate or family register which lists the principal applicant as a parent. Please note that some consular posts require original documents

to be presented. Documents not in English should be accompanied by certified translations.

Important note: The Department of State stores visa application forms electronically, and may access prior applications. As such, visa applicants should carefully complete visa applications, with the goal of accurately and consistently reporting their information.

We strongly recommend that you complete the visa application form in advance, and **make a copy for your records before submitting it** as a part of your visa application. Electronic forms are available for submission online at each consular post's website, and online submission is required by many consular posts. If you require assistance in completing your visa application form, please contact your Human Resources immigration specialist.

II. Third Country National (TCN) Visa Applicants

Some visa applicants may be eligible to apply for a visa at a U.S. consular post in Canada or other convenient location, rather than travel to their home country for visa issuance. However, please remember that TCN processing of visas is limited to eligible applicants and is **discretionary**. Consular posts may give preference to residents of their consular district or require TCNs to apply in their home country for security reasons or other considerations.

Foreign nationals are **not eligible for TCN processing** and must apply in their home country (or designated consular district) if they have overstayed their authorized admission period in the U.S. (i.e. stayed beyond the expiration date on their I-94 card) or have otherwise failed to maintain their lawful status in the U.S. or violated the terms of their legal status (e.g. worked in the U.S. without authorization). Nationals of countries designated as state sponsors of terrorism, including North Korea, Cuba, Syria, Sudan and Iran are not eligible for TCN processing. Please be advised that all TCN visa applications may be subject to heightened scrutiny, particularly applications of persons holding passports issued by China, former USSR territories, and Middle Eastern countries. Please review the requirements and procedures at the specific consular post in advance of travel, as some consular posts may have additional limitations.

Important tips for TCN processing in Canada:

1. Schedule an appointment in advance and follow procedures for TCN visa applications in Canada. For information on visa processing procedures and to schedule a visa appointment with a U.S. consular post in Canada, please visit http://www.usvisa-info.com/en-CA/selfservice/ss_country_welcome.
2. Many foreign nationals, including citizens of India and China, will require a visitor visa to travel to Canada. For more information about visiting Canada and visa requirements, visit www.cic.gc.ca. If you need assistance in obtaining a visitor visa to enter Canada, please contact your Human Resources immigration specialist.
3. Once you have applied for a nonimmigrant visa in Canada, you may not re-enter the U.S. unless you have a valid visa. Please note that your business or travel plans may be interrupted

or delayed significantly if you are subjected to additional security checks or you are required to return to your home country for visa issuance.

III. Visa Issuance

Upon approval, the U.S. consular post will affix a visa stamp directly into the applicant's passport. The visa will be issued for a fixed validity period, and the name of the visa applicant's U.S. employer is usually indicated on the face of the visa. Additionally, please note that visas can be issued for a specified number of entries - from one authorized entry to "multiple" entries. Upon completion of the visa application process, the U.S. consular post should return the original Form I-797 (USCIS Approval Notice), along with the original passport with the new visa stamp. The visa holder may now request admission to the U.S. in the approved visa category.

IV. Procedures at the Border/Port of Entry

An application for admission to the U.S. is made at the border upon arrival at a U.S. port of entry. The Customs and Border Protection (CBP) officer has the authority to question the foreign national. In some instances, the officer may deny admission if the officer believes that the "nonimmigrant" visitor actually intends to remain in the U.S. permanently or indefinitely (this rule does not apply to H and L applicants) or discovers that the foreign national is inadmissible for other reasons. The standard procedures at the border/port of entry for temporary workers in the U.S. are as follows:

- The person seeking admission must have his/her passport with a valid visa, if required. S/he should also have his/her original Form I-797 issued by USCIS, which should have been returned by the consular post upon completion of the visa application process. (Exceptions: Those entering the U.S. under a company's "Blanket L" will not have an original individual approval, but should carry a copy of the company's "Blanket L" approval and endorsed Form I-129S provided by the Consulate that issued the visa. Those applying for admission at the port of entry under NAFTA may not have an approval notice. Dependent family members also may not have their own Form I-797. Further, Canadian citizens are exempt from the visa requirement.)
- Once the foreign national has been inspected by an officer and granted admission, the CBP officer stamps the foreign national's passport, noting his/her date of admission, status, and authorized period of stay.
- As per a new procedure, CBP is no longer issuing paper Forms I-94 at air and sea ports of entry to evidence U.S. immigrant status and is instead storing admission data electronically. Following admission to the U.S., you should review and print out your (and any family member's) I-94 record from www.cbp.gov/I94. Please verify that the I-94 record accurately reflects the class of admission and validity date of the

approved petition and notify our office of any discrepancies. Your visa is merely permission to apply to enter the U.S. and does not dictate how long you may stay in the U.S. Hence, it is critical that you verify the accuracy of your I-94 record at www.cbp.gov/I94 following each admission to the U.S. (Exception: Those who obtained a “Blanket L” or “Border L” visa do not have an individual approval notice and should be granted an authorized period of stay corresponding to the expiration of the endorsed Form I-129S.)

- Please note that CBP officers do have the discretion to limit the admission period to the passport expiration date. If you are admitted to your passport expiration date, please advise your Human Resources immigration specialist.

Please provide copies of your new visa, passport page with admission stamp, and I-94 record following your admission to the U.S.

If you have any questions about travel requirements, visa issuance or procedures at the port of entry, please contact your Human Resources Immigration Specialist.

IRS CIRCULAR 230 NOTICE: IRS CIRCULAR 230 REQUIRES THAT WE ADVISE YOU THAT ANY U.S. FEDERAL TAX ADVICE CONTAINED IN THIS COMMUNICATION OR IN ANY ATTACHMENT HERETO IS NOT INTENDED OR WRITTEN TO BE USED, AND CANNOT BE USED, FOR PURPOSE OF (I) AVOIDING PENALTIES UNDER THE INTERNAL REVENUE CODE OR (II) PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY TRANSACTION OR MATTER ADDRESSED HEREIN.

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

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

Receipt Number EAC1813652109		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 04/12/2018	Priority Date	Petitioner CITIGROUP MANAGEMENT CORP,
Notice Date 06/04/2018	Page 1 of 2	Beneficiary SUN, BO
CITIGROUP MANAGEMENT CORP c/o JENNIFER L WRIGHT GIBNEY ANTHONY & FLAHERTY LLP 665 FIFTH AVENUE NEW YORK NY 10022		Notice Type: Approval Notice Class: H1B Valid from 10/01/2018 to 08/14/2021

The above petition and change of status 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. The I-94 attached 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-2, P-3, TN-1, and TN-2. H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. 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 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 a change of status who leaves the U.S. must normally obtain a visa in the new classification 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.

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

Receipt# EAC1813652109

I-94# 813639714 85

NAME SUN, BO

CLASS H1B

VALID FROM 10/01/2018 UNTIL 08/24/2021

PETITIONER

CITIGROUP MANAGEMENT CORP,
111 WALL STREET 17TH FLOOR
NEW YORK NY 10005

813639714 85

Receipt Number EAC1813652109

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: CITIGROUP MANAGEMENT CORP

14. Family Name
SUN

15. First (Given) Name
BO

16. Date of Birth
12/30/1986

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 EAC1813652109		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 04/12/2018	Priority Date	Petitioner CITIGROUP MANAGEMENT CORP.
Notice Date 06/04/2018	Page 2 of 2	Beneficiary SUN, BO

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

Rec I-94#	VOID	VOID	VOID
NAME	VOID	VOID	VOID
CLASS	VOID	VOID	VOID
VALID	VOID	UNVOID	VOID
PETITIONER	VOID	VOID	VOID
	VOID	VOID	VOID
	VOID	VOID	VOID
	VOID	VOID	VOID

Rec I-94#	VOID	VOID	VOID
US Citizenship and Immigration Services	VOID	VOID	VOID
I94 Departure Record	VOID	VOID	VOID
Pet	VOID	VOID	VOID
14. Family Name			
15. First (Given) Name		VOID	VOID
		16. Date of Birth	VOID
17. Country of Citizenship			
VOID	VOID	VOID	VOID
VOID	VOID	VOID	VOID

GIBNEY, ANTHONY & FLAHERTY, LLP665 FIFTH AVENUE
NEW YORK, NY 10022

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DATE

CHECK NO.

3/15/2018
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JPMorgan Chase Bank, N.A.
www.Chase.com

1-2/210

230429

EZShield™ Check Fraud
Protection for Business

CHECK AMOUNT \$ 500.00

Five Hundred & No/100 Dollars

PAY TO THE
ORDER OF

U.S. Department of Homeland Security

GIBNEY, ANTHONY & FLAHERTY, LLP

Fraud Prevention Fee : Bo SUN



AUTHORIZED SIGNATURE

11 230429 10 0210000211

95734478311

GIBNEY, ANTHONY & FLAHERTY, LLP665 FIFTH AVENUE
NEW YORK, NY 10022

DATE

CHECK NO.

3/15/2018
CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

230428

EZShield™ Check Fraud
Protection for Business

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CHECK AMOUNT \$ 1,500.00

One Thousand, Five Hundred & No/100 Dollars

PAY TO THE
ORDER OF

U.S. Department of Homeland Security

GIBNEY, ANTHONY & FLAHERTY, LLP

1-129, ACWIA : Bo SUN



AUTHORIZED SIGNATURE

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95734478311

GIBNEY, ANTHONY & FLAHERTY, LLP665 FIFTH AVENUE
NEW YORK, NY 10022

DATE

CHECK NO.

3/15/2018
CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

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1-2/210

CHECK AMOUNT \$ 460.00

Four Hundred Sixty & No/100 Dollars

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ORDER OF

U.S. Department of Homeland Security

GIBNEY, ANTHONY & FLAHERTY, LLP

1-129, H-1B Cap Petition: Bo SUN



AUTHORIZED SIGNATURE

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95734478311

Details on back.

Details on back.

Details on back.

Details on back.



GIBNEY
ANTHONY &
FLAHERTY LLP

Attorneys at Law
665 Fifth Avenue
New York, NY 10022
212.688.5151
212.688.8315 Fax
www.gibney.com

March 28, 2018

VIA UPS
USCIS Vermont Service Center
Attn: I-129 H-1B Master's Cap
4 Lemnah Drive
St. Albans, VT 05479-0001

Re: I-129, H-1B Nonimmigrant Visa Petition of Citigroup Management Corp. on behalf of Bo Sun

Dear Sir or Madam:

In connection with the above, please find enclosed the following documents, in duplicate where appropriate:

1. \$460.00 check for Form I-129, H filing fee;
2. \$1,500.00 check for Form I-129, H Filing fee;
3. \$500.00 check for Fraud Prevention and Detection fee;
4. Form G-28, Our Notice of Appearance;
5. Form I-129, Petition for a Nonimmigrant Worker;
6. H Classification Supplement to Form I-129;
7. H-1B Data Collection and Filing Fee Exemption; and
8. Petitioner's Letter of Support, with Exhibits attached thereto.

Thank you for your favorable and expeditious adjudication of this matter.

Very truly yours,

Jennifer L. Wright
Enclosures

San Francisco Office: 201 California Street, Suite 350, San Francisco, CA 94111 tel 415.901.2270

Associated Offices: Gros & Waltenspuhl, Rue Beauregard 9, CH-1204 Geneva, Switzerland tel +41 22.311.3833
Magrath LLP, 66/67 Newman Street, London, W1T 3EQ, United Kingdom tel +44 207.495.3003



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

**Part 1. Information About Attorney or
Accredited Representative**

1. USCIS ELIS Account Number (*if any*)

►

**Name and Address of Attorney or Accredited
Representative**

- 2.a. Family Name (*Last Name*)
2.b. Given Name (*First Name*)
2.c. Middle Name
3.a. Street Number and Name
3.b. Apt. Ste. Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country
4. Daytime Telephone Number
5. Fax Number
6. E-Mail Address (*if any*)
7. Mobile Telephone Number (*if any*)

**Part 2. Notice of Appearance as Attorney or
Accredited Representative**

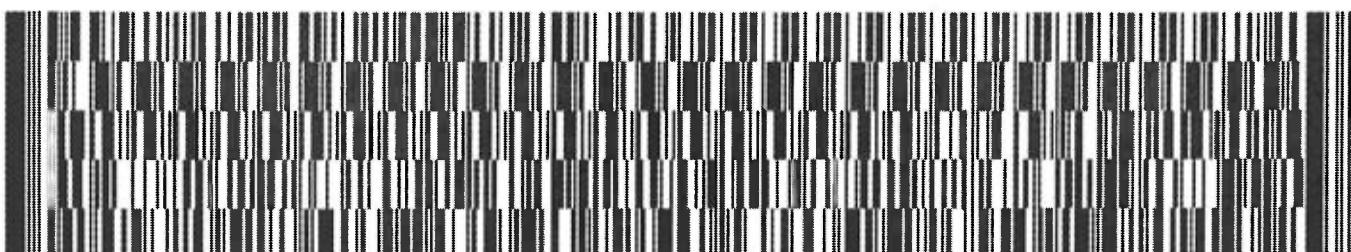
This appearance relates to immigration matters before
(Select **only one** box):

- 1.a. USCIS
1.b. List the form numbers
2.a. ICE
2.b. List the specific matter in which appearance is entered
3.a. CBP
3.b. List the specific matter in which appearance is entered
I enter my appearance as attorney or accredited representative at
the request of:

4. Select **only one** box:
 Applicant Petitioner Requestor
 Respondent (ICE, CBP)

**Information About Applicant, Petitioner,
Requestor, or Respondent**

- 5.a. Family Name (*Last Name*)
5.b. Given Name (*First Name*)
5.c. Middle Name
6. Name of Company or Organization (*if applicable*)



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (*if any*) ► [REDACTED]

8. Alien Registration Number (A-Number) or Receipt Number
[REDACTED]

9. Daytime Telephone Number
(212) 657-0896

10. Mobile Telephone Number (*if any*)
[REDACTED]

11. E-Mail Address (*if any*)
antonio.allam@citi.com

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name c/o 111 Wall Street, 17th Floor

12.b. Apt. Ste. Flr. [REDACTED]

12.c. City or Town New York

12.d. State NY 12.e. ZIP Code 10005

12.f. Province [REDACTED]

12.g. Postal Code [REDACTED]

12.h. Country

United States

Part 3. 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 additional space, use Part 6.*)

Licensing Authority

Minnesota Supreme Court, Minnesota

1.b. Bar Number (*if applicable*)

0399071

1.c. Name of Law Firm

Gibney, Anthony & Flaherty LLP

1.d. I (choose one) am not am

subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (*If you need additional space, use Part 6.*)

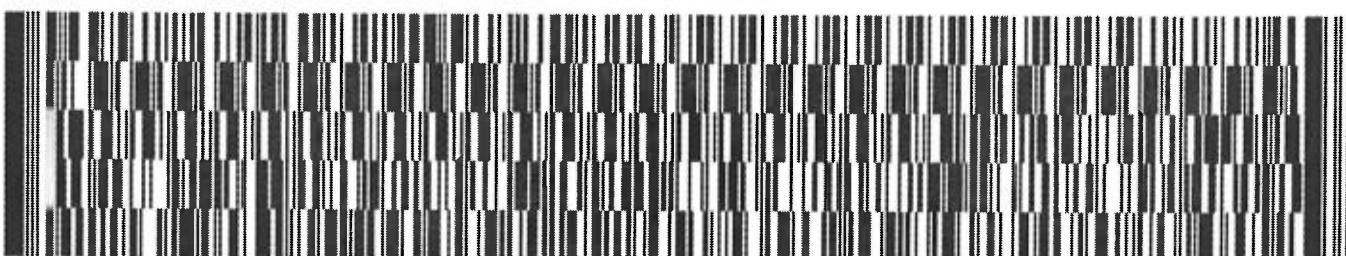
2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

[REDACTED]

2.c. Date accreditation expires

(mm/dd/yyyy) ► [REDACTED]



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

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 is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 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)(iv).

