



**BERRY APPLEMAN &
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OFFICES

Austin
Boston
Dallas
Houston
McLean
New York City
San Francisco
Walnut Creek
Washington DC

May 14, 2020

Via Overnight Courier

U.S. Citizenship and Immigration Services
California Service Center
ATTN: I-129 H-1B
24000 Avila Road, 2nd Floor, Room 2312
Laguna Niguel, CA 92677

Re: H-1B Petition (Form I-129)

Petitioner: Facebook, Inc.

Beneficiary: Yanxin Lu

Dear Adjudicating Officer:

Enclosed please find an H-1B petition by Facebook, Inc. on behalf of the above-named beneficiary. Please notify this office of any action taken on this case. Thank you for your attention to this matter.

Sincerely,
BERRY APPLEMAN & LEIDEN LLP

Elena Nesch

EN/sl
Enclosures



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

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. 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 extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

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 for a limited purpose is at his or her request.

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).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

Form I-129 for LU, YANXIN

2.a. U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

▶

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

Applicant Petitioner Requestor

Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Aboobaker

6.b. Given Name (First Name) Azmina

6.c. Middle Name

7.a. Name of Entity (if applicable)

Facebook, Inc.

7.b. Title of Authorized Signatory for Entity (if applicable)

US Immigration Manager

8. Client's USCIS Online Account Number (if any)

▶

9. Client's Alien Registration Number (A-Number) (if any)

▶ A-

Client's Contact Information

10. Daytime Telephone Number

972-729-6440

11. Mobile Telephone Number (if any)

12. Email Address (if any)

enesch@balglobal.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 1 Hacker Way (aka 1601 Willow Rd.)

13.b. Apt. Ste. Flr.

13.c. City or Town Menlo Park

13.d. State CA 13.e. ZIP Code 94025

13.f. Province

13.g. Postal Code

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity
→ 

2.b. Date of Signature (mm/dd/yyyy)

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 DHS. 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. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy)

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d. _____

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

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

▶ **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

Facebook, Inc.

3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

In Care Of Name			
Azmina Aboobaker, US Immigration Manager			
Street Number and Name		Apt. Ste. Flr. Number	
1 Hacker Way (aka 1601 Willow Rd.)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>	
City or Town		State	ZIP Code
Menlo Park		CA	94025
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	United States	

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
972-729-6440	<input type="text"/>	enesch@balglobal.com

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ 201665019	▶ <input type="text"/>	▶ <input type="text"/>

Part 2. Information About This Petition (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol):
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."**
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.)

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
<input type="text" value="LU"/>	<input type="text" value="YANXIN"/>	<input type="text"/>
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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. **Other Information**

Date of birth (mm/dd/yyyy) <input type="text" value="10/17/1989"/>	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Social Security Number (if any) <input type="text" value=""/>
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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- <input type="text"/>	China
Province of Birth	Country of Citizenship or Nationality
Guizhou	China

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
10/17/2019	▶ 2 8 9 9 2 2 3 9 0 A 2	E93603635
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Passport or Travel Document Country of Issuance
03/28/2017	03/27/2027	China
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
H-1B	07/25/2021	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
<input type="text"/>	<input type="text"/>	

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

Street Number and Name	Apt. Ste. Flr.	Number
1000 Escalon Ave.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2087
City or Town	State	ZIP Code
Sunnyvale	CA	94085

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)**

c. **U.S. State or Foreign Country**

d. Beneficiary's Foreign Address

Street Number and Name	Apt. Ste. Flr.	Number
Eligible for amend & extension of status	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	
<input type="text"/>	<input type="text"/>	
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 10.** 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 10.** 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 10.**
- 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 10.** 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 10.** 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 10.** 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 10.** and type or print your explanation. No
- 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

Software Engineer

2. LCA or ETA Case Number

I-200-20148-606056

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

12105 West Waterfront Drive *See Addendum for additional worksite*

Apt. Ste. Flr. Number

Suite 250

City or Town

Los Angeles

State

CA

ZIP Code

90094

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? ▶

9. Wages: \$ per (Specify hour, week, month, or year)

▶

10. Other Compensation (Explain)

Standard company benefits

11. Dates of intended employment From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

12. Type of Business

Social Networking

13. Year Established

2004

14. Current Number of Employees in the United States

35278

15. Gross Annual Income

\$70.70 billion

16. Net Annual Income

\$18.48 billion

Part 6. Information About The Beneficiary's Public Benefits

Part 6. only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

- Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)
 - Any Federal, State, local or tribal cash assistance for income maintenance
 - Supplemental Security Income (SSI)
 - Temporary Assistance for Needy Families (TANF)
 - General Assistance (GA)
 - Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
 - Section 8 Housing Assistance under the Housing Choice Voucher Program
 - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
 - Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
 - Federally-Funded Medicaid
- No, the beneficiary has not received any of the above listed public benefits.
- No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

