

Employee: Yanxin Lu

Matter Number: 91.13190.19

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 APPELMAN & LEIDEN
LLP

BERRY APPELMAN & LEIDEN LLP

ATTORNEYS AT LAW
2400 N. Glenville Dr. STE 100. BLDG A
Richardson, TX 75082-0246
+1 469-654-3200

BANK OF TEXAS
DALLAS, TX

16027149

32-1432
1110

08-02-22



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

⑈ 16027149⑈ ⑆ 111014325⑆

8097572769⑈

BERRY APPELMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Reference: SUNG B

Request Number: 1601240

Check Date: Aug 02/22

Check Number: 16027149

Client	Matter	Narrative	Amount
91	13190.19.1.C	I-907 Premium Processing Filing Fee / Yanxin Lu	2,500.00

check record#: 16027149

BERRY APPELMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Memo:

Request Number: 1601240

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91	13190.19.1.C	I-907 Premium Processing Filing Fee / Yanxin Lu	2,500.00

check record#: 16027149

Security features. Details on back


CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT

DATE _____

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DOCUMENT

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 The security features listed below, as well as those not listed, exceed industry guidelines.

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MicroPrint Line	• MP Small type in line appears as dotted line when photocopied
Chemically Sensitive Paper	• Stains or spots may appear with chemical alteration
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BERRY APPLEMAN & LEIDEN
LLP

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW
2400 N Glenville Dr, STE 100, BLDG A
Richardson, TX 75082-0248
+1 469-654-3200

BANK OF TEXAS
DALLAS, TX

16027356

32-1432
1110

08-03-22



PAY TO THE ORDER OF US DEPARTMENT OF HOMELAND SECURITY
FOUR HUNDRED SIXTY AND 00/100 US DOLLARS

\$*****460.00

Two Signatures Required Over \$7,500

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

⑈ 16027356 ⑈ ⑆ 11014325 ⑆

8097572769⑈

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Reference: SUNG B

Request Number: 1601534
Check Date: Aug 03/22

Check Number:

16027356

Client	Matter	Narrative	Amount
91	13190.19.1.C	I-129 Petition for Nonimmigrant Worker Filing Fee / Yanxin Lu	460.00

check record#: 16027356

BERRY APPLEMAN & LEIDEN LLP

ATTORNEYS AT LAW

Payee: US DEPARTMENT OF HOMELAND SECURITY

Memo:

Request Number: 1601534
Check Date: 08-03-22

Check Number:

16027356

Client	Matter	Narrative	Amount
91	13190.19.1.C	I-129 Petition for Nonimmigrant Worker Filing Fee / Ye	460.00

check record#: 16027356

Security features. Do not sign back.



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DATE

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- Absence of "Original Document" verbiage on back of check
- Hold check to a light source to view, cannot be photocopied

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B · A · L

BERRY APPLEMAN &
LEIDEN LLP

Storm Estep
Associate Immigration Attorney
sestep@BAL.com
(469) 505-2653

Richardson Office
2400 N Glenville Drive,
Building A
Suite 100
Richardson, Texas 75082
United States
(469) 505-2653 *main*
469-729-5886 *fax*

August 9, 2022

Via Overnight Courier

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

OFFICES

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

*****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



Storm Estep

SE/bs
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

City or Town

State

ZIP Code

Province

Postal Code

Country

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

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Given Name (First Name)

Middle Name

Position Title

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

Part 2. Information About the Request (continued)**8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case**

Street Number and Name

1 Hacker Way (aka 1601 Willow Rd.)

Apt. Ste. Flr. Number

 MRBAL

City or Town

Menlo Park

State

CA

ZIP Code

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**

(469) 505-2653

4. Requestor's Mobile Telephone Number (if any)**5. Requestor's Fax Number (if any)**

469-729-5886

6. Requestor's Email Address (if any)

basung@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.

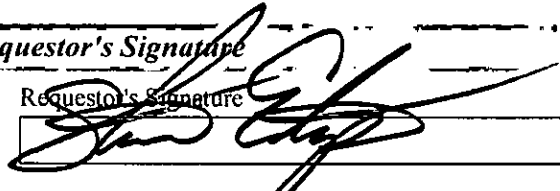
Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

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)



08/17/2022

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.

Form I-129 for LU, YANXIN

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

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

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

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

4. Receipt Number (if any)

▶ | | | | | | | | | | | | | | | |

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

- Applicant Petitioner Requestor
- Beneficiary/Derivative Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) Aboobaker

6.b. Given Name (First Name) Azmina

6.c. Middle Name

7.a. Name of Entity (if applicable) Meta Platforms, Inc.