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

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. 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 DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address unless you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- 2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
→

- 3.b. Date of Signature (mm/dd/yyyy) ► 03/22/2018

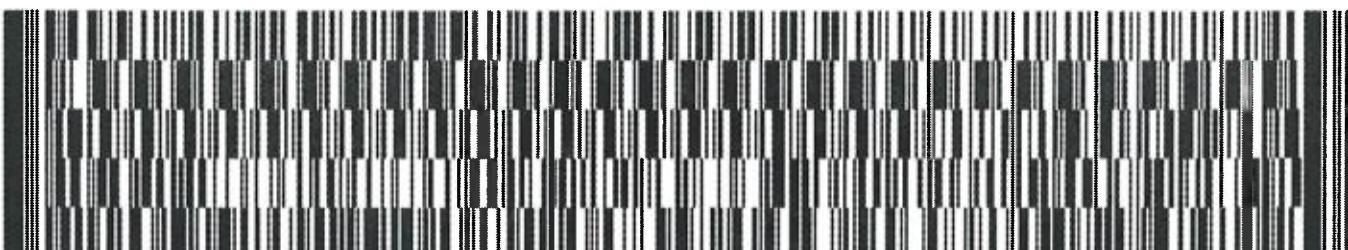
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative

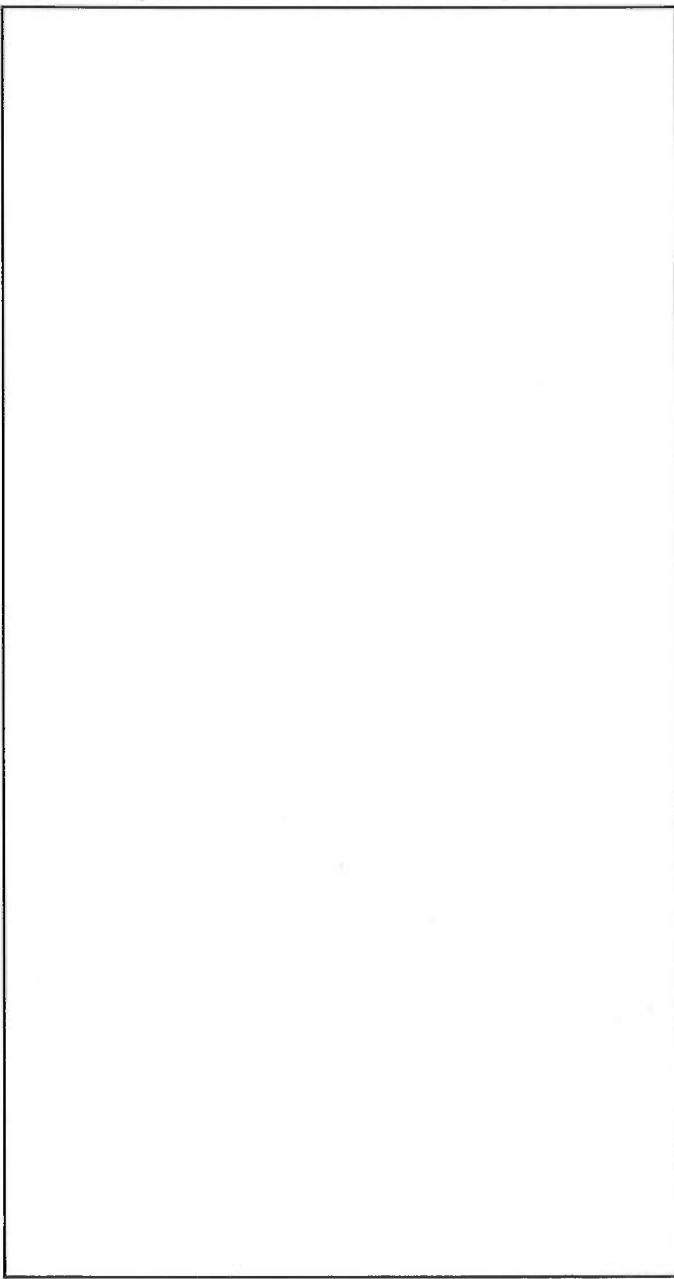
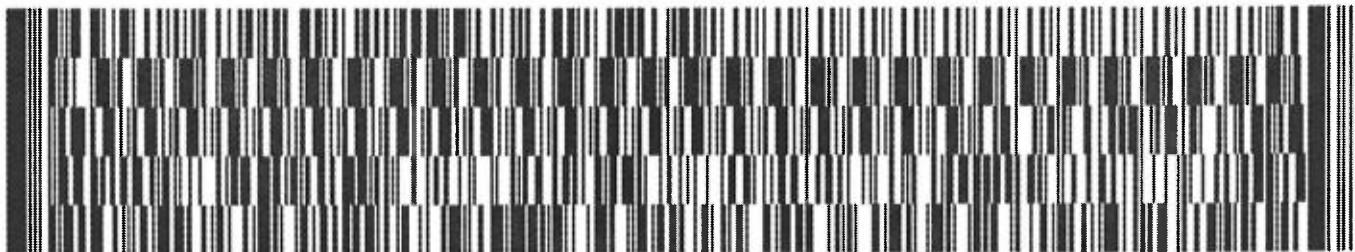
2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ► 03/28/2018



Part 6. Additional Information

Use the space provided below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the user to provide additional information as described in the adjacent text.

U.S. Master's



Petition for a Nonimmigrant Worker

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

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

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

► START HERE - Type or print in black ink.

Part 1. Petitioner Information

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

1. Legal Name of Individual Petitioner

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

2. Company or Organization Name

Citigroup Management Corp.

3. Mailing Address of Individual, Company or Organization

In Care Of Name	Antonio Allam, Director & Associate General Counsel		
Street Number and Name	Apt. Ste. Flr. Number		
c/o 111 Wall Street, 17th Floor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
City or Town	State	ZIP Code	
New York	NY	10005	
Province	Postal Code	Country	
		United States	

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(212) 657-0896	<input type="text"/>	antonio.allam@citi.com

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► 06-1562865	<input type="text"/>	► <input type="text"/>

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." ► Y S C 1 6 9 0 1 0 3 0 5 5
4. Requested Action (select only one box):
- a. Notify the office in Part 4. so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
 c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ► one (1)

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

2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

 Male Female

U.S. Social Security Number (if any)

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

Alien Registration Number (A-Number) Country of Birth

► A-

Country of Birth

China

Province of Birth

Liaoning

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)

01/12/2018

I-94 Arrival-Departure Record Number

► 8 | 1 | 3 | 6 | 3 | 9 | 7 | 1 | 4 | 8 | 5

Passport or Travel Document Number

G40176750

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

03/25/2010

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

03/24/2020

Passport or Travel Document Country of Issuance

China

Current Nonimmigrant Status

F-1

Date Status Expires or D/S

(mm/dd/yyyy) D/S

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

N0006996963

Employment Authorization Document (EAD) Number (if any)

YSC-16-901-03055

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

Street Number and Name

1150 Courtney Trace Dr.

Apt. Ste. Flr. Number

304

City or Town

Brandon

State

FL

ZIP Code

33511

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)

Beijing

c. U.S. State or Foreign Country

China

d. Beneficiary's Foreign Address

Street Number and Name

Shuguangshijia Guangming St., Apt 1402 Unit 3 Building 7

Apt. Ste. Flr. Number

City or Town

Fushun

State

Province

Liaoning

Postal Code

113001

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? ►
 No
8. Did you indicate you were filing a new petition in **Part 2.?**
 Yes. If yes, answer the questions below.
 No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No N/A
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.**
 No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

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

1. Job Title
2. LCA or ETA Case Number

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

3800 Citigroup Center Drive

Apt. Ste. Flr. Number

City or Town

Tampa

State

FL

ZIP Code

33610

4. Did you include an itinerary with the petition? Yes No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
7. Is this a full-time position? Yes No
8. If the answer to Item Number 7. is no, how many hours per week for the position? ► N/A
9. Wages: \$ per (Specify hour, week, month, or year) ► Year

10. Other Compensation (Explain)

Standard company benefits.

11. Dates of intended employment	From: (mm/dd/yyyy)	10/01/2018	To: (mm/dd/yyyy)	08/14/2021
12. Type of Business				13. Year Established
International Investment Bank, Financial Services			1988	
14. Current Number of Employees in the United States	4835+	15. Gross Annual Income	\$69.9B Citi Net Rev. worldwide 2016	16. Net Annual Income
				\$14.9B Citi worldwide 2016

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)

Allam

Given Name (First Name)

Antonio

Title

Director & Associate General Counsel

2. Signature and Date

Signature of Authorized Signatory

Date of Signature

(mm/dd/yyyy) 03/22/2018

3. Signatory's Contact Information

Daytime Telephone Number

(212) 657-0896

Email Address (if any)

antonio.allam@citi.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)

Wright

Given Name (First Name)

Jennifer

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).)

Gibney, Anthony & Flaherty LLP

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

3. Preparer's Mailing Address

Street Number and Name

665 Fifth Avenue

Apt. Ste. Flr. Number

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

City or Town

New York

State

NY

ZIP Code

10022

Province

Postal Code

Country

United States

4. Preparer's Contact Information

Daytime Telephone Number

(212) 705-9868

Fax Number

(212) 688-8315

Email Address (if any)

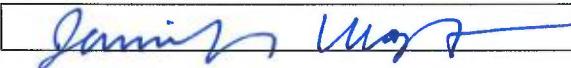
jwright@gibney.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer



Date of Signature

(mm/dd/yyyy)

03/28/2018

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

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

1. A-Number ► A-

1	1	8	2	5	3	6	3	1
---	---	---	---	---	---	---	---	---

2. **Page Number**

Part Number

Item Number

3. **Page Number**

Part Number

Item Number

4. **Page Number**

Part Number

Item Number



H Classification Supplement to Form I-129

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

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

1. Name of the Petitioner

Citigroup Management Corp.

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

2.a. Name of the Beneficiary

Bo Sun

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
None		

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

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

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

Yes No

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

Yes No

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

Yes. If yes, please explain in Item Number 7.b.

No
de minimis non-controlling stock ownership, if any

7.b. Explanation

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

1. Describe the proposed duties.

Please see attached letter of support.

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

Please see attached letter of support.

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

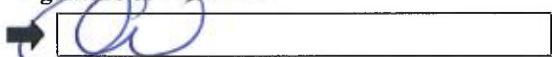
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the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

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

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)



Antonio Allam, Director & Associate General Counsel

03/22/2018

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)



Antonio Allam, Director & Associate General Counsel

03/22/2018

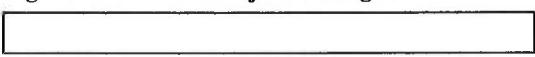
Statement for H-1B U.S. Department of Defense Projects Only

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)



Antonio Allam, Director & Associate General Counsel

03/22/2018

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

1. Employment is: (select only one box)

a. Seasonal b. Peak load c. Intermittent d. One-time occurrence

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

a. Unpredictable b. Periodic c. Recurrent annually



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

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

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

1. Name of the Petitioner

Citigroup Management Corp.