[Empty box for Type of Benefit]

Agency that Granted the Benefit

[Empty box for Agency that Granted the Benefit]

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

[Empty box for Date the Beneficiary Started Receiving the Benefit]

Date Benefit Ended or Expires
(mm/dd/yyyy)

[Empty box for Date Benefit Ended or Expires]

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates From: (mm/dd/yyyy) [Empty box] To: (mm/dd/yyyy) [Empty box]

Part 7. 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 8. 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)

Aboobaker

Given Name (First Name)

Azmina

Title

US Immigration Manager

2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)

05/14/2020

3. Signatory's Contact Information

Daytime Telephone Number

972-729-6440

Email Address (if any)

enesch@balglobal.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 9. 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)

Nesch

Given Name (First Name)

Elena

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).)

Berry Appleman & Leiden LLP

3. Preparer's Mailing Address

Street Number and Name

2400 N Glenville Drive, Building A

Apt. Ste. Flr. Number

100

City or Town

Richardson

State

TX

ZIP Code

75082

Province

Postal Code

Country

United States

4. Preparer's Contact Information

Daytime Telephone Number

972-729-6440

Fax Number

972-729-6100

Email Address (if any)

enesch@balglobal.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)

05/14/2020

Part 10. 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 10.** 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-

2. **Page Number** **Part Number** **Item Number**

See attached.

3. **Page Number** **Part Number** **Item Number**

The beneficiary will also work from their home at 1000 Escalon Ave. K2087, Sunnyvale, CA 94085. See itinerary.

4. **Page Number** **Part Number** **Item Number**

Itinerary of Employment

Employer	Work Address	Percentage of Time	Requested Dates of Service	Position
Facebook, Inc.	1000 Eescalon Ave. K2087, Sunnyvale, CA 94085	100%	Dates provided on Form I-129 on page 5 in question 11 of part 5.	Job title provided on Form I-129 on page 4 in question 1 of part 5.
Facebook, Inc.	Facebook office listed on Form I-129 on page 5 in question 3 of part 5	100%	Dates provided on Form I-129 on page 5 in question 11 of part 5.	Job title provided on Form I-129 on page 4 in question 1 of part 5.

As detailed in the itinerary provided above and in compliance with the Service's regulation at 8 CFR 214.2(h)(2)(i)(B), the employee will work from their residential address for the duration of the ongoing COVID-19 National Emergency announced by President Trump on March 13, 2020. Additionally, Facebook, Inc. has implemented a recommended work from home policy to promote the health and safety of its employees and to combat the spread of COVID-19. The employee will transition back to the Facebook, Inc. work address listed above once the COVID-19 National Emergency and Facebook, Inc. policies to support social distancing have been lifted.

The employee will be directly employed by Facebook, Inc. in the specialty occupation as provided on Form I-129 and detailed in the accompanying support letter. Facebook, Inc. will maintain a bona fide employer-employee relationship with the beneficiary throughout the duration of the requested H-1B validity period and the employee will not work at any third party, client, or vendor sites or offices.



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 10/31/2021

1. Name of the Petitioner

Facebook, Inc.

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

2.a. Name of the Beneficiary

LU, YANXIN

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
LU, YANXIN (H-1B)	01/16/2019	Present

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. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

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

- Yes
- No

7. 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

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

Yes. If yes, please explain in **Item Number 8.b.** No

8.b. Explanation

N/A

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

1. Describe the proposed duties.

Please see attached letter.

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

Please see attached letter.

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)



Azmina Aboobaker, US Immigration Manager

05/14/2020

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)



Azmina Aboobaker, US Immigration Manager

05/14/2020

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)



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 10/31/2021

1. Name of the Petitioner

Facebook, Inc.

2. Name of the Beneficiary

LU, YANXIN

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? Yes No
 - 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
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)
- c. Some college credit, but less than 1 year
- d. One or more years of college, no degree
- e. Associate's degree (for example: AA, AS)
- f. Bachelor's degree (for example: BA, AB, BS)
- g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

Computer Science

4. Rate of Pay Per Year

\$157,104.75

5. DOT Code

0 3 0

6. NAICS Code

5 1 9 1 3

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

- b. Date Degree Awarded
- c. Type of United States Degree

- d. Address of the United States institution of higher education

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

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. Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No



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

Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.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 (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), 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 * Software Engineer	
2. SOC (ONET/OES) code * 15-1132.00	3. SOC (ONET/OES) occupation title * Software Developers, Applications
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 5/28/2020 <small>(mm/dd/yyyy)</small>
7. Worker positions needed/basis for the visa classification supported by this application	
<div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application <i>(indicate total workers in each applicable category)</i>	
<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> a. New employment *	<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> d. New concurrent employment *
<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> b. Continuation of previously approved employment without change with the same employer*	<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> e. Change in employer *
<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> c. Change in previously approved employment *	<div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> f. Amended petition *

