STUTUE UNITED STUATUES OF ANTERICA

111321126312631		CASE TYPE 1539 APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
RECEIPT DATE	PRIORITY DATE	APPLICANT
December 2, 2014		
OTICE DATE January 6, 2015	PAGE 1 of 1	BENEFICIARY
NISH VASHISTHA		Notice Type: Approval Notice
5670 WILSHIRE BLVD STE 1730		Class: B2 Valid from 12/01/2014 to 05/29/2015
LOS ANGELES CA 90036		Valid from 12/01/2014 to 03/29/2013
e above application for ex	tension of temporary stay is a	approved. The temporary stay of the named applicant(s) is
	ated above. An updated Form I	otice has also been mailed to the representative.
	95690000000000000000000	
	form carefully for more infor	
	MAY NOT BE USED IN PLACE OF A	visa. ved, USCIS and the U.S. Department of Homeland Security
rrespondence, the internet ring the course of verific oceedings are appropriate.	, or telephone, and site ins <mark>pe</mark> eation will be used to determin	ew of public information and records, contact by ections of businesses and residences. Information obtained ne whether revocation, rescission, and/or removal representatives of record will be provided an opportunity eding is initiated.
U.S. CITIZENSHIP & CALIFORNIA SERVICE	IMMIGRATION SVC	be notified separately about any other cases you filed.
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA	IMMIGRATION SVC CENTER 92607-0111	
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	283
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Teorm 1797A (Rev. 10/31/85))	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Teorm 1797A (Rev. 10/31/65))	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE Receipt Number
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Teorm 1797A (Rev. 10/31/05)) Detach This Half for Persona Receipt#	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABI
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Teorm 1797A (Rev. 10/31/65)) Detach This Half for Persona Receipt# -94#	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE Receipt Number
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te form 1797A (Rev. 10/31/05)) Detach This Half for Persona Receipt# [-94# NAME]	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE Receipt Number United States Citizenship and Immigration Services
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te Form 1797A (Rev. 10/31/65)) Detach This Half for Persona Receipt# [-94# NAME CLASS B2	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5 N	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE Receipt Number United States Citizenship and Immigration Services I-94 Departure Record Petitioner:
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te Form I797A (Rev. 10/31/65)) Detach This Half for Persona Receipt# [-94# NAME CLASS B2	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5	Please Tear off Form 1-94 Printed Below, and Staple to Original 1-94 if available Receipt Number United States Citizenship and Immigration Services I-94 Departure Record Petitioner:
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te Form 1797A (Rev. 10/31/65)) Detach This Half for Persona Receipt# [-94# NAME CLASS B2 VALID FROM 12/01/2	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5 N	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE Receipt Number United States Citizenship and Immigration Services I-94 Departure Record Petitioner: 14. Family Name
U.S. CITIZENSHIP & CALIFORNIA SERVICE P. O. BOX 30111 LAGUNA NIGUEL CA Customer Service Te Form I797A (Rev. 10/31/65)) Detach This Half for Persona Receipt# I-94# NAME CLASS B2	IMMIGRATION SVC CENTER 92607-0111 elephone: (800) 375-5 N	PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE Receipt Number United States Citizenship and Immigration Services I-94 Departure Record Petitioner: