



Immigrant Petition by Standalone Investor

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

USCIS
Form I-526
OMB No. 1615-0026
Expires 03/31/2027

For USCIS Use Only	Fee Receipt		Classification	Action Block
			Priority Date	
	Remarks			
	Received Resubmitted	Relocated	Sent Received	
To be completed by an attorney or BIA-accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached to represent the petitioner.		Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>

► START HERE - Type or print in black ink.

Part 1. Information About You

Provide the following information about yourself.

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

► A-

2. USCIS Online Account Number (if any)

►

3. U.S. Social Security Number (if any)

►

Your Full Name

4. Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

5. Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

6. Date of Birth (mm/dd/yyyy)

7. Sex

Male Female

Part 1. Information About You (continued)

8. Place of Birth

City or Town of Birth

State or Province of Birth

Country of Birth

9. Country(ies) of Citizenship or Nationality (current)

10. Country(ies) of Citizenship and Nationality (relinquished)

NOTE: If you are a citizen of more than one country or your nationality differs from your citizenship, provide the information in **Part 10. Additional Information.**

11. Country of Last Foreign Residence

Mailing Address

12. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

[\(USPS ZIP Code Lookup\)](#)

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

Yes No

If you answered "No" to **Item Number 13.**, provide your physical address in **Item Numbers 14. - 16.**

Physical Address

Provide your physical addresses for the last five years. Provide your present address first. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

14. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Postal Code

Country

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Present

Part 1. Information About You (continued)

15. Street Number and Name

	Apt. Ste. Flr. Number
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

City or Town

	State	ZIP Code

Province

Postal Code

Country

--	--	--

From (mm/dd/yyyy)

To (mm/dd/yyyy)

--	--

16. Street Number and Name

Apt. Ste. Flr. Number

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

City or Town

State ZIP Code

--	--	--

Province

Postal Code

Country

--	--	--

From (mm/dd/yyyy)

To (mm/dd/yyyy)

--	--

Employment History

Provide the last 20 years of your employment history. Also provide any government or military positions held at any time (i.e. even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

17. Have you ever been employed?

Yes No

If you answered "Yes" to Item Number 16., provide the following information for any previous employment.

18. Employer Name

--

Street Number and Name

Apt. Ste. Flr. Number

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

City or Town

State ZIP Code

--	--	--

Province

Postal Code

Country

--	--	--

Job Title

--

From (mm/dd/yyyy) To (mm/dd/yyyy)

--	--

Part 1. Information About You (continued)

19. Employer Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

20. Employer Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Your Entry Into the United States

If you are currently in the United States, you must answer questions 21-23. If you are not currently in the United States, skip to **Part 3**.

21. Date of Arrival (mm/dd/yyyy)

22. Place of Arrival or Port-of-Entry

City or Town

State

Part 1. Information About You (continued)

23. I-94 Arrival-Departure Record Number Date Period of Authorized Stay Expires/Expired
► (mm/dd/yyyy)

Passport Number

Travel Document Number

Country That Issued Passport or Travel Document

Date Passport or Travel Document Expires

(mm/dd/yyyy)

Current Nonimmigrant Status (if applicable)

Date Current Nonimmigrant Status Expires

(mm/dd/yyyy)

Part 2. Information About Your Spouse and Children

List your spouse and all of your children. Also, note if the individual will be applying for a visa abroad or for adjustment of status as your dependent. If you need additional space to list other children, use **Part 10. Additional Information**.

Family Member 1

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

2. Date of Birth (mm/dd/yyyy) 3. Country of Birth

4. If spouse, Country(ies) of Citizenship (current)

5. If spouse, Country(ies) of Citizenship (relinquished)

6. Relationship to You Spouse Child 7. Applying for Adjustment of Status? Yes No

8. Applying for Visa Abroad? Yes No

Family Member 2

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

10. Date of Birth (mm/dd/yyyy) 11. Country of Birth

12. Relationship to You Spouse Child 13. Applying for Adjustment of Status? Yes No

14. Applying for Visa Abroad? Yes No

Part 2. Information About Your Spouse and Children (continued)

