FINE UNIVERD SHAVUES OF AMORRICA

DECEIPT NUMBED	CASE TYPE 1129 PETITION FOR A NONIMMIGRANT WORKER			
RECEIPT DATE January 3, 2014 PRIORITY DATE	PETITIONER			
NOTICE DATE February 7, 2014 1 of 2	BENEFICIARY			
ANISH VASHISTHA 5670 WILSHIRE BLVD STE 1730 LOS ANGELES CA 90036	Notice Type: Approval Notice Class: H1B Valid from 02/01/2014 to 01/01/2017 Consulate:			
the above petition and extension of stay have been approved lassification is valid as indicated above. The foreign we etailed in the petition and for the period authorized. Chance has been in the petition. Since this employment or training approved authorization documentation destions about tax withholding. The petitioner should keep the upper portion of this notice of the should keep the right part with his or her Form I-94 diven to the U.S. Customs and Border Patrol when he or she are records. A person granted an extension of stay who lead turning. The left part can be used in applying for the notes that it, along with any other required documentation, who can be entry or pre-flight inspection station. The petition approved Application or Petition, to request that we not effice of this approval. The approval of this visa petition does not in itself grant lien beneficiary will subsequently be found to be eligible to extension, change, or adjustment of status. HIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VICE Small Business Regulatory Enforcement and Fairness Actions and the same provides of the same provides and the same provides ana	crker(s) can work for the petitioner, but only as manges in employment or training may require you to file ting authorization stems from the filing of this petition, in is not required. Please contact the IRS with any set. The lower portion should be given to the worker. He land the leaves the United States. The left part is for his or ways the U.S. must normally obtain a new visa before new visa. If a visa is not required, he or she should be neapplying for reentry in this new classification at a coner may also file Form I-824, Application for Action on tify a consulate, port of entry, or pre-flight inspection and a coner may also file Form the visa is not guarantee that the effor a visa, for admission to the United States, or for a visa, for admission to the United States, or for established the Office of the National Ombudsman (ONO)			
CALIFORNIA SERVICE CENTER P. O. BOX 30111 LAGUNA NIGUEL CA 92607-0111 Customer Service Telephone: (800) 375-52 orm I797A (Rev. 10/31/05)N	83			
	PLEASE TEAR OFF FORM 1-94 PRINTED RELOW, AND STAPLE TO ORIGINAL 1-94 IF AV/IIJABLE			
PETITIONER:	Receipt Number United States Citizenship and Immigration Services I-94 Departure Record Petitioner: 14 Family Name 15 First (Given) Name 17. Country of Citizenship FRANCE			

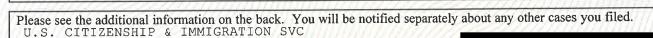
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(continued)

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.ombudsman.sba.gov or phone 202-205-2417 or fax 202-481-5719.

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



CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I797A (Rev. 10/31/05)N

PLEASE TEAR OFF FORM 1 94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1 94 IF AVAILABLE

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PETITIONER:	VOID	VOID	VOID	VOID	VOID 16. Date of Birth
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