

Employee: Yanxin Lu

Matter Number: 91.13190.24

Case Type: H-1B

Subtypes: Amend, Cap Counted, EOS, Premium Processing

Applicant: Yanxin Lu

FILING COVER SHEET Principal

USCIS Filing Location:

CSC PP

B · A · L

**BERRY APPLEMAN & LEIDEN
LLP**

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW
2400 N Glenville Dr STE 100, BLDG A
Richardson, TX 75082-0246
+1 489-654-3200

BANK OF TEXAS
DALLAS, TX

16108652

32-1432
1110

06-27-23



PAY TO THE
ORDER OF

US DEPARTMENT OF HOMELAND SECURITY

\$*****2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 US DOLLARS

Two Signatures Required Over \$7,500

Memo I-907 Premium Processing Filing Fee / Yanxin Lu

⑈ 16 10865 2⑈ ⑆ 1110 143 25⑆

8097572769⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1745645

Check Number:

16108652

Reference: LARA S

Check Date: Jun 27/23

Client	Matter	Narrative	Amount
91	13190.24.1.C	I-907 Premium Processing Filing Fee / Yanxin Lu	2,500.00

check record#: 16108652

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1745645

Check Number:

16108652

Memo:

Check Date: 06-27-23

Client	Matter	Narrative	Amount
91	13190.24.1.C	I-907 Premium Processing Filing Fee / Yanxin Lu	2,500.00

check record#: 16108652

B · A · L

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2400 N Glenville Dr STE 100, BLDG A
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BANK OF TEXAS
DALLAS, TX

16108653

32-1432
1110

06-27-23



PAY TO THE
ORDER OF

US DEPARTMENT OF HOMELAND SECURITY

\$*****460.00

FOUR HUNDRED SIXTY AND 00/100 US DOLLARS

Two Signatures Required Over \$7,500

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

⑈ 16 108653 ⑈ ⑆ 1110 14325 ⑆

8097572769⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1745646

Check Number:

16108653

Reference: LARA S

Check Date: Jun 27/23

<u>Client</u>	<u>Matter</u>	<u>Narrative</u>	<u>Amount</u>
91	13190.24.1.C	I-129 Petition for Nonimmigrant Worker Filing Fee / Yanxin Lu	460.00

check record#: 16108653

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Request Number: 1745646

Check Number:

16108653

Memo:

Check Date: 06-27-23

<u>Client</u>	<u>Matter</u>	<u>Narrative</u>	<u>Amount</u>
91	13190.24.1.C	I-129 Petition for Nonimmigrant Worker Filing Fee / Yz	460.00

check record#: 16108653

B · A · L

**BERRY APPLEMAN &
LEIDEN LLP**

Gilberto Orozco Jr.
Associate
gorozco@BAL.com
(469) 940-7789

Richardson Office
2400 N Glenville Drive, Building
A
Suite 100
Richardson, Texas 75082
United States
(469) 940-7789 *main*
(415) 398-1808 *fax*

OFFICES

Austin
Boston
Chicago
Dallas
Denver
Houston
Lake Charles
Los Angeles
New York City
San Francisco
Santa Clara
Tysons
Washington DC

June 27, 2023

Premium Processing Service
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

Via Overnight Courier

*****ATTENTION: PREMIUM PROCESSING REQUESTED*****

**Re: H-1B Petition (Form I-129)
Petitioner: Meta Platforms, Inc.
Beneficiary: Yanxin Lu**

Dear Adjudicating Officer:

Enclosed please find the H-1B petition by Meta Platforms, 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



Gilberto Orozco Jr.

GO/sl
Enclosures

BAL.COM

See website for list of
corporate entities.

Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application	2. Receipt Number of Related Petition or Application	3. Classification or Eligibility Requested
<input type="text" value="I-129"/>	<input type="text" value="Filing concurrently"/>	<input type="text" value="H-1B"/>
4. Petitioner or Applicant in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Beneficiary in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="LU"/>	<input type="text" value="YANXIN"/>	<input type="text"/>
6. Name of Point of Contact for the Company or Organization		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="Aboobaker"/>	<input type="text" value="Azmina"/>	<input type="text"/>
Position Title		
<input type="text" value="Director, US Immigration"/>		
7. Company or Organization IRS Employer Identification Number (EIN) (if any)		
<input type="text" value="201665019"/>		



Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name	Apt.	Ste.	Flr.	Number
1 Hacker Way (aka 1601 Willow Rd.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MRBAL
City or Town	State		ZIP Code	
Menlo Park	CA		94025	
Province	Postal Code		Country	
			United States	

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

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

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number	4. Requestor's Mobile Telephone Number (if any)
(469) 940-7789	
5. Requestor's Fax Number (if any)	6. Requestor's Email Address (if any)
(415) 398-1808	slara@BAL.com

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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



Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3,**

Item B. in **Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

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

Preparer's Statement

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

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

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

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

2. A-Number (if any) ▶ A-

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. _____





**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.
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 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
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

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)).

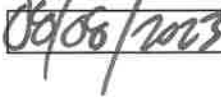
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

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 11/30/2025

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
_____	_____	_____

2. Company or Organization Name

Meta Platforms, Inc.

3. Mailing Address of Individual, Company or Organization

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

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(469) 940-7789	_____	gorozco@BAL.com

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ 201665019	▶ _____	▶ _____



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) | Gender | U.S. Social Security Number (if any) |
| <input type="text" value="10/17/1989"/> | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> |



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- 2 1 8 0 5 6 2 0 3 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
 08/04/2023 ▶ 4 7 6 5 7 2 6 7 2 A 3 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 08/21/2025

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)
 [] []

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

Street Number and Name Apt. Ste. Flr. Number
 12421 Sanford St [] [] [] []
 City or Town State ZIP Code
 Los Angeles CA 90066

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 extension of status [] [] [] []
 City or Town State
 [] []
 Province Postal Code Country
 [] [] []

2. Does each person in this petition have a valid passport? Yes No. If no, go to Part 9. and type or print your explanation.



Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ▶ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ▶ No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ▶ No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ▶ No
8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

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

- | | |
|--|---|
| 1. Job Title | 2. LCA or ETA Case Number |
| <input type="text" value="Software Engineer"/> | <input type="text" value="I-200-23171-129105"/> |



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 Apt. Ste. Flr. Number
City or Town State ZIP Code

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 13. Year Established

14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income



Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
- 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Aboobaker

Given Name (First Name)

Azmina

Title

Director, US Immigration

2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



06/08/2023

3. Signatory's Contact Information

Daytime Telephone Number

469-940-7789

Email Address (if any)

govozco@BAL.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.



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

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Orozco Jr.

Given Name (First Name)

Gilberto

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. Fl. 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

(469) 940-7789

Fax Number

(415) 398-1808

Email Address (if any)

gorozco@BAL.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)

05/08/2023



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

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

1. A-Number ▶ A-

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

See attached.

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

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





H Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

1. Name of the Petitioner

Meta Platforms, 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
*Eligible for AC-21		

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.

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

Please see attached.

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

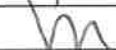
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the 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, Director, US Immigration

06/06/2023

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, Director, US Immigration

06/08/2023

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)



Addendum to H Classification Supplement to Form I-129

Meta Platforms, Inc.

LU, YANXIN

Page 14

Section 1

Items 1 and 2

The position being offered by the petitioner is professional in nature and scope and requires at minimum a Bachelor's degree (or equivalent) in the following field (or a related field): Computer Science

The beneficiary is highly qualified for this specialty occupation position. The beneficiary earned a degree that is directly related to the position.

Proposed 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.



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 11/30/2025

1. Name of the Petitioner

Meta Platforms, 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

\$203,766.97

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
 - b. CAP H-1B U.S. Master's Degree or Higher
 - c. CAP H-1B1 Chile/Singapore
 - 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



Employee: Yanxin Lu

Parent Project Matter Number: 91.13190.24

Parent Project Case Type: H-1B

LCA Matter Number: 91.13190.25

LCA
COVER SHEET
06/20/2023

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 <https://www.dol.gov/agencies/eta/foreign-labor/>. 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 * 15-1252.00	3. SOC (ONET/OES) occupation title * Software Developers																
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <th colspan="2">Period of Intended Employment</th> </tr> <tr> <td>5. Begin Date * 7/3/2023 <small>(mm/dd/yyyy)</small></td> <td>6. End Date * 7/2/2026 <small>(mm/dd/yyyy)</small></td> </tr> </table>	Period of Intended Employment		5. Begin Date * 7/3/2023 <small>(mm/dd/yyyy)</small>	6. End Date * 7/2/2026 <small>(mm/dd/yyyy)</small>												
Period of Intended Employment																	
5. Begin Date * 7/3/2023 <small>(mm/dd/yyyy)</small>	6. End Date * 7/2/2026 <small>(mm/dd/yyyy)</small>																
7. Worker positions needed/basis for the visa classification supported by this application																	
<table border="1"> <tr> <td><input type="text" value="1"/></td> <td>Total Worker Positions Being Requested for Certification *</td> </tr> <tr> <td colspan="2">Basis for the visa classification supported by this application <i>(Indicate total workers in each applicable category)</i></td> </tr> <tr> <td><input type="text" value="0"/></td> <td>a. New employment *</td> </tr> <tr> <td><input type="text" value="0"/></td> <td>b. Continuation of previously approved employment without change with the same employer*</td> </tr> <tr> <td><input type="text" value="0"/></td> <td>c. Change in previously approved employment *</td> </tr> <tr> <td><input type="text" value="0"/></td> <td>d. New concurrent employment *</td> </tr> <tr> <td><input type="text" value="0"/></td> <td>e. Change in employer *</td> </tr> <tr> <td><input type="text" value="1"/></td> <td>f. Amended petition *</td> </tr> </table>		<input type="text" value="1"/>	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>		<input type="text" value="0"/>	a. New employment *	<input type="text" value="0"/>	b. Continuation of previously approved employment without change with the same employer*	<input type="text" value="0"/>	c. Change in previously approved employment *	<input type="text" value="0"/>	d. New concurrent employment *	<input type="text" value="0"/>	e. Change in employer *	<input type="text" value="1"/>	f. Amended petition *
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<input type="text" value="0"/>	d. New concurrent employment *																
<input type="text" value="0"/>	e. Change in employer *																
<input type="text" value="1"/>	f. Amended petition *																

C. Employer Information

1. Legal business name * META PLATFORMS, 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 N/A
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)	
ABOUBAKER		AZMINA		N/A	
4. Contact's job title *					
DIRECTOR, US IMMIGRATION					
5. Address 1 *					
1 HACKER WAY*					
6. Address 2					
(*ALSO KNOWN AS 1601 WILLOW ROAD)					
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)	
OROZCO JR		GILBERTO			
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			N/A		
12. Telephone number §		13. Extension	14. E-Mail address		
+1 (469) 940-7789			slara@BAL.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) §		
323603			California		
19. Name of the highest State court where attorney is in good standing (only if attorney) §					
CA SUPREME COURT					