C. Employer Information

1. Legal business name * FACEBOOK INC.		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 1 HACKER WAY*		
4. Address 2 (*ALSO KNOWN AS 1601 WILLOW ROAD)		
5. City * MENLO PARK	6. State * California	7. Postal code * 94025
8. Country * United States Of America	9. Province CA	
10. Telephone number * +1 (408) 533-5781	11. Extension	
12. Federal Employer Identification Number (FEIN from IRS) * 20-1665019	13. NAICS code (must be at least 4-digits) * 51913	



**Labor Condition Application for Nonimmigrant Workers
 Form ETA-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)	
ABOOBAKER		AZMINA			
4. Contact's job title *					
US IMMIGRATION MANAGER					
5. Address 1 *					
1 HACKER WAY*					
6. Address 2					
(*ALSO KNOWN AS 1601 WILLOW RD.*)					
7. City *		8. State *		9. Postal code *	
MENLO PARK		California		94025	
10. Country *			11. Province		
United States Of America					
12. Telephone number *		13. Extension	14. E-Mail address		
+1 (408) 533-5781			ImmigrationFYI@fb.com		

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

1. Is the employer represented by an attorney or agent in the filing of this application? *			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," complete the remainder of Section E below.					
2. Attorney or Agent's last (family) name §		3. First (given) name §		4. Middle name(s)	
Nesch		Elena		N/A	
5. Address 1 §					
2400 N. GLENVILLE DRIVE					
6. Address 2					
BUILDING A, SUITE 100					
7. City §		8. State §		9. Postal code §	
RICHARDSON		Texas		75082	
10. Country §			11. Province		
United States Of America					
12. Telephone number §		13. Extension	14. E-Mail address		
+1 (469) 290-9204			slara@balglobal.com		
15. Law firm/Business name §			16. Law firm/Business FEIN §		
BERRY APPLEMAN & LEIDEN LLP			94-3068076		
17. State Bar number (only if attorney) §			18. State of highest court where attorney is in good standing (only if attorney) §		
47976			North Carolina		
19. Name of the highest State court where attorney is in good standing (only if attorney) §					
The Supreme Court of North Carolina					



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

F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting 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. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §	
4. Address 1 * 1000 Escalon Ave.	
5. Address 2 K2087	
6. City * Sunnyvale	7. County * Santa Clara
8. State/District/Territory * California	9. Postal code * 94085
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 157104 . 75 To: \$	10a. 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 Rate * \$ 131726 . 00	11a. 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
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *	
12.	A Prevailing Wage Determination (PWD) issued by the Department of Labor a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program
	a. Wage Level (check one): § <input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
	b. Source Year § 7/1/2019 - 6/30/2020
14.	A PW obtained using another legitimate source (other than OES) or an independent authoritative source
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey
	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §



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

G. Employer Labor Condition Statements

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

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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H. 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 H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input checked="" type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A



**Labor Condition Application for Nonimmigrant Workers
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 U.S. Department of Labor**

If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E 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:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

I. Public Disclosure Information

! Important Note: You must select one or both of the options listed in this Section.

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

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
 - o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
 - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official * Aboobaker	2. First (given) name of hiring or designated official * Azmina	3. Middle initial §
4. Hiring or designated official title * US Immigration Manager (SL/13190)		
5. Signature * 	6. Date signed * 05/14/2020	



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

K. 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 §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		
5. E-Mail address §		

L. 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 5/28/2020 to 5/27/2023.


Department of Labor, Office of Foreign Labor Certification

6/3/2020
Certification Date (date signed)

I-200-20148-606056
Case number

Certified
Case Status

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

M. 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 DOL before it can be submitted to USCIS for final 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, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. 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, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section 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).

N. 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. Your response is required to receive the benefit of consideration of your application. (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 75 minutes 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, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



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

F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting 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. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 2

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §	
4. Address 1 * 12105 W. Waterfront Dr.	
5. Address 2 Suite 250	
6. City * Los Angeles	7. County * Los Angeles
8. State/District/Territory * California	9. Postal code * 90094
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ <u>157104 . 75</u> To: \$ _____	10a. 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 Rate * \$ <u>114899 . 00</u>	11a. 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
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *	
12.	A Prevailing Wage Determination (PWD) issued by the Department of Labor a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program
	a. Wage Level (check one): § <input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
	b. Source Year § 7/1/2019 - 6/30/2020
14.	A PW obtained using another legitimate source (other than OES) or an independent authoritative source
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey
	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §

May 14, 2020

U.S. Citizenship and Immigration Services

Re: Form I-129 Petition for H-1B Status
Petitioner: Facebook, Inc.
Beneficiary: Yanxin Lu

Dear Adjudicating Officer:

This letter supports the petition by Facebook, Inc. ("Facebook") to authorize the temporary employment of Mr. Yanxin Lu in a specialty occupation in the position of Software Engineer in our Los Angeles, California location. They will also work from their residential home address in Sunnyvale, California.