2. Name of the Beneficiary

Bo Sun

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?
- 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

Industrial Engineering

4. Rate of Pay Per Year

\$100,000.00

5. DOT Code

0	2	0
---	---	---

6. NAICS Code

5	2	3	1	1	0
---	---	---	---	---	---

Section 2. Fee Exemption and/or Determination

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

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

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

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? Yes No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this 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
University of Iowa
- b. Date Degree Awarded c. Type of United States Degree
12/18/2015 Doctor of Philosophy in Industrial Engineering
- d. Address of the United States institution of higher education
Street Number and Name
1111 University Capitol Centre Apt. Ste. Flr. Number

City or Town
Iowa City State
IA ZIP Code
52242

Section 3. Numerical Limitation Information (continued)

3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
 - d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
 - e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
 - f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
 - g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. Yes No
If no, do not complete Item Numbers 2. and 3.
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. N/A Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. N/A Yes No

Office of the General Counsel
111 Wall Street
New York, NY 10005

Antonio Allam
Director and Associate General Counsel
P: 212-657-0896
F: 646-291-1517
E: antonio.allam@citi.com



March 22, 2018

VIA UPS

USCIS Vermont Service Center
Attn: I-129 H-1B Master's Cap
4 Lemnah Drive
St. Albans, VT 05479-0001

Re: **I-129 H-1B, Nonimmigrant Visa Petition**
Petitioner: **Citigroup Management Corp.**
Beneficiary: **Dr. Bo Sun**

Dear Sir or Madam:

This letter is written in support of the attached petition for H-1B visa classification submitted on behalf of Dr. Bo Sun. We wish to employ Dr. Sun in Tampa, Florida for a temporary period of up to three (3) years, subject to our at-will employment policies. Dr. Sun will be employed in the capacity of Model/Analysis/Validation Officer, a specialty occupation, pursuant to 8 CFR 214.2(h)(1)(ii)(B)(1). A Labor Condition Application has been filed in connection with this petition, and we attach a copy of the approved Form ETA 9035 as **Exhibit A**.

Dr. Sun is currently in the United States in valid F-1 nonimmigrant visa status. It is our understanding that Dr. Sun has had no prior periods of stay in the United States in H or L nonimmigrant status. Copies of Dr. Sun's I-94 record, F-1 documentation, Employment Authorization Document (EAD), passport biographical page, and recent pay statements are attached as **Exhibit B**.

1. Background Information on the Petitioner, Citigroup Management Corp.

The petitioner is a wholly owned subsidiary of Citigroup Inc., the parent company of the worldwide group of companies collectively referred to as "Citi." Citi businesses provide a broad range of financial products and services to consumers, corporations, governments and institutions, including consumer banking and credit, corporate and investment banking, securities brokerage, trade and securities services and wealth management, in over 100 countries and territories worldwide. Citi employs over 70,000 individuals in the U.S., and in 2016 had an annual consolidated gross income of \$69.9B and net income of \$14.9B worldwide. For more information on Citi and its businesses, please see excerpts from Citi's 2016 Annual Report at www.citigroup.com.

2. Information on the Specialty Occupation

As noted above, we wish to employ Dr. Sun for a temporary period as Model/Analysis/Validation Officer. In this role, he will apply his knowledge of advanced statistical, quantitative, and programming techniques, gained through his academic studies in Analytics and Engineering, to develop, maintain and enhance mathematical and statistical models used to measure the market risk of Citi's trading portfolios and calculate regulatory capital and economic capital. He will utilize his quantitative and analytical skills to research and evaluate new simulation models primarily for credit and mortgage products; conduct statistical analysis on large volumes of financial data; and calibrate quantitative model parameters. In addition, he will devise and perform rigorous model testing including unit testing, backtesting, stress testing, and other quantitative testing in support of the model development process. Dr. Sun will also analyze and provide comprehensive explanations of testing results to model reviewers including regulators, model validation teams, risk managers, and senior management. He will also provide analytics support to trading book risk management and the businesses as well.

Proper performance of the duties of the Model/Analysis/Validation Officer position requires the theoretical and practical application of a body of highly specialized knowledge usually obtained through a course of study at the Bachelor's degree level, at a minimum, in Analytics, or a closely related field.

The position satisfies the regulatory requirement for H-1B classification as it is sufficiently specialized and complex that knowledge required to perform the job duties is associated with the attainment of a specialized baccalaureate or higher degree in Analytics or closely related field. In addition, we confirm that this is Citi's normal minimum educational requirement for this role.

3. Qualifications of Dr. Sun to Assume the Specialty Occupation

Dr. Sun is ideally for the specialty occupation described above by virtue of his directly relevant academic credentials. Specifically, Dr. Sun has been awarded a Doctor of Philosophy degree in Industrial Engineering from the University of Iowa in the U.S. He has also been awarded a Bachelor of Management degree from Tianjin University in China. In combination with Dr. Sun's work experience, this degree has been evaluated as the equivalent of a Bachelor of Science degree in Analytics and Industrial Engineering from an accredited U.S. college or university. We note that as with all engineering disciplines, the field of Industrial Engineering requires that a student learns and effectively utilizes substantial computer-related knowledge and skills both at a conceptual and practical level. A copy of Dr. Sun's academic documentation and evaluation is attached as **Exhibit C**.

Dr. Sun's Doctorate and Bachelor's degree levels of study demanded rigorous quantitative analysis, problem-solving, and computational skills, which are all necessary to the development understanding, and testing of sophisticated mathematical and statistical models. His relevant coursework includes: Stochastic Modeling; Financial Engineering and Optimization;

United States Citizenship and Immigration Services
Dr. Bo Sun
H-1B Cap Petition
Page 3 of 3

Computational Intelligence; Linear Programming; Stochastic Optimization; Introduction to Financial Mathematics; Computing in Statistics; Discrete Optimization; Applied Statistics; Economics; C++ and Data Structure; and Dynamic Programming, among others.

4. Conclusion

We submit that Dr. Sun meets the criteria for H-1B nonimmigrant classification and respectfully request your favorable adjudication of the attached I-129 H-1B petition.

We thank you for your kind consideration in this matter and look forward to your response.

Very truly yours,



Antonio Allam
Director & Associate General Counsel

Exhibit A

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



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

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

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

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

Yes No

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

Yes No

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

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

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

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



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

A. Employment-Based Nonimmigrant Visa Information

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

B. Temporary Need Information

1. Job Title * MODEL/ANALYSIS/VALIDATION OFFICER (13-2099.01)	
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occupation title *
13-2099	FINANCIAL SPECIALISTS, ALL OTHER
4. Is this a full-time position? *	Period of Intended Employment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Begin Date * 08/15/2018 (mm/dd/yyyy) 6. End Date * 08/14/2021 (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 the total workers in each applicable category based on the total workers identified above)			
1	a. New employment *	0	d. New concurrent employment *
0	b. Continuation of previously approved employment * without change with the same employer	0	e. Change in employer *
0	c. Change in previously approved employment *	0	f. Amended petition *

C. Employer Information

1. Legal business name * CITIGROUP MANAGEMENT CORP.		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 111 WALL STREET		
4. Address 2 17TH FLOOR		
5. City * NEW YORK	6. State * NY	7. Postal code * 10005
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 2128165663	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 061562865	13. NAICS code (must be at least 4-digits) * 523110	

Labor Condition Application for Nonimmigrant Workers
ETA Form 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) *
BELTZ	BARBARA	N/A
4. Contact's job title * PARALEGAL		
5. Address 1 * 388 GREENWICH STREET		
6. Address 2 17TH FLOOR		
7. City * NEW YORK		8. State * NY
10. Country * UNITED STATES OF AMERICA		9. Postal code * 10013
12. Telephone number *	13. Extension	14. E-Mail address
2128166102	N/A	BARBARA.E.BELTZ@CITI.COM

E. Attorney or Agent Information (If applicable)

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) §
WRIGHT	JENNIFER	L
5. Address 1 § 665 FIFTH AVENUE		
6. Address 2 N/A		
7. City § NEW YORK		8. State § NY
10. Country § UNITED STATES OF AMERICA		9. Postal code § 10022
12. Telephone number § 2126885151	13. Extension N/A	14. E-Mail address ZJEFFERSON@GIBNEY.COM
15. Law firm/Business name § GIBNEY, ANTHONY & FLAHERTY, LLP		16. Law firm/Business FEIN § 131910984
17. State Bar number (only if attorney) § 0399071		18. State of highest court where attorney is in good standing (only if attorney) § MN
19. Name of the highest court where attorney is in good standing (only if attorney) § MINNESOTA SUPREME COURT		



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

F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>100000.00</u> *	2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
To: \$ <u>N/A</u>	

G. Employment and Prevailing Wage Information

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

a. Place of Employment 1

1. Address 1 * 3800 CITIGROUP CENTER DRIVE	2. Address 2
3. City * TAMPA	4. County * HILLSBOROUGH
5. State/District/Territory * FL	6. Postal code * 33610

Prevailing Wage Information (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>55723.00</u>	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one)* <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
11a. Year source published * 2017	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

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

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

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



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

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

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

a. Subsection 1

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

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

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

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

J. Public Disclosure Information

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

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

K. Declaration of Employer

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

1. Last (family) name of hiring or designated official * ALLAM	2. First (given) name of hiring or designated official * ANTONIO	3. Middle initial * N/A
4. Hiring or designated official title * DIRECTOR & ASSOCIATE GENERAL COUNSEL		
5. Signature *	6. Date signed * 3/22/18	



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

L. LCA Preparer

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

1. Last (family) name § JEFFERSON / 6484	2. First (given) name § ZOE	3. Middle initial § L
4. Firm/Business name § GIBNEY, ANTHONY & FLAHERTY LLP		
5. E-Mail address § ZJEFFERSON@GIBNEY.COM		

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

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

This certification is valid from 08/15/2018 to 08/14/2021.

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

03/20/2018

Determination Date (date signed)

I-200-18073-361654

CERTIFIED

Case number

Case Status

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

N. Signature Notification and Complaints

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

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

O. OMB Paperwork Reduction Act (1205-0310)

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

Exhibit B



U.S. Customs and Border Protection Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 81363971485

Most Recent Date of Entry: 2018 January 12

Class of Admission : F1

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : SUN

First (Given) Name : BO

Birth Date : 1986 December 30

Passport Number : G40176750

Country of Issuance : 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: 01/31/2018

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

[Accessibility](#) | [Privacy Policy](#)

SEVIS ID: N0006996963

SURNAME/PRIMARY NAME SUN	GIVEN NAME BO	Class of Admission F-1
PREFERRED NAME BO SUN	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 30 DECEMBER 1986	ADMISSION NUMBER 14558411185	
FORM ISSUE REASON CONTINUED ATTENDANCE - TRAVEL	LEGACY NAME BO SUN	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME The University of Iowa The University of Iowa	SCHOOL ADDRESS ISSS, 1111 University Capitol Centre, University of Iowa, Iowa City, IA 52242
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrea Siebenmann International Student and Scholar Advisor	SCHOOL CODE AND APPROVAL DATE OMA214F00209000 23 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Industrial Engineering 14.3501	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 10 JULY 2010
START OF CLASSES 09 AUGUST 2010	PROGRAM START/END DATE 09 AUGUST 2010 - 15 MAY 2015	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 1,681	Personal Funds	\$ 0
Living Expenses	\$ 4,750	Graduate assistantship/tuition sch.	\$ 7,000
Expenses of Dependents (0)	\$	Funds From Another Source	\$
health insurance	\$ 126	On-Campus Employment	\$
TOTAL	\$ 6,557	TOTAL	\$ 7,000

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 *Andrea Siebenmann* DATE ISSUED 06 December 2017 PLACE ISSUED Iowa City, IA
SIGNATURE OF: Andrea Siebenmann, International Student and Scholar 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 *B Sun* DATE 12/10/2017
SIGNATURE OF: BO SUN DATE
NAME OF PARENT OR GUARDIAN X SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0006996963 (F-1)

NAME: BO SUN

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
STEM OPT	FULL TIME	APPROVED	29 JUNE 2016	28 JUNE 2018

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
STEM OPT	29 JUNE 2016 - 28 JUNE 2018		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Citigroup Management Corp.	29 JUNE 2016	28 JUNE 2018	TAMPA, FL

CHANGE OF STATUS/CAP-GAP EXTENSION

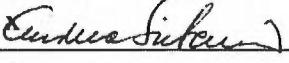
AUTHORIZED REDUCED COURSE LOAD

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
Andrea Siebenmann - Advisor			12/06/2017	Iowa City, IA
		X		
		X		
		X		

SEVIS ID: N0006996963

SURNAME/PRIMARY NAME SUN	GIVEN NAME BO	Class of Admission F-1
PREFERRED NAME BO SUN	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 30 DECEMBER 1996	ADMISSION NUMBER 14558411185	
FORM ISSUE REASON CONTINUED ATTENDANCE - TRAVEL	LEGACY NAME BO SUN	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME The University of Iowa The University of Iowa	SCHOOL ADDRESS ISSS, 1111 University Capitol Centre, University of Iowa, Iowa City, IA 52242
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Pauline Beazer James International Student and Scholar Advisor	SCHOOL CODE AND APPROVAL DATE OMA214F00209000 23 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Industrial Engineering 14.3501	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 10 JULY 2010
START OF CLASSES 09 AUGUST 2010	PROGRAM START-END DATE 09 AUGUST 2010 - 15 MAY 2015	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 1,681	Personal Funds	\$ 0
Living Expenses	\$ 4,750	Graduate assistantship/tuition sch.	\$ 7,000
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$ 0
Health Insurance	\$ 126	On-Campus Employment	\$ 0
TOTAL	\$ 6,557	TOTAL	\$ 7,000

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 *Pauline Beazer James*
SIGNATURE OF: Pauline Beazer James, International
Student and Scholar Advisor

DATE ISSUED
12 December 2016

PLACE ISSUED
Iowa City, IA

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(h) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X *Bo Sun*
SIGNATURE OF: BO SUN

DATE
12/16/2016

NAME OF PARENT OR GUARDIAN

X
SIGNATURE

ADDRESS (city/state or province/country)

DATE

SEVIS ID: N0006996963 (F-1)

NAME: BO SUN

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
STEM OPT	FULL TIME	APPROVED	29 JUNE 2016	28 JUNE 2018

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
STEM OPT	29 JUNE 2016 - 28 JUNE 2018		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Citicorp North America Inc.	29 JUNE 2016	28 JUNE 2018	TAMPA, FL

CHANGE OF STATUS/CAP-GAP EXTENSION

[Redacted]

AUTHORIZED REDUCED COURSE LOAD

[Redacted]