7.b. Title of Authorized Signatory for Entity (if applicable) Director, US Immigration

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 (469) 505-2653

11. Mobile Telephone Number (if any)

12. Email Address (if any) sestep@BAL.com

Mailing Address of Client

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

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

13.b. Apt. Ste. Flr. MRBAL

13.c. City or Town Menlo Park

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

13.f. Province

13.g. Postal Code

13.h. Country United States

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

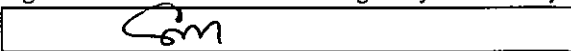
1.a. I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

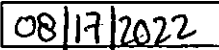
1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country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

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

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

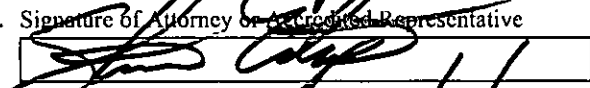
Signature of Client or Authorized Signatory for an Entity

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


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

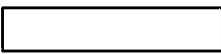
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative


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

2. a. Signature of Law Student or Law Graduate


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

Part 6. Additional Information

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

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

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

2.d. _____

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

3.d. _____

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

4.d. _____

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

5.d. _____

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

6.d. _____



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 09/30/2021

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

▶ **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.

1. Legal Name of Individual Petitioner

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

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. 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	

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(469) 505-2653		sestep@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" value=""/> |

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
06/06/2022	▶ 8 8 3 3 6 5 5 1 5 A 2	E93603635
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Passport or Travel Document Country of Issuance
03/28/2017	03/27/2027	China
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
H-1B	05/27/2023	
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
11950 Idaho Ave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113
City or Town	State	ZIP Code		
Los Angeles	CA	90025		

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 Amendment and extension of status in the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 CBI¹ 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

Software Engineer

2. LCA or ETA Case Number

I-200-22215-394292

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

1130 S Michigan Ave

Apt. Ste. Flr. Number

1713

City or Town

Chicago

State

IL

ZIP Code

60605

4. Did you include an itinerary with the petition? Yes No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No

7. Is this a full-time position? Yes No

8. If the answer to Item Number 7. is no, how many hours per week for the position? ▶

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

▶

10. Other Compensation (Explain)

Standard company benefits

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

To: (mm/dd/yyyy)

12. Type of Business

Social Networking

13. Year Established

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)



08/17/2022

3. Signatory's Contact Information

Daytime Telephone Number

469-505-2653

Email Address (if any)

sessep@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)

Estep

Given Name (First Name)

Storm

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

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Berry Appleman & Leiden LLP

3. Preparer's Mailing Address

Street Number and Name

2400 N Glenville Drive, Building A

Apt. Ste. Flr. Number

100

City or Town

Richardson

State

TX

ZIP Code

75082

Province

Postal Code

Country

United States

4. Preparer's Contact Information

Daytime Telephone Number

(469) 505-2653

Fax Number

469-729-5886

Email Address (if any)

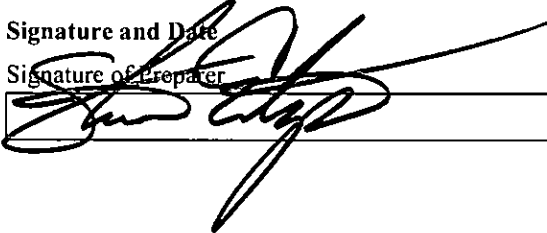
sestep@BAL.com

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)

05/17/2022

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	1	8	0	5	6	2	0	3
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2. Page Number	Part Number	Item Number			
<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>9</td></tr></table>	9
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4					
9					

See attached.

3. Page Number	Part Number	Item Number			
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4. Page Number	Part Number	Item Number			
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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 09/30/2021

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 letter.

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

Please see attached letter.

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


By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)



Azmina Aboobaker, Director, US Immigration

08/17/2022

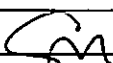
Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

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

08/17/2022

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)



H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 09/30/2021

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

\$182,998.75

5. DOT Code

0 | 3 | 0

6. NAICS Code

5 | 1 | 9 | 1 | 3

Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

- 1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? Yes No
- 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? Yes No

Section 2. Fee Exemption and/or Determination (continued)

- 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? Yes No
- 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? Yes No
- 5. Is this an amended petition that does not contain any request for extensions of stay? Yes No
- 6. Are you filing this petition to correct a USCIS error? Yes No
- 7. Is the petitioner a primary or secondary education institution? Yes No
- 8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? Yes No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer **Item Number 9.** below.