The Petitioner

Founded in February 2004, Facebook Inc. ("Facebook US") is a U.S. corporation with its headquarters in Menlo Park, California. Facebook's mission is to give people the power to build community and bring the world closer together. People use Facebook to stay connected with friends and family, to discover what's going on in the world, and to share and express what matters to them. We currently have 2.89 billion active members per month as of December 31, 2019. Facebook employs approximately 45,000 employees worldwide as of December 31, 2019.

The Position

The Software Engineer will perform the following professional duties:

Design core, backend software components, and code using primarily C/C++, Java, and PHP. Software Engineers will interface with other teams to incorporate their innovations and vice versa. They will also conduct design and code reviews, and analyze and improve efficiency, scalability, and stability of various system resources.

Software Engineers will use their experience to build large-scale server applications; develop and debug in C/C++ or Java/C#. They will also use their knowledge of Perl, PHP or Python; and background working with software operating system internals, file systems, programming language design, and compilers to complete software engineering projects they are assigned to.

The position is professional in nature and scope and requires, at a minimum, a Bachelor's degree in Computer Science, Computer Engineering, or a related field, or equivalent.

Please be advised that Facebook is an actual employer. Facebook is not a staffing agency, nor is it an agent representing multiple employers. Facebook will be the actual and sole employer of the H-1B beneficiary. The beneficiary will work on Facebook's premises and will be managed solely by Facebook's own personnel. Facebook has the exclusive right to hire, pay, supervise, and control the work of the beneficiary. The beneficiary will be employed as a regular, full-time employee of Facebook, not as a contractor.

The Beneficiary's Qualifications

Mr. Lu is highly qualified for Facebook's position of Software Engineer. Mr. Lu earned a degree that is directly related to the position.

The Facebook logo, consisting of the word "facebook" in a lowercase, white, sans-serif font, centered on a dark gray rectangular background.

Address: 1 Hacker Way
Menlo Park, CA 94025

Conclusion

Please approve this H-1B petition as soon as possible so that we may be assured of the beneficiary's most valuable service at the earliest possible date.

Sincerely,
Facebook, Inc.

A handwritten signature in blue ink, appearing to read 'Azmina Apoobaker', is written over the typed name.

Azmina Apoobaker
US Immigration Manager



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 289922390A2

Most Recent Date of Entry: 2019 October 17

Class of Admission : H1B

Admit Until Date : 08/04/2021

Details provided on the I-94 Information form:

Last/Surname : LU
First (Given) Name : YANXIN
Birth Date : 1989 October 17
Passport Number : E93603635
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: 05/31/2020

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

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

Receipt Number WAC1814652712		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 04/12/2018	Priority Date	Petitioner FACEBOOK INC
Notice Date 05/14/2018	Page 1 of 2	Beneficiary LU, YANXIN

FACEBOOK INC
c/o DEREK PENNARTZ
BERRY APPLEMAN & LEIDEN LLP
2400 N GLENVILLE DR BLDG A STE 100
RICHARDSON TX 75082

Notice Type: Approval Notice
Class: H1B
Valid from 10/01/2018 to 07/25/2021
Consulate: GUANGZHOU

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

Petition approval does not authorize employment or training. When the workers are granted status upon admission to the United States, they can then work for the petitioner, but only as detailed in the petition and for the period authorized. When seeking admission to the United States, the following classifications may be eligible for a grace period of up to 10 days before, and up to 10 days after the petition validity period: 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 be eligible for a grace period of up to one week before and 30 days after the petition validity period. If provided at admission, this grace period will be annotated on the beneficiary's I-94 by Customs and Border Protection (CBP). The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. Please contact the IRS with any questions about tax withholding.