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
24 AUGUST 2015	15 MAY 2015

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
Pauline Beazer James - Advisor		X 	2016 DEC 12	IOWA CITY IA
		X		
		X		
		X		

SEVIS ID: N0006996963

SURNAME/PRIMARY NAME SUN	GIVEN NAME BO	CLASS F-1
PREFERRED NAME BO SUN	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 30 DECEMBER 1986	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - UPDATED	LEGACY NAME BO SUN	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME The University of Iowa The University of Iowa	SCHOOL ADDRESS ISSS, 1111 University Capitol Centre, University of Iowa, Iowa City, IA 52242
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Deborah Kuiken International Student and Scholar Advisor	SCHOOL CODE AND APPROVAL DATE OMA214F00209000 23 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Industrial Engineering 14.3501	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 57 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 09 AUGUST 2010	PROGRAM END DATE 15 MAY 2015	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 1,681	Personal Funds	\$ 0
Living Expenses	\$ 4,750	Graduate assistantship/tuition sch.	\$ 7,000
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$ 0
Health Insurance	\$ 126	On-Campus Employment	\$ 0
TOTAL	\$ 6,557	TOTAL	\$ 7,000

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 Deborah Kuiken DATE ISSUED 31 May 2016 PLACE ISSUED Iowa City, IA
SIGNATURE OF: Deborah Kuiken, International Student and Scholar 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 Bo Sun DATE 6/2/2016
SIGNATURE OF: BO SUN
NAME OF PARENT OR GUARDIAN SIGNATURE DATE
ADDRESS (city/state or province/country) DATE

SEVIS ID: N0006996963 (F-1)

NAME: BO SUN

EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	29 JUNE 2015	28 JUNE 2016
STEM OPT	FULL TIME	REQUESTED	29 JUNE 2016	29 JUNE 2018

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
POST-COMPLETION OPT	29 JUNE 2015 - 28 JUNE 2016		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Citigroup [06/29/2015]	29 JUNE 2015	28 JUNE 2016	Tampa, FL

TYPE	AUTHORIZATION DATES		
STEM OPT	29 JUNE 2016 - 29 JUNE 2018		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Citicorp North America Inc.	29 JUNE 2016	28 JUNE 2018	TAMPA, FL

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED DROP BELOW FULL COURSE OF STUDY

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.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Deborah Kuiken	- Advisor	X Deborah Kuiken	05/31/2016	Iowa City, IA
		X		
		X		
		X		

SEVIS ID: N0006996963

SURNAME/PRIMARY NAME SUN	GIVEN NAME BO	CLASS
PREFERRED NAME BO SUN	PASSPORT NAME	F-1
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 30 DECEMBER 1986	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - UPDATED	LEGACY NAME BO SUN	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME The University of Iowa The University of Iowa	SCHOOL ADDRESS ISSS, 1111 University Capitol Centre, University of Iowa, Iowa City, IA 52242
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Leanne Seedorff Senior Associate Director	SCHOOL CODE AND APPROVAL DATE OMA214F00209000 23 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Industrial Engineering 14.3501	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 57 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 09 AUGUST 2010	PROGRAM END DATE 15 MAY 2015	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 1,681	Personal Funds	\$ 0
Living Expenses	\$ 4,750	Graduate assistantship/tuition sch.	\$ 7,000
Expenses of Dependents (0)	\$	Funds From Another Source	\$
health insurance	\$ 126	On-Campus Employment	\$
TOTAL	\$ 6,557	TOTAL	\$ 7,000

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 *[Signature]* DATE ISSUED **20 February 2016** PLACE ISSUED **Iowa City, IA**
SIGNATURE OF: Leanne Seedorff, Senior Associate Director

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]* DATE **4/1/2016**
SIGNATURE OF: BO SUN
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0006996963 (F-1)

NAME: BO SUN

EMPLOYMENT AUTHORIZATIONS

AUTHORIZATION TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
POST-COMPLETION OPT	FULL TIME	APPROVED	29 JUNE 2015	28 JUNE 2016

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES		
POST-COMPLETION OPT	29 JUNE 2015 - 28 JUNE 2016		
EMPLOYER NAME	START DATE	END DATE	CITY & STATE
Citigroup (06/29/2015)	29 JUNE 2015	28 JUNE 2016	Tampa, FL

CHANGE OF STATUS/CAP-GAP EXTENSION

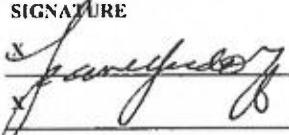
[Redacted]

AUTHORIZED DROP BELOW FULL COURSE OF STUDY

[Redacted]

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.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Leanne M. Seedorff	Senior Associate Director		3/2/2016	Tampa, FL
		X		
		X		
		X		

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):

SUN

First (given) Name:	Middle Name:
BO	
Country of birth: CHINA	Date of birth(mo/day/year): 12/30/1986
Country of citizenship: CHINA	Admission number:

2. School (School district) name:

The University of Iowa
The University of Iowa

School Official to be notified of student's arrival in U.S.(Name and Title):

Rudia Kihura
International Student and Scholar Advisor

School address (include zip code):

1888, 1111 University Capitol Centre
University of Iowa
Iowa City, IA 52242-5500

School code (including 3-digit suffix, if any) and approval date:

OMA214P00209000 approved on **01/23/2003**

3. This certificate is issued to the student named above for:

Continued attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:

DOCTORATE

5. The student named above has been accepted for a full course of study at this school, majoring in Industrial Engineering.

The student is expected to report to the school no later than **08/09/2010** and complete studies not later than **05/15/2015**. The normal length of study is **57** months.

6. English proficiency:

This school requires English proficiency.
The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of **12** (up to 12) months to be:

a. Tuition and fees	\$ 1,681.00
b. Living expenses	\$ 4,750.00
c. Expenses of dependents (0)	\$ 0.00
d. Other (specify): health insuran	\$ 126.00
Total	\$ 6,557.00

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Rudia Kihura

International Student and Scholar Advisor

03/24/2015 Iowa City, IA

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

B. Sun

3/24/2015

Name of Student

Signature of Student

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

For Immigration Official User		SEVIS
		Student's Copy N0006996963
Visa Issuing post	Date Visa Issued	
Reinstated, extension granted to:		

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILY NAME:		FIRST NAME:		SEVIS
<u>SUN</u>		<u>BO</u>		Student's Copy N0006996963
Primary Major: <u>14-3501 Industrial Engineering</u>				
Student Employment Authorization:				
Employment Status: <u>FULL TIME</u>		Type: <u>OPT</u>		
Duration of Employment - From (Date): <u>06/29/2015</u>		To (Date): <u>06/28/2016</u>		
Employer Name:				
Employer Location:				
The Student has met the 1 full academic year requirement.				
Comments:				

Event History

Event Name:
Registration

Event Date:
08/18/2010

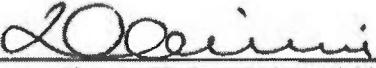
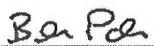
Current Authorizations:

OPT Recommendation for Post-Completion
OPT

Start Date: 06/29/2015 End Date: 06/28/2016

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.

Name of School:

Rudia Kihura		International Student and Scholar Advisor	03/24/2015	Iowa City, IA
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
<u>Brandon Paulson, Advisor</u>			<u>12/22/2015</u>	<u>Iowa City, IA</u>
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): SUN	
First (given) Name: BO	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 12/30/1986
Country of citizenship: CHINA	Admission number:
2. School (School district) name: The University of Iowa The University of Iowa	
School Official to be notified of student's arrival in U.S.(Name and Title): Kevin Roiseland International Student and Scholar Advisor	
School address (include zip code): ISSS, 1111 University Capitol Centre University of Iowa Iowa City, IA 52242-5500	
School code (including 3-digit suffix, if any) and approval date: OMA214FO0209000 approved on 01/23/2003	

3. This certificate is issued to the student named above for:
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in **Industrial Engineering**. The student is expected to report to the school no later than **08/09/2010** and complete studies not later than **12/18/2015**. The normal length of study is **57** months.
6. English proficiency:
**This school requires English proficiency.
The student has the required English proficiency.**
7. This school estimates the student's average costs for an academic term of **12** (up to 12) months to be:
- | | |
|--------------------------------------|--------------------|
| a. Tuition and fees | \$ 1,681.00 |
| b. Living expenses | \$ 4,750.00 |
| c. Expenses of dependents (0) | \$ 0.00 |
| d. Other (specify): health insurance | \$ 126.00 |
| Total | \$ 6,557.00 |

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Kevin Roiseland

Kevin Roiseland

International Student &

nd Scholar Advisor

03/10/2015 Iowa City, IA

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Bo Sun

Robert

3/10/2015

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

For Immigration Official User

SEVIS
Student's Copy
N0006996963

Visa issuing post Date Visa Issued

Reinstated, extension granted to:

8. This school has information showing the following as the student's means of support, estimated for an academic term of **12** months (Use the same number of months given in item 7).

- a. Student's personal funds \$ **0.00**
- b. Funds from this school \$ **7,000.00**
Specify type: **Graduate assistantship/tuition**
- c. Funds from another source \$ **0.00**
Specify type:
- d. On-campus employment \$ **0.00**
Total \$ **7,000.00**

9. Remarks: **Delay caused by unexpected research difficulties.**

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILY NAME: SUN FIRST NAME: BO

Primary Major: 14.3501 Industrial Engineering

Student Employment Authorization:

Employment Status:

Type:

Duration of Employment - From (Date):

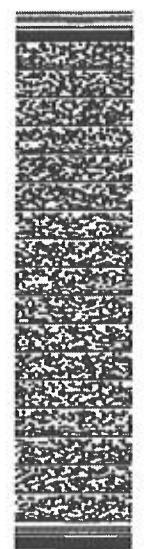
To (Date):

Employer Name:

Employer Location:

Comments:

Student's Copy
N0006996963



Event History

Event Name:
Registration

Event Date:
08/18/2010

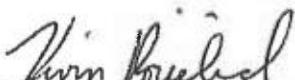
Current Authorizations:

Start Date: _____ End Date: _____

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.

Name of School:

Kevin Roiseland



International Student and Scholar Advisor

03/10/2015 Iowa City, IA

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): SUN	
First (given) Name: BO	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 12/30/1986
Country of citizenship: CHINA	Admission number: 18177743030

2. School (School district) name: The University of Iowa The University of Iowa	
School Official to be notified of student's arrival in U.S.(Name and Title): Laura Holtkamp International Student and Scholar Advisor	
School address (include zip code): 1888, 1111 University Capitol Centre University of Iowa Iowa City, IA 52242-5500	
School code (including 3-digit suffix, if any) and approval date: OMA214F00209000 approved on 01/23/2003	

3. This certificate is issued to the student named above for:
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in Industrial Engineering.
The student is expected to report to the school no later than 08/09/2010 and complete studies not later than 05/15/2015. The normal length of study is 57 months.
6. English proficiency:
*This school requires English proficiency.
The student has the required English proficiency.*
7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:

a. Tuition and fees	\$ <u>8,520.00</u>
b. Living expenses	\$ <u>9,500.00</u>
c. Expenses of dependents (0)	\$ <u>0.00</u>
d. Other (specify): books/health i	\$ <u>1,397.00</u>
Total	\$ <u>19,417.00</u>

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Laura Holtkamp

Name of School Official

Signature of Designated School Official

International Student and Scholar Advisor

04/21/2014 Iowa City, IA

Date Issued

Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Bo Sun

Name of Student

Bo Sun

Signature of Student

04/23/2014

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

For Official Use Only
Microfilm Index Number

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

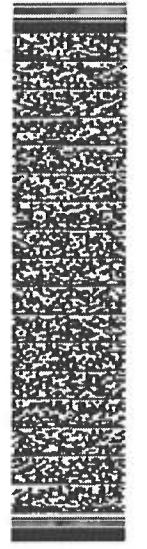
FAMILY NAME: SUN FIRST NAME: BO
 Primary Major: 14-3501 Industrial Engineering

Student Employment Authorization:

Employment Status: FULL TIME Type: CPT
 Duration of Employment - From (Date): 06/02/2014 To (Date): 08/24/2014
 Employer Name: Envestnet
 Employer Location: 35 East Wacker Drive, 24th Floor
Chicago, IL 60601

SEVIS

Student's Copy
 N0006996963



Comments:

Event History

Event Name:

Registration

Event Date:
08/18/2010

Current Authorizations:

CPT EmploymentStart Date: 06/02/2014 End Date: 08/24/2014

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.

Name of School:

Laura Holtkamp

International Student and Scholar Advisor

04/21/2014 Iowa City, IA

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): SUN		For Immigration Official User		SEVIS Student's Copy N0006996963
First (given) Name: BO	Middle Name:			
Country of birth: CHINA	Date of birth(mo/day/year): 12/30/1986			
Country of citizenship: CHINA	Admission number:			
2. School (School district) name: The University of Iowa The University of Iowa				
School Official to be notified of student's arrival in U.S.(Name and Title): Laura Holtkamp International Student and Scholar Advisor		Visa issuing post	Date Visa Issued	
School address (include zip code): ISSS, 1111 University Capitol Centre University of Iowa Iowa City, IA 52242-5500				
School code (including 3-digit suffix, if any) and approval date: OHA214F00209000 approved on 01/23/2003				
3. This certificate is issued to the student named above for: Continued attendance at this school.				
4. Level of education the student is pursuing or will pursue in the United States: DOCTORATE				
5. The student named above has been accepted for a full course of study at this school, majoring in Industrial Engineering . The student is expected to report to the school no later than 08/09/2010 and complete studies not later than 05/15/2015 . The normal length of study is 57 months.				8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7).
6. English proficiency: This school requires English proficiency. The student has the required English proficiency.				a. Student's personal funds \$ 0.00
7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:				b. Funds from this school \$ 31,986.00 Specify type: Graduate assistantship/tuition
a. Tuition and fees \$ 8,520.00				c. Funds from another source \$ 0.00 Specify type:
b. Living expenses \$ 9,500.00				d. On-campus employment \$ 0.00 Total \$ 31,986.00
c. Expenses of dependents (0) \$ 0.00				
d. Other (specify): books/health i \$ 1,397.00				
Total \$ 19,417.00				
10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.		9. Remarks:		
<i>Laura Holtkamp</i>		International Student and Scholar Advisor		04/19/2013 Iowa City, IA
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.		<i>Bo Sun</i>		04/19/2013
Name of Student	Signature of Student			Date

Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
---	---------------------------------	----------------	-------------------------------	--------

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILY NAME: SUN FIRST NAME: BO
 Primary Major: 14.3501 Industrial Engineering

Student's Copy
N0006996963

Student Employment Authorization:

Employment Status: FULL TIME Type: CPT
 Duration of Employment - From (Date): 04/22/2013 To (Date): 08/25/2013
 Employer Name: Federal Home Loan Bank of Des Moines
 Employer Location: Skywalk Level 801 Walnut St, Suite 200
Des Moines, IA 50309



Comments:

Event History

Event Name: Registration Event Date: 08/18/2010

Current Authorizations:

CPT Employment Start Date: 04/22/2013 End Date: 08/25/2013

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.