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 * 12421 Sanford St		
5. Address 2		
6. City * Los Angeles		7. County * Los Angeles
8. State/District/Territory * California		9. Postal code * 90066
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 203766 . 97 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 * \$ 147410 . 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): *		
<input type="checkbox"/>	12. A Prevailing Wage Determination (PWD) Issued by the Department of Labor	a. PWD tracking number §
<input checked="" type="checkbox"/>	13. 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 type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2022 - 6/30/2023
<input type="checkbox"/>	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
---	---

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
 Form ETA-9035 & 9035E
 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 * Director, US Immigration (SL/13190)		
5. Signature * 	6. Date signed 08/08/2023	

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



K. LCA Preparer

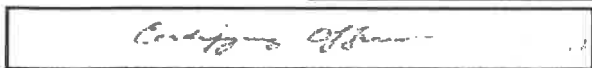
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

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 7/3/2023 to 7/2/2026.


Department of Labor, Office of Foreign Labor Certification

6/27/2023
Certification Date (date signed)

I-200-23171-129105
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).

For public burden statement information, please see Form ETA-9035CP General Instructions.



1 Hacker Way
Menlo Park, CA 94025
United States

November 1, 2021

U.S. Department of State
U.S. Citizenship and Immigration Services
U.S. Customs and Border Protection

Re: Confirmation of Entity Name Change

To whom it may concern:

This letter confirms that on October 28, 2021, Facebook, Inc. changed its name from Facebook, Inc. to Meta Platforms, Inc. This change was a name change only. The federal tax identification number (FEIN) remains the same and there are no changes to nonimmigrant and/or immigrant petitions filed by Facebook, Inc. prior to the name change. Evidence of the name change is enclosed.

Meta Platforms, Inc. ("Meta") builds technologies that help people connect, find communities, and grow businesses. When Facebook launched in 2004, it changed the way people connect. Apps like Messenger, Instagram and WhatsApp further empowered billions around the world. Now, Meta is moving beyond 2D screens toward immersive experiences like augmented and virtual reality to help build the next evolution in social technology.

If you have any questions related to this petition, please contact me and I would be happy to provide additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Azmina Aboobaker".

Azmina Aboobaker
Director, US Immigration

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "FACEBOOK, INC.", CHANGING ITS NAME FROM "FACEBOOK, INC." TO "META PLATFORMS, INC.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021, AT 2:33 O`CLOCK P.M.



3835815 8100
SR# 20213643318

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 204539177
Date: 10-28-21



**United States Department of State
Bureau of Consular Affairs**

VISA BULLETIN

Number 80 Volume X

Washington, D.C.

IMMIGRANT NUMBERS FOR AUGUST 2023

A. STATUTORY NUMBERS FOR PREFERENCE IMMIGRANT VISAS

This bulletin summarizes the availability of immigrant numbers during August for "Final Action Dates" and "Dates for Filing Applications," indicating when immigrant visa applicants should be notified to assemble and submit required documentation to the National Visa Center.

Unless otherwise indicated on the U.S. Citizenship and Immigration Services (USCIS) website at www.uscis.gov/visabulletininfo, individuals seeking to file applications for adjustment of status with USCIS must use the "Final Action Dates" charts below for determining when they can file such applications. When USCIS determines that there are more immigrant visas available for the fiscal year than there are known applicants for such visas, USCIS will state on its website that applicants may instead use the "Dates for Filing Visa Applications" charts in this Bulletin.

1. Procedures for determining dates. Consular officers are required to report to the Department of State documentarily qualified applicants for numerically limited visas; USCIS reports applicants for adjustment of status. Allocations in the charts below were made, to the extent possible, in chronological order of reported priority dates, for demand received by July 7th. If all reported demand could not be satisfied, the category or foreign state in which demand was excessive was deemed oversubscribed. The final action date for an oversubscribed category is the priority date of the first applicant who could not be reached within the numerical limits. If it becomes necessary during the monthly allocation process to retrogress a final action date, supplemental requests for numbers will be honored only if the priority date falls within the new final action date announced in this bulletin. If at any time an annual limit were reached, it would be necessary to immediately make the preference category "unavailable", and no further requests for numbers would be honored.

2. Section 201 of the Immigration and Nationality Act (INA) sets an annual minimum family-sponsored preference limit of 226,000. The worldwide level for annual employment-based preference immigrants is at least 140,000. Section 202 prescribes that the per-country limit for preference immigrants is set at 7% of the total annual family-sponsored and employment-based preference limits, i.e., 25,620. The dependent area limit is set at 2%, or 7,320.

3. INA Section 203(e) provides that family-sponsored and employment-based preference visas be issued to eligible immigrants in the order in which a petition on behalf of each has been filed. Section 203(d) provides that spouses and children of preference immigrants are entitled to the same status, and the same order of consideration, if accompanying or following to join the principal. The visa prorating provisions of Section 202(e) apply to allocations for a foreign state or dependent area when visa demand exceeds the per-country limit. These provisions apply at present to the following oversubscribed chargeability areas: CHINA-mainland born, INDIA, MEXICO, and PHILIPPINES.

A. FINAL ACTION DATES FOR EMPLOYMENT-BASED PREFERENCE CASES

On the chart below, the listing of a date for any class indicates that the class is oversubscribed (see paragraph 1); "C" means current, i.e., numbers are authorized for issuance to all qualified applicants; and "U" means unauthorized, i.e., numbers are not authorized for issuance. (NOTE: Numbers are authorized for issuance only for applicants whose priority date is **earlier** than the final action date listed below.)