Family Member 3

15. Family Name (Last Name)	Given Name (First Name)	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
16. Date of Birth (mm/dd/yyyy)	17. Country of Birth		
<input type="text"/>	<input type="text"/>		
18. Relationship to You	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	19. Applying for Adjustment of Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Applying for Visa Abroad?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member 4

21. Family Name (Last Name)	Given Name (First Name)	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
22. Date of Birth (mm/dd/yyyy)	23. Country of Birth		
<input type="text"/>	<input type="text"/>		
24. Relationship to You	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	25. Applying for Adjustment of Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Applying for Visa Abroad?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member 5

27. Family Name (Last Name)	Given Name (First Name)	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
28. Date of Birth (mm/dd/yyyy)	29. Country of Birth		
<input type="text"/>	<input type="text"/>		
30. Relationship to You	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	31. Applying for Adjustment of Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Applying for Visa Abroad?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member 6

33. Family Name (Last Name)	Given Name (First Name)	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
34. Date of Birth (mm/dd/yyyy)	35. Country of Birth		
<input type="text"/>	<input type="text"/>		
36. Relationship to You	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	37. Applying for Adjustment of Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Applying for Visa Abroad?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3. Information About the New Commercial Enterprise (NCE)

Information About the NCE

1. A. Legal name of NCE (Required Field - Do Not Leave Blank)

- B. Other name(s) the NCE is authorized to use or do business as (d/b/a)

2. A. Select the organizational structure. If the organizational structure is different from the examples listed below, select "Other" and describe the nature of the organizational structure.

- Corporation
- Partnership (including Limited Partnerships)
- Limited Liability Company
- Other (Describe below).

If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

- B. Is the NCE comprised of a holding company and its wholly owned subsidiaries?

Yes No

If you answered "Yes," describe the overall organizational structure of the NCE and list each wholly owned subsidiary along with its date and jurisdiction of formation. If you need additional space, use the space provided in **Part 10. Additional information**.

Subsidiary Name	Date of Formation	Jurisdiction of Formation

3. Date NCE Formed (mm/dd/yyyy)

4. A. State or Territory Where the NCE Was Established

- B. List any other State or Territory Where the NCE is Registered to do Business

5. Federal Employer Identification Number ►

NCE Mailing Address (and Physical Address when Applicable)

- Mailing Address same as Physical Address

6. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Part 3. Information About the New Commercial Enterprise (NCE) (continued)

NCE Contact Information

7. Telephone Number of NCE	8. Email address
<input type="text"/>	<input type="text"/>
9. Website address	
<input type="text"/>	

Address and Census Tract(s) where the NCE Is Principally Doing Business (See Instruction)

10. Street Number and Name	Apt. Ste. Flr. Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
City or Town	State ZIP Code
<input type="text"/>	<input type="text"/> <input type="text"/>
Census Tract(s)	
<input type="text"/>	
11. Nature of Activity (for example, furniture manufacturer)	12. Included Industries (provide North American Industry Classification System (NAICS) codes)
<input type="text"/>	<input type="text"/>

Type of NCE (Select only one)

13. A. NCE formed after November 29, 1990.
B. NCE resulting from the purchase of a business formed on or before November 29, 1990, that is restructured or reorganized.
C. NCE resulting from a capital investment in and substantial expansion of a business formed on or before November 29, 1990.
14. Have you invested or are you actively in the process of investing in a troubled business? Yes No

NOTE: If you answered "Yes" to Item Number 14., you must provide an explanation in Part 10. Additional Information of how the NCE qualifies as a troubled business.

Part 3. Information About the New Commercial Enterprise (NCE) (continued)

NCE Ownership and Capital Investment

15. What percentage of the NCE do you own? %

Additional Non-EB-5 Investors. If you are not the sole owner/investor in the NCE, list the name of any other person (including both individuals and organizations) that holds an ownership interest or has invested capital in the NCE. Also indicate the percentage of ownership and amount of capital invested by each person. Note that an alien seeking to pool his or her investment with 1 or more additional aliens seeking classification under the Immigration and Nationality Act (INA) section 203(b)(5) must file for such classification in accordance with INA section 203(b)(5)(E) (the Regional Center Program). If you need additional space, provide the information in **Part 10. Additional Information**.