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

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

Number of workers: 1

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

California Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC.
P.O. Box 30111
Laguna Niguel CA 92607-0111
Customer Service Telephone: (800) 375-5283



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

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

Receipt#: WAC1814652712	Case Type: I129			
Notice Date: May 14, 2018	Petitioner: FACEBOOK INC,			
Petitioner Validity Dates: Valid from 10/01/2018 to 07/25/2021	Number of Workers: 1			
Name LU, YANXIN	DOB 10/17/1989	COB CHINA, PEOPLE'S RE..	Class H1B	Consulate/POE GUANGZHOU
				OCC 039



RICE UNIVERSITY

AN AMERICAN INSTITUTION
DEDICATED TO THE ADVANCEMENT
OF LIBERAL AND TECHNICAL LEARNING
AND THE PROGRESS OF HUMANKIND
IN LETTERS SCIENCE AND ART
FOUNDED AND ENDOWED
AD MAIOREM DEI GLORIAM
BY WILLIAM MARSH RICE
IN FREEDOM FOR RESEARCH
TO SOBER FEARLESS PURSUIT
OF TRUTH BEAUTY RIGHTEOUSNESS
AND TO ALL HIGH EMPRISE CONSECRATED
WOULD HAVE ALL KNOW BY THESE PRESENTS
THAT IN THE PRESENCE OF THE TRUSTEES FACULTY
STUDENTS AND FRIENDS OF THIS UNIVERSITY
IN PUBLIC CONVOCATION ASSEMBLED
THE TRUSTEES HAVE CONFERRED UPON

YANXIN LU

A STUDENT OF THE UNIVERSITY

THE DEGREE OF MASTER OF SCIENCE

WITH ALL THE RIGHTS DUTIES AND PRIVILEGES
APPERTAINING TO THAT DEGREE

HOUSTON, TEXAS
DECEMBER THIRTIETH
A. D. MMXV

David W. Lebron
PRESIDENT

Esther

Unofficial Academic Transcript

S01179519 Yanxin Lu
Oct 02, 2017 04:37 pm

 This is not an official transcript.

Note: Esther displays GPA to the second decimal place. The Office of the Registrar will continue to use the GPA to the third decimal place when determining Academic Standing such as the President's Honor Roll, probation, and suspension.

Unofficial Academic Transcript - Rice University

Institution Credit Transcript Totals Courses in Progress

Transcript Data

STUDENT INFORMATION

Birth Date: Oct 17, 1989

Curriculum Information

Current Program

Major and Department: Computer Science,
Computer Science

***Transcript type: Official is NOT Official ***

DEGREE AWARDED:

Awarded: Master of Science **Degree Date:** Dec 30, 2015

Curriculum Information

Major: Computer Science

Masters Thesis: Improving Peer Evaluation Quality in Massive Open Online Course

Comments: Director: Swarat Chaudhuri

Sought: Doctor of Philosophy **Degree Date:**

Curriculum Information

Major: Computer Science

INSTITUTION CREDIT -Top-

Term: Fall 12

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	412	GR	COMPILER CONSTRUCTION	A	4.000	16.00	
COMP	507	GR	COMPUTER-AIDED PROGRAM DESIGN	A	4.000	16.00	
COMP	527	GR	COMPUTER SYSTEMS SECURITY	B	4.000	12.00	
COMP	590	GR	COMPUTER SCIENCE PROJECTS	A	1.000	4.00	I
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	14.000	14.000	14.000	13.000	48.00	3.69
Cumulative:	14.000	14.000	14.000	13.000	48.00	3.69

Unofficial Transcript

Term: Spring 13

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	421	GR	OP SYS/CONCURRENT PROGRAMMING	B	4.000	12.00	
COMP	590	GR	COMPUTER SCIENCE PROJECTS	A	4.000	16.00	I
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	607	GR	AUTOMATED PROGRAM VERIFICATION	S	1.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	10.000	10.000	8.000	28.00	3.50
Cumulative:	24.000	24.000	24.000	21.000	76.00	3.61

Unofficial Transcript

Term: Summer 13

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	6.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	0.000	0.00	0.00
Cumulative:	30.000	30.000	30.000	21.000	76.00	3.61

Unofficial Transcript

Term: Fall 13

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	5.000	0.00	I
STAT	640	GR	DATA MINING & STAT LEARNING	B+	3.000	9.99	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	3.000	9.99	3.33
Cumulative:	39.000	39.000	39.000	24.000	85.99	3.58

Unofficial Transcript

Term: Spring 14

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	411	GR	PRINCIPLES OF PROG LANGUAGE	A	4.000	16.00	
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	607	GR	AUTOMATED PROGRAM VERIFICATION	U	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	4.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	9.000	9.000	4.000	16.00	4.00
Cumulative:	49.000	48.000	48.000	28.000	101.99	3.64

Unofficial Transcript

Term: Summer 14

Term Comments: Master's Candidacy Achieved

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	6.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	0.000	0.00	0.00
Cumulative:	55.000	54.000	54.000	28.000	101.99	3.64

Unofficial Transcript

Term: Fall 14

Term Comments: Master's Thesis Defended

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	450	GR	ALGORITHMIC ROBOTICS	A-	4.000	14.68	
COMP	509	GR	ADV LOGIC IN COMPUTER SCIENCE	B-	4.000	10.68	
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	4.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	8.000	25.36	3.17
Cumulative:	68.000	67.000	67.000	36.000	127.35	3.53