<u>Employment-Based</u>	All Charge-ability Areas Except Those Listed	CHINA-mainland born	INDIA	MEXICO	PHILIPPINES
1st	01AUG23	01FEB22	01JAN12	01AUG23	01AUG23
2nd	01APR22	08JUL19	01JAN11	01APR22	01APR22
3rd	01MAY20	01JUN19	01JAN09	01MAY20	01MAY20
Other Workers	01MAY20	01SEP15	01JAN09	01MAY20	01MAY20
4th	01SEP18	01SEP18	01SEP18	01SEP18	01SEP18
Certain Religious Workers	01SEP18	01SEP18	01SEP18	01SEP18	01SEP18
5th Unreserved (including C5, T5, I5, R5)	C	08SEP15	01APR17	C	C
5th Set Asides:					
Rural (20%)	C	C	C	C	C
High Unemployment (10%)	C	C	C	C	C
Infra-structure (2%)	C	C	C	C	C

I-797 | NOTICE OF ACTION

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

Receipt Number LJNC025756217		Case Type H40 - IMMIGRANT PETITION FOR ALIEN WORKER
Received Date 07/27/2010	Priority Date 09/27/2019	Petitioner FACEBOOK INC
Notice Date 07/27/2010	Page 1 of 1	Beneficiary 4218054203 LU, YANLIN

FACEBOOK INC
c/o GLORIA LUAN
BERRY APPLEMAN LEIDEN LLP
50 CALIFORNIA STREET FLR 2
SAN FRANCISCO CA 94111

Notice Type: Approval Notice
Section: Men of Profession w/Adv Deg, or of
Exceptional Ability Sec.203(b)(2)
Consulate:
EIA Case Number: A1926159588
SOC Code: 151133 **Skill Level:** 2
Work Site: MENLO PARK CA

The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. He or she should contact the local USCIS office to obtain Form I-485, Application to Register Permanent Residence or Adjust Status. A copy of this notice should be submitted with the application, with appropriate fee, to this Service Center. Additional information about eligibility for adjustment of status may be obtained from the local USCIS office serving the area where he or she lives, or by calling 1-800-375-5283.

If the person for whom you are petitioning decides to apply for a visa outside the United States based upon this petition, the petitioner should file Form I-221, Application for Action on an Approved Application or Petition, to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

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

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to Federal regulations. If you are a small business with a concern or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-265-2411 or fax 202-481-9719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the Internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a final decision on your case or start proceedings.

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

Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82321
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter



 For: **YANXIN LU**



Most Recent I-94

Admission (I-94) Record Number : 476572672A3

Most Recent Date of Entry: 2023 August 04

Class of Admission : H1B

Admit Until Date : 08/31/2025

Details provided on the I-94 Information form:

Last/Surname : LU
First (Given) Name : YANXIN
Birth Date : 1989 October 17
Document Number : E93603635
Country of Citizenship : 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: 08/31/2023

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

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

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES



Receipt Number IOE8247901906		Case Type HC9 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 08/18/2022	Priority Rule	Petitioner META PLATFORMS INC
Notice Date 08/29/2022	Page 1 of 2	Beneficiary LU, YANXIN
META PLATFORMS INC c/o ESTEP, STORM NMN BERRY APPELMAN & LEIDEN LLP 2400 N GLENVILLE DR BLDG A 5TH, 100 RICHARDSON TX 75082		Notice Type: Approval Notice Class: H1B Valid from 08/29/2022 to 08/21/2025
<p>The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.</p> <p>The dates on the I-94 attached below might not be for the reason dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, E-4, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-4S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.</p> <p>The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. and is not visa-exempt must normally obtain a new visa before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for re-entry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.</p> <p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p> <p>USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/files/infact.</p>		
California Service Center U.S. CITIZENSHIP & IMMIGRATION SVC P.O. Box 30111 Laguna Niguel CA 92607-0111 USCIS Contact Center: www.uscis.gov/contactcenter		

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND PREPARE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records
 Receipt# IOE8247901906
 I-94# 883365515 A2
 NAME LU, YANXIN
 CLASS H1B
 VALID FROM 08/29/2022 UNTIL 08/21/2025

PETITIONER
 META PLATFORMS INC
 1 HACKER WAY AKA 1601 WILLOW RD MRBAI
 MENLO PARK CA 94025


883365515 A2
 Receipt Number IOE8247901906
 US Citizenship and Immigration Services

I-94 Departure Record
 Petitioner: META PLATFORMS INC

14. Family Name LU	
15. First (Given) Name YANXIN	16. Date of Birth 10/17/1989
17. Country of Citizenship China	

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number WAC2022551176		Form Type I129 - PETITION FOR A NONIMMIGRANT WORKER	
Received Date 06/16/2020	Priority Date	Petitioner FACEBOOK INC,	
Notice Date 07/28/2020	Page 1 of 2	Beneficiary LU, YANXIN	
FACEBOOK INC c/o LILIANA NUSCH BERRY APPLEMAN & LEIDEN LLP 2400 N GLENVILLE DR BLDG A STE 100 RICHARDSON TX 75082		Notice Type: Approval Notice Class: H1B Valid from 06/16/2020 to 05/27/2023	
<p>The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.</p> <p>The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2S, T-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.</p> <p>The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. and is not visa exempt must normally obtain a new visa before returning. The left part can be read when applying for the new visa. If a visa is not acquired, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we modify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.</p> <p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p>			
California Service Center U. S. CITIZENSHIP & IMMIGRATION SVC P.O. Box 36111 Laguna Niguel CA 92657-0111 USCIS Contact Center: www.uscis.gov/contactcenter			

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND RETURN TO THE ISSUING OFFICE