Name of School:

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Laura Holtkamp		International Student and Scholar Advisor	04/19/2013	Iowa City, IA
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): SUN	
First (given) Name: BO	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 12/30/1986
Country of citizenship: CHINA	Admission number:
2. School (School district) name: The University of Iowa The University of Iowa	
School Official to be notified of student's arrival in U.S.(Name and Title): Selene Erickson Immigration Clerk	
School address (include zip code): University of Iowa OISS, 1111 University Capitol Centre Iowa City, IA 52242-5500	
School code (including 3-digit suffix, if any) and approval date: OMA214F00209000 approved on 01/23/2003	

3. This certificate is issued to the student named above for:
Initial attendance at this school.

4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE

5. The student named above has been accepted for a full course of study at this school, majoring in **Industrial Engineering (NEW)**. The student is expected to report to the school no later than **08/09/2010** and complete studies not later than **05/15/2015**. The normal length of study is **57** months.

6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of **12** (up to 12) months to be:

a. Tuition and fees	\$ 8,520.00
b. Living expenses	\$ 9,500.00
c. Expenses of dependents (0)	\$ 0.00
d. Other (specify): books/health i	\$ 1,397.00
Total	\$ 19,417.00

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed 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; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Selene Erickson

Immigration Clerk

03/19/2010 Iowa City, IA

Name of School Official

Signature of Designated School Official

Title

Date Issued

Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. 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 course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Bo Sun

Bo Sun

03/13/2010

Name of Student

Signature of Student

Date

Name of parent or guardian
If student under 18

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

For Official Use Only
Microfilm Index Number

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILY NAME: SUN FIRST NAME: BO
 Primary Major: 14.3501 Industrial Engineering (NEW)
 Student Employment Authorization:
 Employment Status: _____ Type: _____
 Duration of Employment - From (Date): _____ To (Date): _____
 Employer Name: _____
 Employer Location: _____

SEVIS

Student's Copy
 N0006996963



Comments:

Event History
 Event Name: _____

Event Date: _____

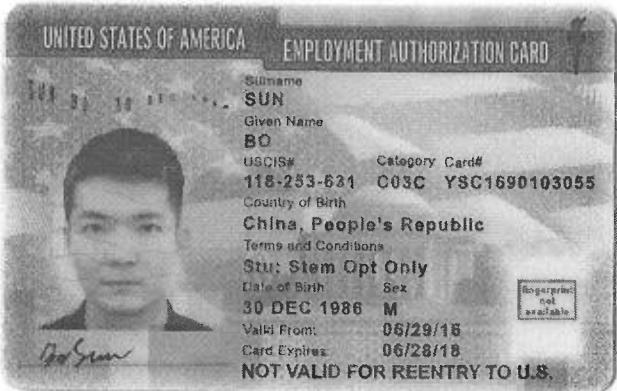
Current Authorizations: _____

Start Date: _____ End Date: _____

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.

Name of School:

Name of School Official		Signature of Designated School Official	Immigration Clerk	Date Issued	Place Issued (city and state)
<u>Amy Cockrell</u>	<u>Amy Cockrell</u>	<u>Amy Cockrell, Adviser</u>	<u>3-16-</u>	<u>Iowa City, IA</u>	
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)	
<u>Amy Cockrell</u>	<u>Amy Cockrell</u>	<u>Amy Cockrell, Adviser</u>	<u>12-21-2010</u>	<u>Iowa City, IA</u>	
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)	
<u>Amy Cockrell</u>	<u>Amy Cockrell</u>	<u>Amy Cockrell, Advisor</u>	<u>11-22-2011</u>	<u>Iowa City, IA</u>	
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)	



28424991

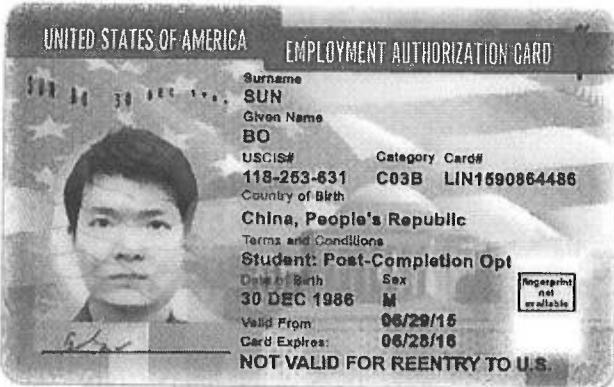


U.S. Citizenship
and Immigration
Services

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.

FORM 1-705 REV. (10-2014)

IAUSA1182536312YSC1690103055<<
8612308M1806287CHN<<<<<<<<<<0
SUN<<BO<<<<<<<<<<<<<<<<



26203035



U.S. Citizenship
and Immigration
Services

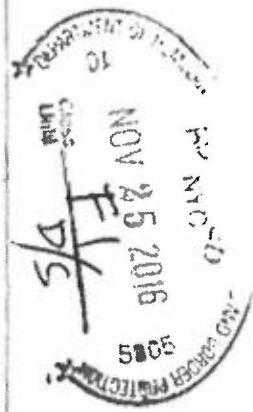
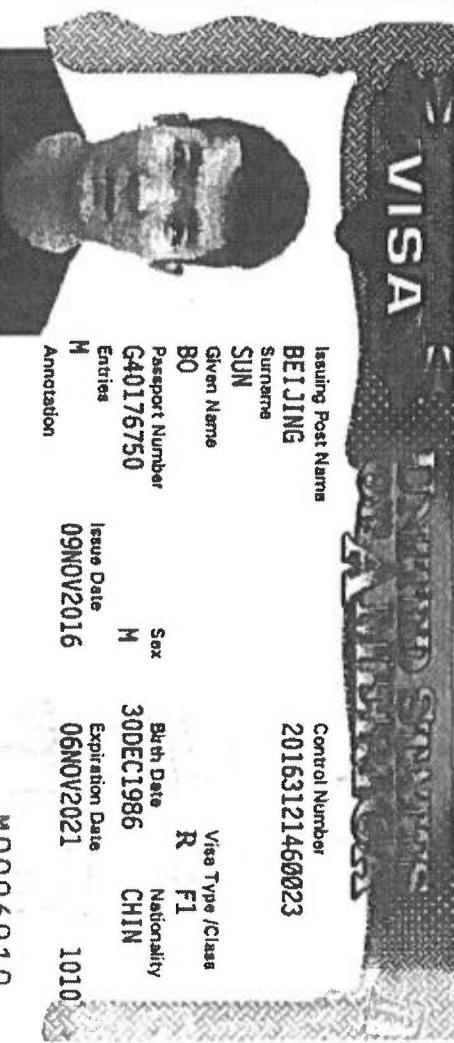
This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

FORM I-768 Rev. (10-2014)

If found, drop in any US Mailbox. MPPC: Mail to USCIS, PO Box 32321, Lincoln, NE 68501-0231

IAUSA1182536312LIN1590864486<<
8612308M1606281CHN<<<<<<<<<7
SUN<<B0<<<<<<<<<<<<<<<

Visas



**
VNUSASUN<<BO<<<<<<<<<<<<<<<<<<<
G401767502CHN8612308M2111061F1BEJ2L88Y001189

中华人民共和国外交部请各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.



持
P
PASSPORT

姓
P
Surname

名
P
Given names

孙 / SUN

性
Sex

男 / M

出生日期
Date of birth

30 DEC 1986

出生地
Place of birth

辽宁 / LIAONING

签发地
Place of issue

天津 / TIANJIN

签发日期
Date of issue

25 MAR 2010

签发有效期
Date of entry

24 MAR 2020

签发机关
Authority

公安部出入境管理局

Exit & Entry Administration
Ministry of Public Security

50700246

POCHNSUN<<BO<<<<<<<<<<<<<<<<<<<<<<

6401767502CHN8612308M200324519201200<<<<14



3800 Citigroup Center Drive
Tampa, FL 33610

For Assistance Please Call
ConnectOne At 800-881-3938

PAY PERIOD: 03/18/18-03/31/18

DEPOSIT DATE: 03/29/18

GEID: 1010640027
SAL/RATE: \$100,000.00

W-4 TAX INFORMATION

MAR	ST	/ ALLOW	EXTRA	AMT
FED	Married	2		0
FL	Single	0		0

BO SUN
1150 COURTNEY TRACE DRIVE
APT 304
BRANDON, FL 33511-4960

YOUR EMPLOYER:
Citigroup Management Corp

PAYMENTS			Current		YTD		AFTER-TAX ALLOCATIONS		
	Rate	Hours	Earnings	Hours	Earnings		Current	YTD	
REGULAR			3,835.62		19,465.79	LTD-ATX	19.32	135.24	
REGULAR			-767.12		0.00				
Planned			767.12		5,139.73				
HOLIDAY					1,860.26				
LIVEWELLGU					192.31				
RETROREG					287.67				
ANN INCENT					9,350.00				
TOTAL			3,835.62		36,295.76	TOTAL	19.32	135.24	
TAXES	Current	YTD	NON CASH PAYMENTS	Current	YTD	PRE-TAX ALLOCATIONS	Current	YTD	
Fed W/H	318.20	5,603.58	BASIC LIFE	1.81	12.67	401 (K)	230.14	2,166.22	
						DENTAL	20.20	141.40	
						MEDICAL	41.78	292.46	
						VISION	6.22	43.54	
TOTAL	318.20	5,603.58	TOTAL	1.81	12.67	TOTAL	298.34	2,643.62	
W2 WAGE	Federal					NET PAY	Current	YTD	
CURRENT:	3,539.09								
YEAR TO DATE:	33,664.81						3,199.76	27,763.32	

NON - NEGOTIABLE
ADVICE OF DEPOSIT

ACCOUNT NUMBER *****8803 \$3,199.76



3800 Citigroup Center Drive
Tampa, FL 33610

For Assistance Please Call
ConnectOne At 800-881-3938

PAY PERIOD: 03/04/18-03/17/18

DEPOSIT DATE: 03/16/18

GEID: 1010640027
SAL/RATE: \$100,000.00

W-4 TAX INFORMATION

MAR ST	/ ALLOW	EXTRA	AMT
FED Married	2	0	0
FL Single	0	0	0

BO SUN
1150 COURTNEY TRACE DRIVE
APT 304
BRANDON, FL 335114960

YOUR EMPLOYER:
Citigroup Management Corp

PAYMENTS	Current			YTD			AFTER-TAX ALLOCATIONS		
	Rate	Hours	Earnings	Hours	Earnings		LTD-ATX	Current	YTD
REGULAR			3,835.62		16,397.29				
ANN INCENT					9,350.00				
HOLIDAY					1,860.26				
LIVEWELLGU					192.31				
RETROREG					287.67				
Planned					4,372.61				
TOTAL			3,835.62		32,460.14		TOTAL	19.32	115.92
TAXES	Current	YTD	NON CASH PAYMENTS	Current	YTD		PRE-TAX ALLOCATIONS	Current	YTD
Fed W/H	318.20	5,285.38	BASIC LIFE	1.81	10.86		401(K)	230.14	1,936.08
							DENTAL	20.20	121.20
							MEDICAL	41.78	250.68
							VISION	6.22	37.32
TOTAL	318.20	5,285.38	TOTAL	1.81	10.86		TOTAL	298.34	2,345.28
W2 WAGE	Federal						NET PAY	Current	YTD
CURRENT:	3,539.09								
YEAR TO DATE:	30,125.72							3,199.76	24,563.56

**NON - NEGOTIABLE
ADVICE OF DEPOSIT**

ACCOUNT NUMBER *****8803 \$3,199.76

Exhibit C

THE UNIVERSITY OF IOWA

Hereby confers upon

Mo Sun

the degree

Doctor of Philosophy

With all the Honors, Rights and Privileges belonging to this Degree
in consideration of the satisfactory completion of the Program of Study prescribed by the

Graduate College

in

Industrial Engineering

Awarded at Iowa City in the state of Iowa
This Eighteenth day of December, Two Thousand and Fifteen.