Unofficial Transcript

Term: Spring 15

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	607	GR	AUTOMATED PROGRAM VERIFICATION	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	8.000	0.00	I
ENGI	600	GR	GRADUATE COMMUNICATIONS SEM	S	0.000	0.00	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	10.000	10.000	0.000	0.00	0.00

Cumulative: 78.000 77.000 77.000 36.000 127.35 3.53

Unofficial Transcript

Term: Summer 15

Term Comments: Master's Thesis Turned In

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	0.000	0.00	0.00
Cumulative:	87.000	86.000	86.000	36.000	127.35	3.53

Unofficial Transcript

Term: Fall 15

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I
MUSI	117	GR	FUNDAMENTALS OF MUSIC I	A	3.000	12.00	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	3.000	12.00	4.00
Cumulative:	100.000	99.000	99.000	39.000	139.35	3.57

Unofficial Transcript

Term: Spring 16

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I
MUSI	317	GR	THEORY FOR NON MAJORS I	B+	3.000	9.99	

Term Totals (Graduate)

	Attempt	Passed	Earned	GPA	Quality	GPA
--	---------	--------	--------	-----	---------	-----

	Hours	Hours	Hours	Hours	Points	
Current Term:	13.000	13.000	13.000	3.000	9.99	3.33
Cumulative:	113.000	112.000	112.000	42.000	149.34	3.55

Unofficial Transcript

Term: Summer 16

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	0.000	0.00	0.00
Cumulative:	122.000	121.000	121.000	42.000	149.34	3.55

Unofficial Transcript

Term: Fall 16

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I
ELEC	677	GR	INTRODUCTION TO DEEP LEARNING	B+	3.000	9.99	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	13.000	13.000	13.000	3.000	9.99	3.33
Cumulative:	135.000	134.000	134.000	45.000	159.33	3.54

Unofficial Transcript

Term: Spring 17

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	600	GR	GRADUATE SEMINAR	S	1.000	0.00	I
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	10.000	10.000	10.000	0.000	0.00	0.00
Cumulative:	145.000	144.000	144.000	45.000	159.33	3.54

Unofficial Transcript

Term: Summer 17

Academic Standing:

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
COMP	800	GR	GRADUATE RESEARCH	S	9.000	0.00	I

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	9.000	9.000	9.000	0.000	0.00	0.00
Cumulative:	154.000	153.000	153.000	45.000	159.33	3.54

Unofficial Transcript

TRANSCRIPT TOTALS (GRADUATE) -Top-

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Total Institution:	154.000	153.000	153.000	45.000	159.33	3.54
Total Transfer:	0.000	0.000	0.000	0.000	0.00	0.00
Overall:	154.000	153.000	153.000	45.000	159.33	3.54

Unofficial Transcript

COURSES IN PROGRESS -Top-

Term: Fall 17

Subject	Course	Level	Title	Credit Hours
COMP	600	GR	GRADUATE SEMINAR	1.000
COMP	800	GR	GRADUATE RESEARCH	9.000

Unofficial Transcript

Esther Privacy
RELEASE: 8.7.1

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EMPLOYEE ID: 000000-000000
 L2X 000169940

Earnings Statement

Facebook Inc
 1 Hacker Way
 Menlo Park, CA 94025

Page 001 of 001
 Period Beg/End: 05/11/2020 - 05/24/2020
 Advice Date: 05/29/2020
 Advice Number: 0001703413
 Batch Number: 000000001455

Yanxin Lu
 1000 Escalon Ave #K2087
 Sunnyvale, CA 94085

For inquiries on this statement please call: 650-543-4800

Total Hours Worked: 80.00
 Basis of Pay: Salary
 Pay Rate: 157104.75

Earnings	Rate	Hours/ Units	This Period	Year-to-Date
Regular	75.5400	80.00	6042.50	65374.46
Imputed Ben	0.0000	0.00	97.00	97.00
*Imp GTL	0.0000	0.00	15.58	168.14
*Imp Legal	0.0000	0.00	1.38	15.18
*Restricted\$	0.00	0.00	0.00	50024.11
Performance	0.00	0.00	0.00	8250.00
COVID Misc	0.00	0.00	0.00	1000.00
Laundry	0.00	0.00	0.00	39.13
TotalHrsWrkd	0.0000	80.00	0.00	0.00
Gross Pay			6156.46	124968.27

Pre-Tax Deductions

401k Salary		422.98	4576.26
Pretax Dental		4.88	53.68
401k Bonus			577.50
Total Pre-Tax Deductions		427.86	5207.44

Post-Tax Deductions

Stock Tax Refund		-261.60	-356.00
STOCK TAX			-20449.84
Total Post-Tax Deductions		-261.60	-20805.84