Detach This Half for Personal Records

Receipt# WAC2022551176
I-94# 289922390 A2
NAME LU, YANXIN
CLASS H1B
VALID FROM 06/16/2020 **UNTIL** 06/06/2023

PETITIONER
 FACEBOOK INC,
 1 HACKER WAY AKA 1601 WILLOW RD
 MENLO PARK CA 94025

289922390 A2	
Receipt Number WAC2022551176	
US Citizenship and Immigration Services	
I-94 Departure Record	
Petitioner: FACEBOOK INC	
14. Family Name LU	
15. First (Given) Name YANXIN	16. Date of Birth 10/17/1989
17. Country of Citizenship CHINA, PEOPLE'S REPUBLIC OF	

I-797B | NOTICE OF ACTION

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

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, F-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-924 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 0711
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	Class H1B	Consulate/POE GUANGZHOU	OC 009



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 DOCTOR OF PHILOSOPHY

WITH ALL THE RIGHTS DUTIES AND PRIVILEGES
APPERTAINING TO THAT DEGREE

HOUSTON, TEXAS
MAY ELEVENTH
A. D. MMXIX

David W. Leebron
PRESIDENT



RICE UNIVERSITY

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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. Labron
PRESIDENT



Student No: S01179519

Date of Birth: 17-OCT-1989

Date Issued: 08-MAY-2020 OFFICIAL

Record of : YANNIN LU

3517 North Hills Dr.
Apt. A104
Austin, TX 78731

Issued To : YANNIN LU

Course Level : Graduate

Current Program

Major:
Computer Science

Degree Information:

Degree Awarded: Doctor of Philosophy 11-MAY-2019

Major:

Computer Science
Doctoral Thesis
Corpus-Driven Systems for Program Synthesis and Refactoring
Director: Swarat Chaudhuri

Degree Information:

Degree Awarded: Master of Science 30-DEC-2015

Major:

Computer Science
Masters Thesis
Improving Peer Evaluation Quality in Massive Open Online Course
Director: Swarat Chaudhuri

Subj No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

Fall Semester 2012

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 412	COMPILER CONSTRUCTION	4.00	A	16.00	
COMP 507	COMPUTER-AIDED PROGRAM DESIGN	4.00	A	16.00	
COMP 527	COMPUTER SYSTEMS SECURITY	4.00	B	12.00	
COMP 590	COMPUTER SCIENCE PROJECTS	1.00	A	4.00	I
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
14.00	13.00	48.00	3.69

Spring Semester 2013

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 421	OP SYS/CONCURRENT PROGRAMMING	4.00	B	12.00	
COMP 590	COMPUTER SCIENCE PROJECTS	4.00	A	16.00	I
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 607	AUTOMATED PROGRAM VERIFICATION	1.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	8.00	28.00	3.50

Summer Semester 2013

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 800	GRADUATE RESEARCH	6.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	0.00	0.00	0.00

Subj No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

Fall Semester 2013

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	5.00	S	0.00	I
STAT 640	DATA MINING & STAT LEARNING	3.00	B+	9.99	

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	3.00	9.99	3.33

Spring Semester 2014

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 411	PRINCIPLES OF PROG LANGUAGE	4.00	A	16.00	
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 607	AUTOMATED PROGRAM VERIFICATION	1.00	U	0.00	I
COMP 800	GRADUATE RESEARCH	4.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	4.00	16.00	4.00

Summer Semester 2014

Master's Candidacy Achieved
Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 800	GRADUATE RESEARCH	6.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	0.00	0.00	0.00

Fall Semester 2014

Master's Thesis Defended
Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 450	ALGORITHMIC ROBOTICS	4.00	A-	14.68	
COMP 509	ADV LOGIC IN COMPUTER SCIENCE	4.00	B-	10.68	
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	4.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
13.00	8.00	25.36	3.17

Spring Semester 2015

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 607	AUTOMATED PROGRAM VERIFICATION	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	8.00	S	0.00	I
ENGI 600	GRADUATE COMMUNICATIONS SEM	0.00	S	0.00	

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	0.00	0.00	0.00

Summer Semester 2015

Master's Thesis Turned In
Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	0.00	0.00	0.00

Fall Semester 2015



Record of : Yanxin Lu

Subj No.	Title	Cred	Grade	Pts	R
INSTITUTION CREDIT:					
Major: Computer Science					
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
MUSI 117	FUNDAMENTALS OF MUSIC I	3.00	A	12.00	

Earned Hrs	GPA-Hrs	QPts	GPA
13.00	3.00	12.00	4.00

Spring Semester 2016

Major: Computer Science

COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
MUSI 317	THEORY FOR NON MAJORS I	3.00	B+	9.99	

Earned Hrs	GPA-Hrs	QPts	GPA
13.00	3.00	9.99	3.33

Summer Semester 2016

Major: Computer Science

COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
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Earned Hrs	GPA-Hrs	QPts	GPA
9.00	0.00	0.00	0.00

Fall Semester 2016

Major: Computer Science

COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
ELBC 677	INTRODUCTION TO DEBP LEARNING	3.00	B+	9.99	

Earned Hrs	GPA-Hrs	QPts	GPA
13.00	3.00	9.99	3.33

Spring Semester 2017

Major: Computer Science

COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	0.00	0.00	0.00

Summer Semester 2017

Doctoral Candidacy Achieved

Major: Computer Science

COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
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Earned Hrs	GPA-Hrs	QPts	GPA
9.00	0.00	0.00	0.00