16. Total amount of all capital invested into NCE by Non-EB-5 Investors. \$

17. A. Name of Person B. Percentage of Ownership % C. Amount of capital invested \$

18. A. Name of Person B. Percentage of Ownership % C. Amount of capital invested \$

19. A. Name of Person B. Percentage of Ownership % C. Amount of capital invested \$

Part 4. Information About Your Investment

Select one box:

- I have submitted the required initial evidence with my Form I-526 filing.
- I will submit the required initial evidence through my USCIS account.

Investment Type and Required Capital Investment

Select the appropriate box to indicate the type of investment you are making (select **all** that apply).

1. **Rural Area**

This petition is based on an investment in a rural area.

- A. Is the NCE principally doing business in an area outside a metropolitan statistical area (as designated by the Director of the Office of Management and Budget)? Yes No
- B. Is the NCE principally doing business in an area outside the outer boundary of a city or town having a population of 20,000 or more (based on the most recent decennial census of the United States)? Yes No

Part 4. Information About Your Investment (continued)

2. High Unemployment Area

This petition is based on an investment in a high unemployment area.

- A. In addition to the census tract(s) where the NCE is principally doing business identified in **Part 3., Item Number 10.**, list any other directly adjacent census tract(s) that you are requesting to be included in designation as an area of high unemployment (Enter the 11-digit FIPS codes).

- B. What is the weighted average of the unemployment rate for the census tracts you are requesting to be designated as an area of high unemployment, based on the labor force unemployment measure for each applicable census tract?

- C. What was the national average unemployment rate at the time of your investment (or the date you filed this petition if you are actively in the process of investing)?

- D. What data source(s) and time frames did you use to calculate the unemployment rate for the applicable census tract(s) and the national average unemployment rate?

3. High Employment Area

This petition is based on an investment in a high employment area.

4. Non-TEA/Non-High Employment

This petition is based on an investment in an area that is not in a targeted employment area or high employment area.

Composition of Your Investment, Administrative Costs and Fees, and Your Net Worth

5. Enter the amount and date of your investment(s) in the NCE. If you are actively in the process of investing capital in the NCE, enter the amount and date you anticipate making the investment. If you need additional space, use the space provided in **Part 10. Additional Information**.

Date of Investment (mm/dd/yyyy)	Amount of Investment
	\$
	\$
	\$
	\$
Total	\$

Composition of Investment

6. Total Amount of Money Deposited or Committed to Deposit into U.S. Business Accounts for NCE, \$
7. Total Value of Assets Purchased for Use in NCE \$
8. Total Value of All Property Transferred From Abroad for Use in NCE \$
9. Total of All Debt Financing \$
10. Total Stock or Other Equity Purchases \$
11. Other Capital \$

Part 4. Information About Your Investment (continued)

Administrative Costs and Fees

12. Enter the date and amount of all administrative costs and fees associated with your investment.

Date (mm/dd/yyyy)	Amount
	\$
	\$
	\$
	\$
Total	\$

Your Net Worth

13. Your Current Net Worth

\$

Your Sources of Investment Capital

Please identify the sources of the capital you have invested or are actively in the process of investing into the NCE, as well as any funds used to pay administrative costs and fees associated with your investment. (Select all that apply.)

14. A. Income
B. Loan Proceeds (including mortgage of real estate)
C. Sale of Real Estate
D. Gift (including capital obtained through inheritance)
E. Tangible Assets (Equipment, Inventory, etc.)
F. Insurance Proceeds
G. Sale of Securities
H. Other (Specify in the space below)

15. In the space below, describe the documentation included with this petition to demonstrate that the capital you have invested or are actively in the process of investing, as well as any funds used to pay administrative costs and fees associated with your investment, was obtained through lawful means. Read the Lawful Capital section of the Form I-526 Instructions for a list of documents that must be included with the petition.
-
-

16. If the funds used to make your investment were gifted or loaned to you, identify the donor or lender and describe the documentation from the donor or lender (if other than a bank) included with this petition to demonstrate that such funds were obtained through lawful means.
-
-

17. If any persons transferred capital into the United States on your behalf, provide their identity.
-
-

Part 5. Employment Creation Information

1. Are you employed by the NCE? Yes No

A. If you are employed by the NCE, what is your position, office, or title with the NCE?

B. If you are employed by the NCE, what are your duties, activities, and responsibilities in the NCE?

NOTE: If you need additional space, provide the information in **Part 10. Additional Information**.

2. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Your Initial Investment

3. Current Number of Full-Time Direct and Qualifying Employees in the NCE

4. Difference in Number of Full-Time Direct and Qualifying Employees

5. Estimated Number of Full-Time Direct and Indirect Positions That Will Be Created During the Relevant Time Period

6. Total Amount of Your Capital That Has Been or Will Be Made Available to the Job-Creating Business(es) of the NCE \$

Part 6. Visa Processing and Immigration Proceedings

Select the appropriate box to indicate how you will seek lawful permanent resident status.

1. A. Immigrant Visa Processing

2. A. Application for Adjustment of Status

B. Country of Citizenship or Nationality

B. Country of Last Permanent Residence Abroad

C. Country of Current Residence

Address in Country of Last Permanent Residence Abroad

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

4. Telephone Number

If your native alphabet is other than Roman letters, type or print the foreign address in your native alphabet, below.

5. Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

Part 6. Visa Processing and Immigration Proceedings (continued)

6. A. Are you filing any other petitions or applications with this Form I-526? Yes No

B. If you answered “Yes” to Item A. in Item Number 6., select all applicable boxes:

Form I-485
 Form I-131
 Form I-765
 Other (Provide an explanation in Part 10. Additional Information)

Immigration Proceedings

Please indicate whether you are in exclusion, deportation, or removal proceedings before the Department of Homeland Security (DHS) or the Department of Justice's (DOJ), Executive Office for Immigration Review (EOIR) Immigration Court or Board of Immigration Appeals. You also must provide an explanation for why you are in proceedings in **Part 10. Additional Information**.

7. Are you currently or ever been in immigration proceedings before the Department of Homeland Security (DHS) or Department of Justice (DOJ)? Yes No

Type of Proceedings (Select **only one**)

- 8.** A. Exclusion B. Deportation C. Removal

Location of Proceedings

- 10.** Are you currently or ever been subject to a final order of exclusion, deportation, or removal, or subject to reinstatement of such an order? Yes No

Employment in the United States

- 11.** Have you ever worked in the United States without permission? Yes No

12. If you answered "Yes" to **Item Number 11.**, provide an explanation below. If you need additional space, use **Part 10. Additional Information**.

Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-526 Instructions before completing this part.

Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer.

Petitioner's Statement

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

1. Petitioner's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- B. The interpreter named in **Part 8.** read to me every question and instruction on this petition and my answer to every question in [REDACTED], a language in which I am fluent. I understood all of this information as interpreted.

2. Petitioner's Statement Regarding the Preparer

- At my request, the preparer named in **Part 9.** [REDACTED], prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

Petitioner's Declaration

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require me to submit original documents at a later date.

Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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 audits as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5 Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. 117-103); and 8 CFR parts 103, 204, 205, and 214.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature (continued)

Petitioner's Signature

6. Petitioner's Signature (sign in ink) Date of Signature (mm/dd/yyyy)

→

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 8. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Interpreter's Contact Information

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item B.** in **Item Number 1.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration**, and has verified the accuracy of every answer.

Part 8. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

The interpreter must sign and date the petition.

7. Interpreter's Signature (sign in ink) Date of Signature (mm/dd/yyyy)

Part 9. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer. If the same individual acted as your interpreter and your preparer, that person should complete both **Part 8.** and **Part 9.**

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information.

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

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code

Preparer's Contact Information

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

6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- B. I am an attorney or accredited representative and my representation of the petitioner in this case
 extends does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Part 9. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, and informed me that all of this information in the petition and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable.

8. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

Part 10. Additional Information

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
-------------------------	-------------------------	-----------------------------

2. A-Number (if any) ► A-

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

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

D.

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

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

D.

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

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

D.

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

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

D.

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

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

D.