Other Deductions	This Period	Year-to-Date
Employee Taxes		
Medicare	89.21	1811.26
OASDI	381.41	7744.69
CA VDI - CAVDI	41.47	1229.09
State Tax - CA	321.82	9309.20
Federal Withholdi	795.94	21240.16
Total Taxes	1629.85	41334.40
Net Pay	4246.39	86888.44

Absence Plans	Used	Earned	Balance
Paid Time Off P		6.47	193.80

Pay Distribution Summary

Direct Deposit	DDA	4246.39
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Your Federal taxable wages for this period are: \$5,728.60

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Facebook Inc
 1 Hacker Way
 Menlo Park, CA 94025

Advice Number: 0001703413
 Advice Date: 05/29/2020

Deposited to the account of	Account Number	Transit	ABA	Amount
Yanxin Lu	XXXXXXXX3335	111000025		\$4,246.39

THIS IS NOT A CHECK

Earnings Statement

Facebook Inc
 1 Hacker Way
 Menlo Park, CA 94025

Page 001 of 001
 Period Beg/End: 04/27/2020 - 05/10/2020
 Advice Date: 05/15/2020
 Advice Number: 0001650024
 Batch Number: 000000001425

Yanxin Lu
 1000 Escalon Ave #K2087
 Sunnyvale, CA 94085

For inquiries on this statement please call: 650-543-4800

Total Hours Worked: 80.00
 Basis of Pay: Salary
 Pay Rate: 157104.75

Earnings	Rate	Hours/Units	This Period	Year-to-Date
Regular	75.5400	80.00	6042.50	59331.96
*Imp GTL	0.0000	0.00	15.58	152.56
*Imp Legal	0.0000	0.00	1.38	13.80
*RestrictedS		0.00	0.00	23345.62
Performance		0.00	0.00	8250.00
COVID Misc		0.00	0.00	1000.00
Laundry		0.00	0.00	39.13
TotalHrsWrkd	0.0000	80.00	0.00	0.00
Gross Pay			6058.08	59331.07

Pre-Tax Deductions			
401k Salary		422.98	4153.28
Pretax Dental		4.88	48.80
401k Bonus			577.50
Total Pre-Tax Deductions		427.86	4779.58

Post-Tax Deductions			
Stock Tax Refund			-94.40
STOCK TAX			-9543.70
Total Post-Tax Deductions			-9638.10

Other Deductions	This Period	Year-to-Date
Employee Taxes		
State Tax - CA	311.90	6258.17
Federal Withholdi	774.60	14574.96
Medicare	87.79	1335.22
OASDI	375.38	5709.22
CA VDI - CAVDI	60.54	920.84
Total Taxes	1610.21	28798.31
Net Pay	4004.43	44542.07

Absence Plans	Used	Earned	Balance
Paid Time Off P		6.47	187.33

Pay Distribution Summary			
Direct Deposit	DDA		4004.43

Your Federal taxablewages for thisperiod are: \$5,631.60

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Facebook Inc
 1 Hacker Way
 Menlo Park, CA 94025

Advice Number: 0001650024
 Advice Date: 05/15/2020

Deposited to the account of	Account Number	Transit	ABA	Amount
Yanxin Lu	XXXXXXXX3335	11100025		\$4,004.43

THIS IS NOT A CHECK

CO EMPLOYEE ID 000000-000000
 EXX 000165948

Earnings Statement

Facebook Inc
 1 Hacker Way
 Menlo Park, CA 94025

Page 001 of 001
 Period Beg/End: 04/13/2020 - 04/26/2020
 Advice Date: 05/01/2020
 Advice Number: 0001635053
 Batch Number: 000000001394

Yanxin Lu
 1000 Escalon Ave #K2087
 Sunnyvale, CA 94085

For inquiries on this statement please call: 650-543-4800

Total Hours Worked: 80.00
 Basis of Pay: Salary
 Pay Rate: 157104.75

Earnings	Rate	Hours/ Units	This Period	Year-to-Date
Regular	75.5400	80.00	6042.50	53289.46
Laundry	0.0000	0.00	16.77	39.13
*Imp GTL	0.0000	0.00	15.58	136.98
*Imp Legal	0.0000	0.00	1.38	12.42
*RestrictedS		0.00	0.00	23345.62
Performance		0.00	0.00	8250.00
COVID Misc		0.00	0.00	1000.00
TotalHrsWrkd	0.0000	80.00	0.00	0.00
Gross Pay			6076.28	86031.51

Pre-Tax Deductions

401k Salary	422.98	3730.30
Pretax Dental	4.88	43.92
401k Bonus		577.50
Total Pre-Tax Deductions	427.86	4351.72

Post-Tax Deductions

Stock Tax Refund		-94.40
STOCK TAX		-9543.70
Total Post-Tax Deductions	0.00	-9638.10