Fall Semester 2017

Major: Computer Science

COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	0.00	0.00	0.00

Spring Semester 2018

Major: Computer Science

Subj No.	Title	Cred	Grade	Pts	R
INSTITUTION CREDIT:					
COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	0.00	0.00	0.00

Summer Semester 2018

Major: Computer Science

COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
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Earned Hrs	GPA-Hrs	QPts	GPA
9.00	0.00	0.00	0.00

Fall Semester 2018

Doctoral Thesis Defended

Major: Computer Science

COMP 600	GRADUATE SEMINAR	1.00	S	0.00	I
COMP 800	GRADUATE RESEARCH	9.00	S	0.00	I
ENGI 601	ENGINEERING COMM WORKSHOP	0.00	S	0.00	

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	0.00	0.00	0.00

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	192.00	45.00	159.33	3.54
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	192.00	45.00	159.33	3.54

-----END OF TRANSCRIPT-----

Baylor University

Chartered in 1845 by the Republic of Texas

under the authority of the Board of Regents and upon the recommendation of the Faculty of the

School of Engineering and Computer Science

honably confers upon

Harxin Lu

the degree of

Bachelor of Science in Computer Science

Cum Laude

with all the rights, privileges, and honors therewith pertaining.

Given under the seal of Baylor University at Waco, Texas

this eleventh day of May in the year of our Lord two thousand and twelve.

George Clements
Regent, Board of Regents
Waco, Texas



Sandra Simpson
President of the University
Waco, Texas

Dean, School of Engineering and Computer Science

Record of: Lu, Yanxin
 Issued To: Yanxin Lu
 Parchment: 11446955
 Official PDF Transcript

Date Issued: 24-OCT-2016
 Date of Birth: 17-OCT
 SSN: ***-**-3464
 Level: Undergraduate

Course Level: Undergraduate

Current Program

Degree : BS in Computer Science
 College : School of Engineering & Com Sc
 Major : Computer Science

Degree Awarded : BS in Computer Science 11-MAY-2012
 Major : Computer Science
 Inst. Honors: Cum Laude

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
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TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Spring 2009

CBE BAYLOR EXAM

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
CHI 2310	Intermediate Chinese	3.00	CR	
CHI 2320	Intermediate Chinese	3.00	CR	
	AHRS EHRS GPAHRS GPA			
Current:	6.00 6.00 0.00 0.00			
Cumulative:	6.00 6.00 0.00 0.00			

Summer 2010

MCKENNA CMTY COLLEGE

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
REL 1350	THE CHRISTIAN HERITAGE	3.00	TB	
	AHRS EHRS GPAHRS GPA			
Current:	3.00 3.00 0.00 0.00			
Cumulative:	9.00 9.00 0.00 0.00			

INSTITUTION CREDIT:

Fall 2008

School of Engineering & Com Sc

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
CEA 1088	Chapel	0.00	CR	I
CSI 1430	Intro to CSI I with Lab	4.00	A	
ENG 1302	Thinking & Writing	3.00	A	
MTH 1321	Calculus I	3.00	A	
PHY 1420	General Physics I	4.00	A	
	AHRS EHRS GPAHRS GPA			
Current:	14.00 14.00 14.00 4.00			
Cumulative:	23.00 23.00 14.00 4.00			

Spring 2009

School of Engineering & Com Sc

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
CEA 1088	Chapel	0.00	CR	I
CSI 1440	Intro Computer Sci II with Lab	4.00	A	
CSI 2350	Discrete Structures	3.00	A	
MTH 1322	Calculus II	3.00	A	
PHI 1306	Logic	3.00	A	

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
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Institution Information continued:

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
PHY 1430	General Physics II	4.00	A	
	AHRS EHRS GPAHRS GPA			
Current:	17.00 17.00 17.00 4.00			
Cumulative:	40.00 40.00 31.00 4.00			

Dean's List

Summer 2009

School of Engineering & Com Sc

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
CSI 2334	Intro to Computer Systems	3.00	A	
MTH 2311	Linear Algebra	3.00	A	
REL 1310	The Christian Scriptures	3.00	DP	
	AHRS EHRS GPAHRS GPA			
Current:	9.00 6.00 6.00 4.00			
Cumulative:	49.00 46.00 37.00 4.00			

Fall 2009

School of Engineering & Com Sc

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
CBE 1301	Bas Prin Mod Chemistry I	3.00	A	
CSI 3334	Data Structures	3.00	A	
CSI 3336	Systems Programming	3.00	B+	
GTX 2301	Intellectual Trad Ancient Wrid	3.00	B	
PHY 2350	Modern Physics	3.00	A	
	AHRS EHRS GPAHRS GPA			
Current:	15.00 15.00 15.00 3.70			
Cumulative:	64.00 61.00 52.00 3.91			

Dean's List

Spring 2010

School of Engineering & Com Sc

SUBJ NO.	COURSE TITLE	CRED	GRD	RPT
CSI 3344	Introduction to Algorithms	3.00	A	
CSI 3439	Computer Architecture	4.00	A	
CSI 3471	Software Engineering I	4.00	A	
CSI 4V96	Special Topics	1.00	A	I
ENG 2304	American Literature	3.00	B+	
PSC 2302	Amer Constitutional Dev	3.00	A	
	AHRS EHRS GPAHRS GPA			
Current:	18.00 18.00 18.00 3.91			
Cumulative:	82.00 79.00 70.00 3.91			

Dean's List

Fall 2010

School of Engineering & Com Sc

***** CONTINUED ON PAGE 2 *****

AN OFFICIAL SIGNATURE IS BLACK WITH A YELLOW BACKGROUND

This officially sealed and signed transcript is printed on green security paper with the name of the university printed in small type across the face of the entire document. A raised seal is not required.