J.B. Holland

PRESIDENT OF THE UNIVERSITY

John C. Allen

DEAN OF THE COLLEGE

Ben H. Ross

PRESIDENT OF THE STATE BOARD OF REGENTS

THE UNIVERSITY OF IOWA

IOWA CITY, IOWA 52242

OFFICIAL TRANSCRIPT

Bo Sun
00724745
Page 1 / 2

Name: Bo Sun
 University ID: 00724745
 Month/Date of Birth: 12/30
 Date Generated: 01/14/16 08:29 AM

University of Iowa Degree(s):
 Doctor of Philosophy Conferred December 18, 2015
 Major in Industrial Engineering
 Thesis: Risk-Averse Design and Operation of Renewable Energy

Power Grids

Comprehensive Exam(s):
 The Comprehensive Exam With Major in Industrial Engineering Was Satisfactory
 April 20, 2015

Degree(s) from other institution(s):
 B MGMT Tianjin University, Tianjin, CHINA 2010

Previous/Transfer Institution(s):
 Tianjin University, Tianjin, CHINA 2006-2010

Spring 2012 / Graduate College					
056	275	PATTERN RECOGNITION		3.0	A
056	299	RES IND ENG PHD DIS		3.0	A
06K	287	DISCRETE OPT		3.0	A
056	191	GRAD SEM IND ENGR		1.0	S

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned
UI Term:	9.0	4.00	9.0	10.0
UI Cum:	42.0	4.07	42.0	46.0

Fall 2012 / Graduate College					
056	299	Research: Indust Engineer PhD Dissertatin		7.0	A
057	270	Engineering Ethics		1.0	S
056	191	Graduate Seminar: Industrial Engineering		1.0	S

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned
UI Term:	7.0	4.00	7.0	9.0
UI Cum:	49.0	4.06	49.0	55.0

Spring 2013 / Graduate College					
056	299	Research: Indust Engineer PhD Dissertatin		8.0	A
056	191	Graduate Seminar: Industrial Engineering		1.0	S

*****START ACADEMIC RECORD*****

Course Number	Course Title	Sem Hrs	Grade			
Fall 2010 / Graduate College						
056	245 HUM FAC IN AVIATION	3.0	A			
056	166 STOCHASTIC MODELING	3.0	A+			
056	277 FINANCIAL ENGR OPTM	3.0	A+			
212	184 ESL CONVERSATION	3.0	A-			
056	191 GRAD SEM IND ENGR	1.0	S			

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	12.0	4.08	12.0	13.0		
UI Cum:	12.0	4.08	12.0	13.0		

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	0.0	0.00	0.0	0.0		
UI Cum:	57.0	4.05	57.0	64.0		

Spring 2011 / Graduate College					
056	235 COMPUTATIONAL INTEL	3.0	A		
06K	277 MGT SCIENCES TOPICS	3.0	A		
056	268 RELIA THEORY & APP	3.0	A+		
056	191 GRAD SEM IND ENGR	1.0	S		

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	9.0	4.11	9.0	10.0		
UI Cum:	21.0	4.09	21.0	23.0		

Fall 2013 / Graduate College					
056	299 Research: Indust Engineer PhD Dissertatin			5.0	A
056	191 Graduate Seminar: Industrial Engineering			1.0	S

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	8.0	4.00	8.0	9.0		
UI Cum:	65.0	4.05	65.0	73.0		

Fall 2011 / Graduate College					
056	244 AIRBORNE DESIGN EXP	3.0	A		
056	270 LINEAR PROGRAMMING	3.0	A		
22M	280 INTRO FINANCL MATH	3.0	A		
056	274 STOCHASTIC OPT	3.0	A+		
056	191 GRAD SEM IND ENGR	1.0	S		

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	12.0	4.08	12.0	13.0		
UI Cum:	33.0	4.09	33.0	36.0		

Spring 2014 / Graduate College					
056	299 Research: Indust Engineer PhD Dissertatin			5.0	A
056	191 Graduate Seminar: Industrial Engineering			1.0	S

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	8.0	3.88	8.0	9.0		
UI Cum:	73.0	4.03	73.0	82.0		

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned		
UI Term:	0.0	0.00	0.0	0.0		
UI Cum:	73.0	4.03	73.0	82.0		

<http://registrar.uiowa.edu/legendskeys>

Pre-printed White Signature



Laurence J. Lovwood

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THE UNIVERSITY OF IOWA

IOWA CITY, IOWA 52242

OFFICIAL TRANSCRIPT

Bo Sun
00724745
Page 2 / 2

Fall 2014 / Graduate College

IE	7999	Research: Indust Engineer PhD Dissertation	8.0	A
IE	5000	Graduate Seminar: Industrial Enginering	1.0	S

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned
UI Term:	8.0	4.00	8.0	9.0
UI Cum:	81.0	4.02	81.0	91.0

Spring 2015 / Graduate College

IE	7999	Research: Indust Engineer PhD Dissertation	2.0	A
IE	5000	Graduate Seminar: Industrial Engineering	1.0	S

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned
UI Term:	2.0	4.00	2.0	3.0
UI Cum:	83.0	4.02	83.0	94.0

Fall 2015 / Graduate College

GRAD	6003	Doctoral Final Registration	1.0	R
------	------	-----------------------------	-----	---

	Graded Hrs Att	GPA	Graded Hrs Earned	Hrs Earned
UI Term:	0.0	0.00	0.0	0.0
UI Cum:	83.0	4.02	83.0	94.0

*****END ACADEMIC RECORD*****

<http://registrar.uiowa.edu/legendskeys>

Pre-printed White Signature



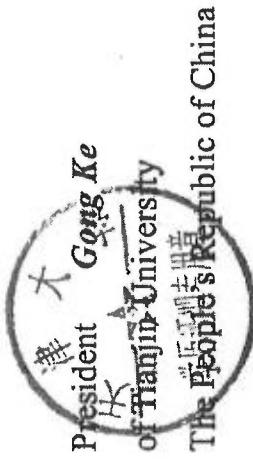
Lauren J. Lashwood

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DIPLOMA

This is to certify that **Sun Bo**, male, born in **Dec, 1986**, attended a 4-year course in the Speciality of **Industrial Engineering** of this university from **Sep., 2006** to **Jul., 2010** and has successfully fulfilled all the requirements of the prescribed undergraduate courses. Graduation is hereby granted.

ORIGINAL IN CHINESE



Issued in **Jul, 2010**

No. **100561201005002524**

We hereby certify that **Sun Bo**, male, born in **Dec., 1986**, studied **Industrial Engineering** at Tianjin University and has fulfilled the requirements prescribed for graduation. By the authority of the Regulations of the People's Republic of China Regarding Academic Degrees, **Sun Bo** has been admitted to the Degree of **BACHELOR OF MANAGEMENT**.

此件系中文原件的對譯件
THIS IS THE TRANSLATION OF THE
ORIGINAL IN CHINESE

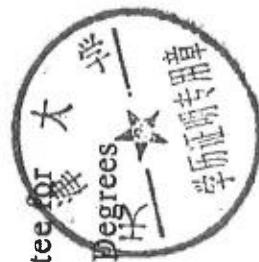
President

Tianjin University

Gong Ke

Chairman of the Committee for
Awards Academic Degrees

Gong Ke

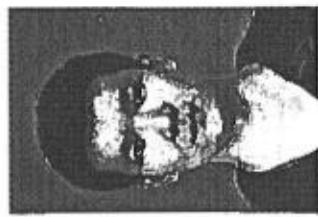


Issued in **Jul., 2010**

No. **1005642010002454**

普通高等学校

毕业证书



学生 孙博 性别男，一九八六年十二月三十日生，于二零零六年九月至二零一零年七月在本校 工业工程 专业 四年制 本科 学习，修完教学计划规定的全部课程，成绩合格，准予毕业。

校（院）长：樊东
二零一零年七月五日



校名：天津大学
证书编号：100561201005302524



学士学位证书



孙博，男，1986年12月30日生。在天津大学
工业工程专业完成了本科学习计划，业已
毕业，经审核符合《中华人民共和国学位条例》的规定，授予管理学
学士学位。

孙
博

校 长
学位评定委员会主席

天津大学

证书编号：1005642010002454

二〇一〇年七月五日

(普通高等教育本科毕业生)



TIANJIN UNIVERSITY STUDENT'S ACADEMIC RECORD (1)

DEPARTMENT: Management and Economics

SPECIALITY: Industrial Engineering

PERIOD OF SCHOOLING: 2006-09 — 2010-07 NAME: Sun Bo

COURSE	FIRST YEAR			SECOND TERM			SECOND TERM			SECOND YEAR		
	HOURS	CREDIT	GRADE	HOURS	CREDIT	GRADE	HOURS	CREDIT	GRADE	HOURS	CREDIT	GRADE
Education of Legal Security	8	0.5	90									
Basis of Engineering Drawing	64	4	89									
Management Science												
Engineering Mathematical Analysis	96	6	95	80	6	82	32	2	82			
College English	64	4	81	64	4	85	64	4	90	32	2	87
Introduction to Computer Basis	24	1.5	83									
Physical Culture	16	1	74	16	1	97	16	1	89	16	1	97
Education of Health	8	0.5	89									
Moral Education and Basis of Laws	48	3	87									
Voluntary Labor	16	1	85									
Linear Algebra and Analytic Geometry	64	4	86									
College Physics												
Outline of Modern Chinese History												
Military Theory												
Engineering Mechanics												
Life Science and Introduction to Biotechnology												
Economics												
Theory of Probability												
Exp. of Physics												
Basic Principles of Marxism												
Military Training Course												
Introduction to Electrical Engineering												
Engineering Economics												
Applied Statistics												
Economic Law												
Environmental Protection & Sustainable Development												
College Chemistry												
C++ and Data Structure												
@ Creation of Calligraphy												
@ Psychological Counseling and Psychological Treatment												
@ College English Test Basic												
@ Poems of Tang & Song Dynasties												
@ Psychology												
@ Data Organizing and Managing												
@ Forecast Technique												
@ Film Appreciation												
Basis of Circuit Analysis												
Exp. of Mathematics												

NOTE: @ Being Optional Course. # Being Curricular Project.

SCORES SYSTEMS: 1) 100%; 2) Pass or Fail.

PERCENTAGE SYSTEM CORRESPONDING TO GPA: 4.0(100-90), 3.7(89-85), 3.3(84-82), 3.0(81-78), 2.7(77-75), 2.3(74-72), 2.0(71-68), 1.5(67-64), 1.0(63-60), GPA doesn't include the points of optional Courses.



系名：管理与经济学部

专业：工业工程

天津大学学生成绩总表 (一)

上学时间：2006.09—2010.07 姓名：孙博

课程名称	第一学年				第二学年			
	第一学期		第二学期		第一学期		第二学期	
	学时	学分	成绩	学时	学分	成绩	学时	学分
法制安全教育	8	0.5	90					
工程制图基础	64	4	89					
管理学								
工科数学分析	96	6	95	80	6	82	32	2
大学英语	64	4	81	64	4	85	64	4
计算机基础导论	24	1.5	83					
体育	16	1	74	16	1	97	16	1
健康教育	8	0.5	89					
思想道德修养与法律基础	48	3	87					
公益劳动	16	1	85					
线性代数与解析几何	64	4	86	72	4.5	76	72	4.5
大学物理				32	2	68		
中国近现代史纲要				16	1	90		
军事理论								
工程力学								
生命科学与生物技术导论								
概率论								
物理实验								
马克思主义基本原理								
集中军事训练								
电气工程学概论								
工程经济学								
应用系统设计								
经济法								
环境保护与可持续发展								
大学化学								
C++与数据结构基础								
⑥书法创作	32	2.5	88	57	5	7	5	5
⑦心理音乐与心理健康	82	2	69	64	4	582	2	73
⑧全国大学生英语四级考试								
⑨唐宋词								
⑩成功心理学								
⑪数据组织与管理								
⑫预测技术								
⑬影视欣赏								
⑭电学分析基础								
⑮数学实验								

注：① - 选修课程 # - 课程设计
 成绩点对应表：4.0(100-90), 3.7(89-85), 3.0(84-82), 2.7(77-75), 2.3(74-72), 2.0(71-68), 1.5(67-64), 1.0(63-60), 平均绩点不计选修课。

两种计分制：1) 100%； 2) Pass (合格) 或 Fail (不合格)。
 成绩点：1) 100%； 2) Pass (合格) 或 Fail (不合格)。

天津大学学生成绩总表 (二)

课程名称	第三学年				第四学年				
	第一学期		第二学期		第一学期		第二学期		
	学时	学分	成绩	学时	学分	成绩	学时	学分	成绩
机械设计基础	48	3	95						
金属工艺实习	32	2	95						
电子工艺实习	32	2	94						
运筹学	64	4	80						
会计学	48	3	95						
市场哲学学	48	3	87						
择业指导	16	1	90						
生产计划与控制									
基础工业工程									
企业财务管理									
计算机综合练习									
管理信息系统									
毛泽东思想和中国特色社会主义	32	2	95						
② 人力资源开发与管理	32	2	88						
② 系统分析与评价	32	2	79						
② 我国区域经济发展的现状、问题	16	1	84						
② 成本控制									
② 实验设计									
② 人机工程									
② 企业资源计划									
金属工艺学									
机械设计基础课程设计									
现代制造系统									
质量管理体系									
社会调查									
生产实习									
② 合唱									
毕业实习									
形势与政策									
② 学科竞赛									

毕业设计题目： RE公司精益生产系统设计及实施规划
 毕业总学分： 210.5- 单业最低学分： 181 平均绩点： 3.65
 系主任：马若峰

时间： 07/05/2010

成绩： 89 学分： 14
 盖章： 天津大学
 时间： 07/05/2010



March 9, 2018

RE: Dr. Bo SUN

To Whom It May Concern:

This letter is to confirm the employment of Dr. Bo SUN with Citigroup Management Corp. in Tampa, Florida. I have direct knowledge about the details of his work with the Company as follows:

TITLE:	Quantitative Analyst
DATES:	June 29, 2015 - Present
HOURS PER WEEK:	40
JOB DUTIES:	Model yield movement of commercial paper by constructing model cohorts via locally weighted regression. Implement standardized approach for the Default Risk Charge (DRC) model in accordance to fundamental review of the trading book (FRTB), capturing jump-to-default (JTD) risk of credit and equity financial instruments. Develop new multi-factor credit spread simulation model for fixed-income securities, to better capture the pairwise correlation of spread movements among different names and cross-tenor correlations. Apply Nelson-Siegel-Svensson (NSS) model to construct static bond yield and credit spread curves. Calibrated parameters of the Incremental Risk Charge (IRC) model to measure migration and default risk. Enhance Risk Not in VaR (RNIV) models to capture mortgage pay-up basis and TBA settlement date basis risk.