Other Deductions	This Period	Year-to-Date
Employee Taxes		
Medicare	88.03	1247.43
OASDI	376.42	5333.84
CA VDI - CAVDI	60.72	860.30
State Tax - CA	313.62	5946.27
Federal Withholdi	778.29	13800.36
Total Taxes	1617.08	23188.20
Net Pay	3997.56	40637.63

Absence Plans	Used	Earned	Balance
Paid Time Off P		6.47	180.86

Pay Distribution Summary

Direct Deposit	DDA	3997.56
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Your Federal taxablewages for thisperiod are: \$5,648.37

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Facebook Inc
 1 Hacker Way
 Menlo Park, CA 94025

Advice Number: 0001635053
 Advice Date: 05/01/2020

Deposited to the account of	Account Number	Transit ABA	Amount
Yanxin Lu	XXXXXXX3335	111000025	\$3,997.56

THIS IS NOT A CHECK

**PLEASE SEND
COPY TO KCC**

B · A · L

**BERRY APPLEMAN & LEIDEN
LLP**

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW
555 MISSION STREET, SUITE 900
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415-398-1800

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA

3143794

11-4288
1210

05-18-20



PAY TO THE ORDER OF **US DEPARTMENT OF HOMELAND SECURITY**

\$ *****1,500.00

ONE THOUSAND FIVE HUNDRED AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo ACWIA Fee / Yanxin Lu

⑈ 3 1 4 3 7 9 4 ⑈ ⑆ 1 2 1 0 4 2 8 8 2 ⑆

3 8 7 8 1 3 8 1 9 1 ⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1070519

Check Number:

3143794

Reference: S LARA

Check Date: May 18/20

Client	Matter	Narrative	Amount
91	13190.7.1.C	ACWIA Fee / Yanxin Lu	1,500.00

check record#: 3143794

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1070519

Check Number:

3143794

Memo:

Check Date: 05-18-20

Client	Matter	Narrative	Amount
91	13190.7.1.C	ACWIA Fee / Yanxin Lu	1,500.00

B · A · L

BERRY APPLEMAN & LEIDEN
LLP

BERRY APPLEMAN & LEIDEN LLP

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555 MISSION STREET, SUITE 900
SAN FRANCISCO, CA 94105
415-398-1800

WELLS FARGO BANK, N.A.
SAN FRANCISCO, CA

3143795

05-18-20

11-4288
1210



PAY TO THE ORDER OF **US DEPARTMENT OF HOMELAND SECURITY**

\$*****460.00

FOUR HUNDRED SIXTY AND 00/100 US DOLLARS

Two Signatures Required Over \$10,000

Memo I-129 Petition for Nonimmigrant Worker Filing Fee / Yanxin Lu

⑈ 3 143795 ⑈ ⑆ 12104288 2⑆

3878138191⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1070520

Check Number:

3143795

Reference: S LARA

Check Date: May 18/20

<u>Client</u>	<u>Matter</u>	<u>Narrative</u>	<u>Amount</u>
91	13190.7.1 C	I-129 Petition for Nonimmigrant Worker Filing Fee / Yanxin Lu	460.00

check record#: 3143795

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1070520

Check Number:

3143795

Memo: Check Date: 05-18-20

<u>Client</u>	<u>Matter</u>	<u>Narrative</u>	<u>Amount</u>
91	13190.7.1 C	I-129 Petition for Nonimmigrant Worker Filing Fee / Ye	460.00

Tania Marin

From: Sedigheh Jones
Sent: Monday, June 15, 2020 8:43 AM
To: #LEGAL ASSISTANTS DALLAS
Cc: #FACILITIES DALLAS
Subject: 2nd Floor Fedex CSC Airbill: 6/15/20

Follow Up Flag: Follow up
Flag Status: Flagged

ORIGIN ID: DNEA (972) 729-6029 SEDIGHEH JONES 2400 N GLENVILLE BUILDING A SUITE 100 RICHARDSON, TX 75082 UNITED STATES US	SHIP DATE: 15 JUN 20 ACTWGT: 1.00 LB CAD: 109488996/INET4220 BILL SENDER
TO CALIFORNIA SERVICE CENTER - USCIS	
24000 AVILA ROAD 2ND FLOOR LAGUNA NIGUEL CA 92677	
(949) 631-6427 INV: - PO: -	REF: DAL FAC FIRM DEPT: -
	
	
TUE - 16 JUN 10:30A PRIORITY OVERNIGHT	
TRK# 0201 7707 0352 8695	92677
A7 INSA	CA-US SNA
	

Sedigheh Jones
Facilities Assistant

B.A.L.
Berry Appleman & Leiden LLP
2400 N. Glenville Drive

Building A Suite 100
Richardson Tx 75082, United States

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