Jonathan C. Helm
 Jonathan C. Helm, Registrar

THE FACE OF THIS DOCUMENT HAS A GREEN BACKGROUND AND THE UNIVERSITY SEAL

Record of: Lu, Yanxin

Date issued: 24-OCT-2016
 Date of Birth: 17-OCT
 SSN: ***-**-3464
 Level: Undergraduate

THE FACE OF THIS DOCUMENT HAS A GREEN BACKGROUND AND THE UNIVERSITY SEAL

SUBJ NO.	COURSE TITLE	CRSD	GRD	RPT	***** TRANSCRIPT TOTALS *****			
Institution Information continued:					Attempt Hrs	Earned Hrs	GPA Hrs	GPA
CSI 3335	Database Design & Application	3.00	B		TOTAL INSTITUTION	127.00	124.00	3.02
CSI 3372	Software Engineering II	3.00	B+		TOTAL TRANSFER	9.00	9.00	0.00
CSI 4330	Foundations of Computing	3.00	A		***** END OF TRANSCRIPT *****			
CSI 4V96	Special Topics	1.00	A	I				
RP 1188	Beginning Golf	1.00	A					
REL 1310	The Christian Scriptures	3.00	B+					
STA 3381	Probability and Statistics	3.00	A					
	AHRS	EHRS	GFARHS	GPA				
Current:	17.00	17.00	17.00	3.64				
Cumulative:	99.00	96.00	87.00	3.86				
Spring 2011								
School of Engineering & Com Sc								
CSI 3101	Computers in Society	1.00	B					
CSI 4321	Data Communications	3.00	B					
CSI 4V96	Parallel Programming	3.00	A	I				
CSI 5925	Intro to Machine Learning	3.00	B					
CSS 3308	Technical Speaking	3.00	A					
	AHRS	EHRS	GFARHS	GPA				
Current:	13.00	13.00	13.00	3.46				
Cumulative:	112.00	109.00	100.00	3.81				
Fall 2011								
School of Engineering & Com Sc								
CSI 4336	Intro to Computation Theory	3.00	B					
CSI 4337	Intro to Operating Systems	3.00	A					
CSI 4341	Computer Graphics	3.00	A					
PHI 4345	Intermediate Logic	3.00	A					
	AHRS	EHRS	GFARHS	GPA				
Current:	12.00	12.00	12.00	3.75				
Cumulative:	124.00	121.00	112.00	3.80				
Dean's List								
Spring 2012								
School of Engineering & Com Sc								
CSI 43C8	Gaming Capstone Design Project	3.00	A					
ENG 3900	Technical & Prof Writing	3.00	A					
HP 1124	Beginning Bowling	1.00	A					
MIS 4350	Cyber Security Tech Factors	3.00	A					
MUS 1220	Introduction to Music	2.00	A					
	AHRS	EHRS	GFARHS	GPA				
Current:	12.00	12.00	12.00	4.00				
Cumulative:	136.00	133.00	124.00	3.82				
Dean's List								
***** CONTINUED ON NEXT COLUMN *****								

AN OFFICIAL SIGNATURE IS BLACK WITH A YELLOW BACKGROUND

This officially sealed and signed transcript is printed on green security paper with the name of the university printed in small type across the face of the entire document. A raised seal is not required.

Jonathan C. Helm
 Jonathan C. Helm, Registrar



Meta Platforms, Inc. 1 Hacker Way Attn: Payroll Department Menlo Park, CA 94025 +1 (650) 5434800
 Yanxin Lu 1130 S Michigan Ave Unit 1713 Chicago, IL 60605

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Yanxin Lu	Meta Platforms, Inc.	165940	07/17/2023	07/30/2023	08/04/2023	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,451.13	550.46	1,512.44	0.00	5,388.23
YTD	1,280.00	137,537.78	9,968.20	62,807.20	-29,985.83	94,748.21

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
*Imp GTL	07/17/2023 - 07/30/2023	0	0	19.64	0	308.14	QASDI	0.00	9,932.40
*Imp Legal	07/17/2023 - 07/30/2023	0	0	1.38	0	22.08	Medicare	174.92	3,290.25
Life@ Choice				0	0	1,736.25	Federal Withholding	995.87	37,132.96
Performance Bonus				0	0	18,647.00	State Tax - CA		4,292.44
RS3(SITOnly)				0	0	41,959.64	State Tax - IL	341.65	8,159.15
Restricted Stock Un				0	0	79,200.32			
Salary	07/17/2023 - 07/30/2023	80	93.139	7,451.13	1280	117,154.53			
TotalHrsWrkd	07/17/2023 - 07/30/2023	80	0	0.00		0.00			
Earnings				7,472.15		259,027.96	Employee Taxes	1,512.44	62,807.20

Pre Tax Deductions			
Description	Amount	YTD	
401k Bonus		1,305.29	
401k Salary	521.58	8,200.83	
Pretax Dental	4.88	78.08	
Pretax Medical	24.00	384.00	
Pre Tax Deductions	550.46	9,968.20	

Post Tax Deductions			
Description	Amount	YTD	
RSU Excess Refund		-1,095.41	
RSU Tax Offset		-28,890.42	
Post Tax Deductions	0.00	-29,985.83	

Employer Paid Benefits			
Description	Amount	YTD	
401k Employer Match	521.58	9,506.12	
Employer Paid Benefits	521.58	9,506.12	

Taxable Wages			
Description	Amount	YTD	
QASDI - Taxable Wages	0.00	160,200.00	
Medicare - Taxable Wages	7,443.27	216,606.24	
Federal Withholding - Taxable Wages	6,921.69	207,100.12	
State Tax Taxable Wages - CA	0.00	41,959.64	
State Tax Taxable Wages - IL	6,921.69	207,100.12	

	Federal	State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	

Absence Plans			
Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	80	59.74
Sick Time (Unlimited)		0	

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Bank of America	checking	*****3335		5,388.23 USD



Meta Platforms, Inc. 1 Hacker Way Alln: Payroll Department Menlo Park, CA 94025 +1 (650) 5434800
 Yanxin Lu 1130 S Michigan Ave Unit 1713 Chicago, IL 60605

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Yanxin Lu	Meta Platforms, Inc.	165940	07/03/2023	07/16/2023	07/21/2023	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,451.13	550.46	1,512.43	0.00	5,388.24
YTD	1,200.00	130,086.65	9,417.74	61,294.76	-29,985.83	89,359.98

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
*Imp GTL	07/03/2023 - 07/16/2023	0	0	19.64	0	288.50	OASDI	0.00	9,932.40
*Imp Legal	07/03/2023 - 07/16/2023	0	0	1.38	0	20.70	Medicare	174.91	3,115.33
Life@ Choice				0	0	1,736.25	Federal Withholding	995.87	36,137.09
Performance Bonus				0	0	18,647.00	State Tax - CA		4,292.44
RS3(SITOnly)				0	0	41,959.64	State Tax - IL	341.65	7,817.50
Restricted Stock Un				0	0	79,200.32			
Salary	07/03/2023 - 07/16/2023	80	93.139	7,451.13	1200	109,703.40			
TotalHrsWrkd	07/03/2023 - 07/16/2023	80	0	0.00		0.00			
Earnings				7,472.15		251,555.81	Employee Taxes	1,512.43	61,294.76

Pre Tax Deductions			
Description	Amount	YTD	
#01k Bonus		1,305.29	
#01k Salary	521.58	7,679.25	
Pretax Dental	4.88	73.20	
Pretax Medical	24.00	360.00	
Pre Tax Deductions	550.46	9,417.74	

Post Tax Deductions			
Description	Amount	YTD	
RSU Excess Refund		-1,095.41	
RSU Tax Offset		-28,890.42	
Post Tax Deductions	0.00	-29,985.83	

Employer Paid Benefits			
Description	Amount	YTD	
#01k Employer Match	521.58	8,984.54	
Employer Paid Benefits	521.58	8,984.54	

Taxable Wages			
Description	Amount	YTD	
OASDI - Taxable Wages	0.00	160,200.00	
Medicare - Taxable Wages	7,443.27	209,162.97	
Federal Withholding - Taxable Wages	6,921.69	200,178.43	
State Tax Taxable Wages - CA	0.00	41,959.64	
State Tax Taxable Wages - IL	6,921.69	200,178.43	

	Federal	State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	

Absence Plans			
Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	0	133.27
Sick Time (Unlimited)		0	

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Bank of America	checking	*****3335		5,388.24 USD



Meta Platforms, Inc. 1 Hacker Way Attn: Payroll Department Menlo Park, CA 94025 +1 (650) 5434800
 Yanxin Lu 1130 S Michigan Ave Unit 1713 Chicago, IL 60605

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Yanxin Lu	Meta Platforms, Inc.	165940	06/19/2023	07/02/2023	07/07/2023	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,451.13	550.46	1,460.93	0.00	5,439.74
YTD	1,120.00	122,635.52	8,867.28	59,782.33	-29,985.83	83,971.74

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
*Imp GTL	06/19/2023 - 07/02/2023	0	0	19.64	0	268.86	OASDI	0.00	9,932.40
*Imp Legal	06/19/2023 - 07/02/2023	0	0	1.38	0	19.32	Medicare	123.41	2,940.42
Life@ Choice				0	0	1,736.25	Federal Withholding	995.87	35,141.22
Performance Bonus				0	0	18,647.00	State Tax - CA		4,292.44
RS3(SITOnly)				0	0	41,959.64	State Tax - IL	341.65	7,475.85
Restricted Stock Un				0	0	79,200.32			
Salary	06/19/2023 - 07/02/2023	80	93.139	7,451.13	1120	102,252.27			
TotalHrsWrkd	06/19/2023 - 07/02/2023	80	0	0.00		0.00			
Earnings				7,472.15		244,083.66	Employee Taxes	1,460.93	59,782.33

Pre Tax Deductions			
Description	Amount	YTD	
401k Bonus		1,305.29	
401k Salary	521.58	7,157.87	
Pretax Dental	4.88	68.32	
Pretax Medical	24.00	336.00	
Pre Tax Deductions	550.46	8,867.28	

Post Tax Deductions			
Description	Amount	YTD	
RSU Excess Refund		-1,095.41	
RSU Tax Offset		-28,890.42	
Post Tax Deductions	0.00	-29,985.83	

Employer Paid Benefits			
Description	Amount	YTD	
401k Employer Match	521.58	8,462.96	
Employer Paid Benefits	521.58	8,462.96	

Taxable Wages			
Description	Amount	YTD	
OASDI - Taxable Wages	0.00	160,200.00	
Medicare - Taxable Wages	7,443.27	201,719.70	
Federal Withholding - Taxable Wages	6,921.69	193,256.74	
State Tax Taxable Wages - CA	0.00	41,959.64	
State Tax Taxable Wages - IL	6,921.69	193,256.74	

	Federal	State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	

Absence Plans			
Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	0	126.8
Sick Time (Unlimited)		0.5	

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Bank of America	checking	*****3335		5,439.74 USD