Should you have any questions about Dr. Sun's employment with our Company, please contact me directly.

Very truly yours,

Charles Tao

Charles Tao, PhD, CFA, FRM
Director

Direct line: (212)816-8569

Envestnet|PMC
35 E. Wacker Drive, Suite 2400
Chicago, IL 60601

March 9, 2018

RE: Dr. Bo SUN

To Whom It May Concern:

This letter is to confirm the employment of Dr. Bo SUN with Envestnet in Chicago, Illinois. I have direct knowledge about the details of his work with the Company as follows:

TITLE:	Quantitative Research Intern
DATES:	June 2, 2014 – August 22, 2014
HOURS PER WEEK:	40
JOB DUTIES:	Developed regime switching strategy on stock market indexes on stock market indexes by use of stochastic volatility model with R, which achieved a Sharpe ration twice of the S&P 500 in backtesting. Implemented multivariate GARCH models with R, including DCC and GO-GARCH to forecast covariance matrix of multiple asset classes. Proposed a new stochastic dynamic portfolio optimization model, considering multi-period CVaR as a risk proxy, generated scenario tree by weighing DCC forecasting with prior period realizations and solved via stochastic optimization techniques in C++ and CPLEX.

Should you have any questions about Dr. Sun's employment with our Company, please contact me directly.

Very truly yours,



Janis Zvingelis, PhD, CFA
Director of Quantitative Research
312.827.3992



College of Engineering
Yong Chen, Professor
Mechanical and Industrial Engineering
2138 Seamans Center
The University of Iowa
Iowa City, Iowa 52242-1527
Tel: 319-335-6106 Fax: 319-335-5669
yong-chen@uiowa.edu

March 9, 2018

RE: Dr. Bo SUN

To Whom It May Concern:

This letter is to confirm the employment of Dr. Bo SUN with University of Iowa in Iowa City, Iowa. I have direct knowledge about the details of his work with the Company as follows:

TITLE: Research Assistant

DATES: August 23, 2010 – June 1, 2015

HOURS PER WEEK: 20

JOB DUTIES: Conducted research on the computational aspects of minimizing Conditional Value at Risk and Higher Moment Coherent Risk (HMCR) for portfolio optimization problems. Formulated strategic risk-averse power grid planning problems by utilizing linear and nonlinear coherent risk measures, and created efficient solution methods to solve these mixed integer optimization problems. Developed a multi-stage stochastic programming framework for dynamic energy storage problems, by simulating electricity market price with Brownian motion and modelling demand dependence with copulas.

Should you have any questions about Dr. Sun's employment with our Company, please contact me directly.

Very truly yours,

A handwritten signature in black ink, appearing to read "Yong Chen".

Yong Chen
Professor
319-335-6106



BNY MELLON

BNY Mellon Center
500 Grant Street
Pittsburgh, PA 15258-0001

March 9, 2018

RE: Dr. Bo SUN

To Whom It May Concern:

This letter is to confirm the employment of Dr. Bo SUN with Federal Home Loan Bank of Des Moines in Des Moines, Iowa. I have direct knowledge about the details of his work with the Company as follows:

TITLE: Market Risk Intern

DATES: April 22, 2013 – August 23, 2013

HOURS PER WEEK: 40

JOB DUTIES: Assessed daily hedge gain and loss to support bank's trading and treasury group.
Calibrated interest rate models and created duration gap reports to evaluate the mortgage portfolio performance.

Should you have any questions about Dr. Sun's employment with our Company, please contact me directly.

Very truly yours,

Helen Shang
Director, Model Risk Management
412-234-4881
Wenzhuo.shang@bnymellon.com
500 Grant Street
Pittsburgh, PA 15219



NEW YORK CITY
COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

300 JAY STREET, BROOKLYN, NY 11201-2983
718.260.5000 FAX: 718.260.5198

EVALUATION OF EDUCATION, TRAINING, AND EXPERIENCE

Name: SUN, Bo

Degree: Bachelor of Management
Institution: Tianjin University
Country: China
Date of Award: July, 2010

Degree: Doctor of Philosophy
Institution: The University of Iowa
Country: United States
Date of Award: December 18, 2015

Qualifying Training/Work Experience: Five Years and Four Months

Educational Equivalent in the United States:

BACHELOR OF SCIENCE DEGREE
Dual Major: Analytics and Industrial Engineering

DOCTOR OF PHILOSOPHY DEGREE IN INDUSTRIAL ENGINEERING

I offer this Evaluation of Education and Professional Experience on behalf of a representative of the above-referenced individual, Bo Sun. As discussed herein, I find that Dr. Sun attained the equivalent of a four-year Bachelor of Science Degree, with a dual major in Analytics and Industrial Engineering, from an accredited university in the United States, as well as a Doctor of Philosophy Degree in Industrial Engineering, based on his academic studies in Industrial Engineering and his verified, letter-supported professional experience in the field of Analytics.

Dr. Sun has demonstrated progressively responsible experience in Analytics, quantitative analysis, statistics, multivariate analysis, and stochastic modeling. Through his high-level technical experience, as discussed herein, Dr. Sun has demonstrated a recognition

of expertise in the field of Analytics. Accordingly, I conclude that Bo Sun attained the equivalent of a four-year Bachelor of Science Degree, with a dual major in Analytics and Industrial Engineering, from an accredited institution of higher education in the United States.

I am providing this Professional Evaluation based on my experience as an associate professor and evaluator of foreign credentials in the Computer Systems Technology Department of the New York City College of Technology/City University of New York, in New York City. NYCCT is accredited by the Middle States Collegiate Board of Accreditation. NYCCT has a program for granting college-level credit based on a candidate's foreign educational credentials, training, and/or employment experience. As a professor, I teach courses in Computer Science, Mathematics, and related fields. As an evaluator, I am responsible for reviewing academic and experience qualifications in Computer Science, Statistics, Analytics, and related fields for applicants for admission to NYCCT. I have authority to grant college-level credit for experience at the college based on a candidate's foreign educational credentials, training, and/or employment experience in Computer Science, Mathematics and sub-disciplines including Statistics, Analytics, Information Systems, and Computer Engineering. I hold a doctoral degree in the field of Applied Mathematics from New York University and have conducted extensive research in the fields of technology management, algorithm design, application development, architectural design, biomathematics, and mathematical modeling. Further, I have served in the capacity of a professional consultant and software developer for numerous companies.

The following is an analysis and advisory evaluation of the academic credentials and professional experience of Dr. Sun. This evaluation is based upon an analysis of Dr. Sun's employment experience in analytics, quantitative analysis, statistics, multivariate analysis, and stochastic modeling and his completion of a Bachelor of Management Degree in Industrial Engineering from Tianjin University, in China, and a Doctor of Philosophy Degree in Industrial Engineering from The University of Iowa, in the United States. As discussed below, Dr. Sun has completed than five years and four months of progressively responsible training and work experience in Analytics and related areas.

Dr. Sun completed a Bachelor of Management program of study, concentrated in Industrial Engineering, at Tianjin University, an accredited institution of higher education in China. Admission to the bachelors' programs of Tianjin University is based on graduation from high school and competitive entrance examinations.

Dr. Sun entered Tianjin University in 2006, following his completion of high school studies. At Tianjin University, from 2006 through 2010, Dr. Sun completed both the general studies and specialized studies that lead to a bachelor's degree. The course of studies includes entry-level general academic courses, which are a requisite component of a bachelor's degree from an institution of higher education in the United States. Based on the

subject matter and credit hours of these courses, most such courses would qualify as equivalent to courses in US institutions.

Additionally, Dr. Sun completed coursework in his area of specialization, Industrial Engineering. Following his completion of the required coursework and passage of the required examinations, in July, 2010, Dr. Sun was awarded a Diploma for a Bachelor of Management Degree by Tianjin University. The nature of the courses and the credit hours involved indicate that he attained the equivalent of a Bachelor of Science Degree in Industrial Engineering from an accredited institution of higher education in the United States.

Further, Dr. Sun completed a Doctor of Philosophy program at The University of Iowa, an accredited institution of higher education in the United States. He completed a doctoral program of classes, examinations, and research with a concentration in Industrial Engineering. Additionally, he prepared and defended a doctoral thesis entitled: "Risk-Averse Design and Operation of Renewable Energy Power Grids." Following his completion of the required coursework and passage of the required examinations, on December 18, 2015, Dr. Sun was awarded a Diploma for a Doctor of Philosophy Degree by The University of Iowa. Thus, he fulfilled a Doctor of Philosophy Degree in Industrial Engineering from an accredited institution of higher education in the United States.

Following the fulfillment of his university studies, Dr. Sun completed approximately five years and four months of progressively responsible bachelor's-level employment experience in the field of Analytics, under the supervision of managers, and together with peers, at a bachelor's-level of practical experience. My conclusions concerning Dr. Sun's professional history are based upon detailed letters of reference from representatives of his former employers. For purposes of this evaluation, only employment supported by detailed letters of reference has been considered.

Dr. Sun commenced employment with the Federal Home Loan Bank of Des Moines, in Iowa. From April, 2013 through August, 2013, he served as a Market Risk Intern, with responsibility for assessing daily hedge gains and losses, calibrating interest rate models, and creating duration gap reports to evaluate mortgage portfolio performance.

Thereafter, from June, 2014 through August, 2014, Dr. Sun was employed as a Quantitative Research Intern with Envestnet, in Chicago, Illinois. In this highly technical role, he developed a regime-switching strategy for stock market indices through the use of a stochastic volatility model with R programming language. Additionally, he implemented multivariate GARCH models with R to forecast the covariance matrix of multiple asset classes. Additionally, Dr. Sun proposed a new stochastic dynamic portfolio optimization model and generated scenario trees by weighing DCC forecasting with prior period realizations and solutions through stochastic optimization techniques.

Dr. Sun also worked as a Research Assistant at the University of Iowa, with responsibility for analytics, modeling, and statistical analyses. From August, 2010 through June, 2015, Dr. Sun worked in this role, on a part-time basis. For purposes of this Evaluation, only periods of work in this position that do not overlap with other employment are considered. As such, I have included only employment from August, 2010-March, 2013, September, 2013-May, 2014, and September, 2014-May, 2015, or a total of four years and two months. Further, since this work was conducted on a part-time basis, for twenty hours per week, I have reduced this total by fifty per cent, to two years and one month. In this role, Dr. Sun conducted research on the computational aspects of conditional value at risk and higher moment coherent risk for portfolio optimization problems. Additionally, he formulated strategic risk-averse power grid planning problems through the use of linear and nonlinear coherent risk measures and created methods to solve mixed integer optimization problems. Further, Dr. Sun developed a multi-stage stochastic programming framework for dynamic energy storage problems by simulating electricity market prices, with Brownian motion and modeling demand dependence with copulas.

Most recently, from June, 2015 through the present date, Dr. Sun has served in a progressively responsible role as a Quantitative Analyst with Citigroup Management Corp., in Tampa, Florida. In a more senior role, he models the yield movement of commercial paper by constructing model cohorts via locally-weighted regression. Dr. Sun implemented a standardized approach for the Default Risk Charge model, developed a new multi-factor credit spread simulation model for fixed income securities, and applied a Nelson-Siegel-Svensson model to construct static bond yield and credit spread curves. Additionally, he calibrated the parameters of the Incremental Risk Charge model to measure migration and default risk.

Following my analysis of Dr. Sun's education and experience and my review of relevant documentation, it is evident to me that he has demonstrated a pattern of progressively responsible expertise in the field of Analytics. It is my opinion that he has achieved a high level of technical expertise through progressively responsible positions directly related to the aforementioned specialty through progressively responsible experience in analytics, quantitative analysis, statistics, multivariate analysis, and stochastic modeling.

The foregoing summarizes the work experience completed by Bo Sun and specifies his responsibilities over a period of approximately five years and four months of employment experience and training concentrated in 'analytics, quantitative analysis, statistics, multivariate analysis, stochastic modeling, and related areas. The academic competency required to handle the duties involved in his professional background clearly is comparable to the academic training of students in bachelor's-level programs in Analytics. The responsibilities handled by Dr. Sun throughout his career are indicative of bachelor's-level coursework in data analytics, mathematics, statistics, mathematical modeling, statistical analysis, quantitative modeling, probability, regression analysis, stochastic

modeling, R programming, SAS programming, linear equations, database management systems, multivariate analysis, and business analytics.

As set forth above, Dr. Sun completed approximately five years and four months of work experience and training in positions of progressively increasing responsibility and sophistication, characterized by the theoretical and practical application of specialized knowledge under superiors, together with peers, with baccalaureate-level training in Analytics and related areas. At the equivalency ratio of three years of work experience for one year of college training, promulgated by the US Citizenship and Immigration Services ("USCIS") of the United States Department of Homeland Security, Dr. Sun completed, in time equivalence, at least one year of the university-level education required in connection with the attainment of a bachelor's degree in the field of Analytics, in addition to his completion of a Bachelor of Management program in Industrial Engineering at Tianjin University and a Doctor of Philosophy program in Industrial Engineering at The University of Iowa. Due to the concentrated nature of his work experience and training in analytics, quantitative analysis, statistics, multivariate analysis, stochastic modeling, and related areas, it is my opinion that Dr. Sun's background would be comparable to university-level training in Analytics.

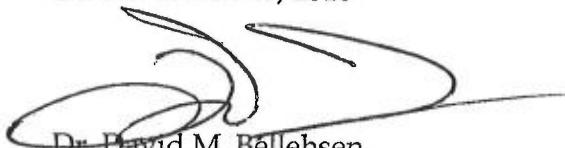
I find that Dr. Sun's professional experience, as outlined above, is comparable to the academic training gained through a bachelor's-level educational program in Analytics or a closely related area. By completing approximately five years and four months of professional experience in the field of Analytics after fulfilling the equivalent of a Bachelor of Science Degree in Industrial Engineering, Dr. Sun fulfilled a dual major in the fields of Analytics and Industrial Engineering (in addition to a PhD Degree in Industrial Engineering). In my opinion, the foregoing combination of academic and professional credentials suggests that the candidate gained a level of academic competence equivalent to a Bachelor of Science Degree, with a dual major in Analytics and Industrial Engineering, as well as a Doctor of Philosophy Degree in Industrial Engineering, from an accredited institution of higher education in the United States.

I furthermore note that the professional experience of Dr. Sun, as specified above, comprised approximately five years and four months of progressively responsible duties in the areas of analytics, quantitative analysis, statistics, multivariate analysis, stochastic modeling, and related areas. His demonstrated progressively responsible experience, completed over the course of approximately five years and four months, provides a suitable basis for a finding of a bachelor's major equivalency in the field of Analytics, in addition to Industrial Engineering. Further, based on the level of technical expertise developed throughout his professional career, Dr. Sun has demonstrated a recognized level of expertise in the field of Analytics.

Accordingly, based on the reputations of Tianjin University and The University of Iowa, the number of years of coursework, the nature of the coursework, the grades attained in the courses, and the hours of academic coursework, as well as approximately five years and four months of professional training and work experience in analytics, quantitative analysis, statistics, multivariate analysis, and stochastic modeling, it is my judgment that Dr. Sun attained the equivalent of a four-year Bachelor of Science Degree, with a dual major in Analytics and Industrial Engineering, and a Doctor of Philosophy Degree in Industrial Engineering from an accredited institution of higher education in the United States, and has developed a recognition of expertise in the field of Analytics.

The foregoing is an opinion of the undersigned, prepared at the request of a representative of the above-referenced individual. This opinion is based on copies of the original documents provided by the candidate and represented to be authentic and true copies of the original documents; I have no reason to doubt the authenticity and accuracy of these documents.

Dated: March 15, 2018



Dr. David M. Bellehsen
Associate Professor
Department of Computer Systems Technology
The New York City College of Technology / City University of New York

For detailed statement of qualifications and experience of evaluator, see attached resume.

- References:
1. AACRAO EDGE. AACRAO *Electronic Database for Global Education (EDGE)*. Online database. v.1.0. 2004 - 2006. AACRAO. August 19, 2008. www.aacraoedge.aacrao.org.
 2. Central Intelligence Agency (CIA). *The World Factbook 2008*. Dulles, Virginia: Potomac Books, Inc., December 1, 2007.
 3. International Association of Universities. *International Handbook of Universities*. 19th ed. Paris, France: UNESCO House, 1 Rue Miollis, October 16, 2007.
 4. Association of Chinan Universities. *Universities Handbook*. 31st ed. New Delhi, China: AIU House, 16 Kotla Marg, 2006.
 5. The American Council on Education's College Credit Recommendation Service (CREDIT). *2004-2005 National Guide to Education Credit for Training Programs*. Westport, CT: Greenwood Publishing Group, Inc., August 30, 2004.

6. Feagles, Shelley, ed. *A Guide to Educational Systems Around the World*. CD. Washington, DC: NAFSA: Association of International Educators. 1999 - 2008.

DAVID M. BELLEHSEN

SUMMARY

Software professional with expertise in technology management, algorithm design, application development, design of software architectures, performance modeling, numerical analysis, mathematical modeling, optimization and biomathematics. Significant experience in teaching university level graduate and undergraduate courses.

TECHNICAL EXPERTISE

Software: C, C++, JAVA, C++.NET, VB, VB.NET, UML, System Architect, VISIO, Sybase , APT, Powerbuilder , Access, SQL Server, Open-Client, DB-Library 10.x, SQR, Oracle, Pascal, Fortran, PL/1, Cobol, Assembler

Operating Systems: UNIX, SUN/Solaris, Windows XP, Windows NT 4.0, MS-Windows, MS-DOS, VMS, MVS, ISPF/PDF, VM/CMS

Hardware: SUN Station, IBM PC and Compatibles, VAX, IBM

Processes: System Design, Application Development, Performance Modeling, Numerical Analysis, Mathematical Modeling, Trade Capture, Security & Customer Capture, Reset & Settlement, P/L Valuations

Security Products: Interest Rate Swaps, Currency Swaps, Cap/Floors, Options, Swaptions

EDUCATION

Ph.D. Applied Mathematics in 1979 from Courant Institute of Mathematical Sciences, New York University, Fellowship Recipient.

M.S. Mathematics in 1973 from University of Paris, France. Fellowship Recipient. Graduated with highest honors.

B.S. Mathematics and Physics in 1972 from University of Paris, France. Fellowship Recipient. Graduated with highest honors.

EXPERIENCE

New York City College of Technology/CUNY, Department of Computer Systems Technology
Brooklyn, New York – Associate Professor 1998-Present

Conducted research in the area of databases and software modeling and optimization.

Taught Computer Science courses.

Yamaichi Financial Services, New York, New York - Vice President 1993-1998

Managed the Technology Department for Derivative Products Division of Yamaichi. The staff consisted of ten technologists and was responsible for the design, development and implementation of all applications and served the trading, sales and operations sectors of the division. The range of applications included

A front-end transaction screens interface using Sybase, APT and SQR reporting. This is currently being converted to a GUI interface using Powerbuilder and Sybase.

A yield curve capture and calculation application along with several Marked-To-Market pricing modules.

Valuation models such as the "Hull and White", the "Black Derman Toy" and sensitivity analysis tools.

UNIX scripts for various system administration tasks and a migration from Sybase to System 11

Lehman Brothers, New York, New York - Systems Analyst **1991-1993**

Member of the technical staff with responsibility for the design, development and implementation of security calculation algorithms for the fixed income products. Additional responsibilities included the design and implementation of a system to integrate trade data from multiple international locations into a global position system located in London. This was a major step toward the implementation of the 24-hour trading book.

Harris Corporation, Syosset, New York – Principal Software Engineer **1988-1991**

Managed the Decision Support System. The staff consisted of 20 analysts and was responsible for proposal preparation, and design, development and implementation of performance models of automatic diagnostic systems, using C language on SUN/UNIX and VAX/VMS. The RDBMS used is ORACLE.

Designed, developed and implemented a generalized optimization algorithm to allocate testability parameters in a hierarchical system. Designed, developed and implemented a prototype for the Automated Testability Decision Tool (ATDT) . ATDT is a collection of software algorithms used to compute and assess testability for a new system design.

Bell Communications Research, Piscataway New Jersey - Technical Staff **1986-1988**

Member of the Technical Staff with responsibility for the design, development and implementation of highly reliable national telecommunication networks using C language on UNIX and VAX/VMS. The range of applications included A sizing (Queuing) model for the hardware and software configuration of telecommunication architecture. A prototype for the Service Logic Interpreter (SLI). The SLI is a collection of software modules containing the logic and information needed to provide real-time responses to network queries. Modified the multi-tasking system on VAX/VMS used as the environment to run these services. Designed and developed algorithms to save and restore transactions. These algorithms offer a capability to save the context of a conversation while additional information is being collected. They are methods for storing and retrieving automatically expiring data

Grumman Aerospace Corporation, Bethpage, New York- Consultant **1981-1984**

Designed, developed and implemented major modifications to the principal configuration, identification and management tool of a software Life Cycle Development facility for the upgrading of the F-14. This development was done using FORTRAN, PL/I and ADA languages on IBM mainframe. Designed, modeled and implemented a real-time thrust simulator of experimental aircraft. Specified, designed and implemented on-line software for analysis of aircraft flight control systems. This was performed on IBM, Cyber and Perkin Elmer systems using FORTRAN and Assembler languages. Designed, developed, implemented and maintained graphics support software, using Fortran, PL/I and Assembler languages on the Cyber, CDC and IBM systems

TEACHING EXPERIENCE

Queens College of the City University – Adjunct Associate Professor	1991-1995
Hofstra University, Hempstead, New York - Assistant Professor	1981-1986
Baruch College of the City University, New York – Adjunct Assistant Professor	1979-1983
William Paterson College, Wayne, New Jersey – Assistant Professor	1979-1981

RESEARCH GRANT & FELLOWSHIP

Awarded PSC-CUNY 34 Grant for research project entitled "Optimal Multiple-Fault Algorithms," July 2003.

Awarded PSC-CUNY 32 Grant for research project entitled "Distributed Queries of Large Numerical Data Sets," July 2001.

Awarded PSC-CUNY 31 Grant for research project entitled "A High-Level Hybrid Data Model for 3-Dimensional Structured Grid Data," July 2000.

Awarded Second Prize at the AUTOTESTCON Conference on "System Testability," held in San Antonio, Texas, September 1990.

HOFSTRA University grants for projects entitled "Locating Repeated Substrings," 1985, and "The Programming Process," 1982.

COURANT Institute of Mathematical Sciences, New York University (Division of Biomathematics) grants for projects entitled "A Linear Model of the Arterial System," 1984, and "A Model for the Blood Flow in the Arterial Tree," 1980.

NATIONAL SCIENCE FOUNDATION grant for project entitled "Environment and Computers," 1980. This research led to the formation of the Department of Applied Sciences at William Paterson College.

COURANT Institute of Mathematical Sciences, New York University. Fellowship and Research Assistantships, 1973-1978.

BISHOFF SHEIN Fellowship, FRANCE, 1971-1973.

PROFESSIONAL ORGANIZATIONS

Association for Computing Machinery
Society for Industrial and Applied Mathematics

American Mathematical Society
IEEE Computer Society

RESEARCH PUBLICATIONS

Optimal Multiple-Fault Algorithms, submitted to *IEEE Transactions on Reliability*

Distributed Queries of Large Numerical Data Sets, *ACM Transactions on Modeling and Computer Simulation (TOMACS)*, 2005.

A High-Level Hybrid Data Model for 3-Dimensional Structured Grid Data, *ACM Transactions on Modeling and Computer Simulation (TOMACS)*, 2003.

Optimal Distribution of Software-Testing Resources, *IEEE Transactions on Reliability*, 1993

Testability Model: Evaluation and Assessment, *IEEE Transactions on Reliability*, 1992

System Diagnostics Field Effectiveness and Testability Design Allocation, *Harris*, 1991

Generalizations of the Testability Allocation Methodology: Phase 2 Multiple Resource Allocation, *Harris*, 1991

A System Testability Top-Down Apportionment Method, *Proceedings 1990 AUTOTESTCON Conference, San Antonio, Texas, September 1990*

Multi-tasking of the SLI prototype on the SCP/2: Phase II, *Bellcore*, 1988

Multi-tasking of the SLI prototype on the SCP/2: Phase I, *Bellcore*, 1988

Preliminary Evaluation of SLI/SLP Execution Environment, *Bellcore*, 1987
(with Z. A. Nazif)



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**
THE CITY UNIVERSITY OF NEW YORK
300 JAY STREET, BROOKLYN, NY 11201-2983

February 1, 2016

To Whom It May Concern:

This letter is to confirm that faculty members of the New York City College of Technology have the authority to recommend college-level credit for training and experience. The College has a program for granting credit based on a candidate's educational credentials, training, and/or employment experience. Input by faculty is an important component of evaluating the appropriateness of credit assigned for work or other life experience. The College maintains an institutionalized "Alternate Format Advanced Standing" program through which eligible students "may receive advanced standing degree credits for relevant work and life experience". Information regarding this program may be found in the New York City College of Technology catalog under "Academic Standards, Policies, and Procedures" (sub-heading: "Alternate Modes of Satisfying Degree Requirements").

Furthermore, the New York City College of Technology is a member institution of the larger CUNY (City University of New York) system, and CUNY awards credit for Life Experience under the terms currently described at <http://cunyba.gc.cuny.edu/life-experience/>.

The College regards faculty members as appropriate evaluators of academic and professional credentials and work experience for the purposes of admissions, advising, placement in degree programs, substitutions of courses, assessments of internships, and other routine college or university evaluations. In determining the amount of college-level credit that should be issued for experience, we synthesize an analysis of previous studies, training programs, and/or professional experience to provide a correlation to university studies. The College is accredited by the Middle States Association of Colleges and Schools.

Dr. David Bellehsen has the authority to make determinations concerning the granting of college-level credit for training and experience in computer science, engineering, information technology, technical communications, computer animation, and related disciplines for the New York City College of Technology. He keeps up with current professional insights to determine whether a person's educational and professional experience is equivalent in respect to knowledge, competence, and application to that of the holder of a bachelor's degree. As stated above, this competence to evaluate includes the ability to assess the applicability of work experience (as well as foreign study) for credit in undergraduate courses at the College.

I trust that this information is sufficient documentation to support the conclusion that Professor Bellehsen has the authority to assess, evaluate, and grant credit for training and experience, and that he is familiar with the programs and procedures in place for making these determinations.

Sincerely,

A handwritten signature in black ink, appearing to read "Hong Li".

Prof. Hong Li,
Chair, Computer Systems Technology Department



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**

THE CITY UNIVERSITY OF NEW YORK

300 JAY STREET, BROOKLYN, NY 11201-2983
718.260.5000 • Fax: 718.260.5198

February 28, 2018

To Whom It May Concern:

This letter is to confirm that faculty members of the New York City College of Technology have the authority to recommend college-level credit for training and experience. The College has a program for granting credit based on a candidate's educational credentials, training, and/or employment experience. Input by faculty is an important component of evaluating the appropriateness of credit assigned for work or other life experience. The College maintains and institutionalized "Alternate Format Advanced Standing" program through which eligible students "may receive advanced standing degree credits for relevant work and life experience." Information regarding this program may be found at <http://www.citytech.cuny.edu/admissions/generalinfo/special.shtml> and in the New York City College of Technology catalog under "Academic Standards, Policies and Procedures" (sub-heading: "Alternate Modes of Satisfying Degree Requirements").

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Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Berrol".
Jerry Berrol
(Registrar)