- 9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No

If you answered yes, to **Item Number 9.** above, you are required to pay an additional ACWIA fee of \$750. If you answered no, then you are required to pay an additional ACWIA fee of \$1,500.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1.** of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection fee and Public Law 114-113 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

- 1. Specify the type of H-1B petition you are filing. (select only one box):
 - a. CAP H-1B Bachelor's Degree
 - 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
<input style="width: 90%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px; height: 20px;" type="text"/>
City or Town	State		ZIP Code	
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>		

Section 3. Numerical Limitation Information (continued)

3. If you answered **Item Number 1.d. "CAP Exempt,"** you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
 - d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
 - e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
 - f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
 - g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. Yes No
- If no, do not complete **Item Numbers 2. and 3.**
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No

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



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * Software Engineer	
2. SOC (ONET/OES) code * 15-1252.00	3. SOC (ONET/OES) occupation title * Software Developers
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 8/22/2022 (mm/dd/yyyy)
	6. End Date * 8/21/2025 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application (indicate total workers in each applicable category)	
<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> b. Continuation of previously approved employment without change with the same employer*	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<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 RD.*)		
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)	
Aboobaker		Azmina			
4. Contact's job title *					
Director, US Immigration					
5. Address 1 *					
1 HACKER WAY*					
6. Address 2					
(*ALSO KNOWN AS 1601 WILLOW RD.*)					
7. City *			8. State *		9. Postal code *
MENLO PARK			California		94025
10. Country *			11. Province		
United States Of America					
12. Telephone number *		13. Extension	14. E-Mail address		
+1 (408) 533-5781			ImmigrationFYI@fb.com		

E. Attorney or Agent Information (If applicable)

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

1. Is the employer represented by an attorney or agent in the filing of this application? *				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," complete the remainder of Section E below.					
2. Attorney or Agent's last (family) name §		3. First (given) name §		4. Middle name(s)	
Estep		Storm			
5. Address 1 §					
2400 N Glenville Drive					
6. Address 2					
100					
7. City §			8. State §		9. Postal code §
Richardson			Texas		75082
10. Country §			11. Province		
United States Of America					
12. Telephone number §		13. Extension	14. E-Mail address		
+1 (469) 505-2653			basung@BAL.com		
15. Law firm/Business name §				16. Law firm/Business FEIN §	
Berry Appleman & Leiden LLP				96-3068076	
17. State Bar number (only if attorney) §			18. State of highest court where attorney is in good standing (only if attorney) §		
24092394			Texas		
19. Name of the highest State court where attorney is in good standing (only if attorney) §					
Supreme Court of Texas					



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 * 1130 S Michigan Ave		
5. Address 2 1713		
6. City * Chicago		7. County * Cook
8. State/District/Territory * Illinois		9. Postal code * 60605
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 182998 . 75 To: \$ _____ . _____		10a. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing Wage Rate * \$ 134118 . 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
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H. Additional Employer Labor Condition Statements –H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you **MUST** read Section H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY 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 ONLY 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
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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
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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 (BS/13190)		
5. Signature * 	6. Date signed * 8/10/2022	

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



K. LCA Preparer

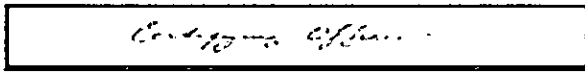
Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

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 8/22/2022 to 8/21/2025.



Department of Labor, Office of Foreign Labor Certification

8/10/2022

Certification Date (date signed)

I-200-22215-394292

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

August 15, 2022

U.S. Citizenship and Immigration Services

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

Dear Adjudicating Officer:

This letter supports the petition by Meta Platforms, Inc. ("Meta") to authorize the temporary employment of Mr. Yanxin Lu in a specialty occupation in the position of Software Engineer at their residential home address in Chicago, Illinois.

The Petitioner

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.

The Position

The Software Engineer will perform the following professional duties:

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

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

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

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

The Beneficiary's Qualifications

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



1 Hacker Way
Menlo Park, CA 94025
United States

Conclusion

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

Sincerely,
Meta Platforms, Inc.

A handwritten signature in black ink, appearing to be "Sm".

Azmina Aboobaker
Director, US Immigration

 For: **YANXIN LU**



Most Recent I-94

Admission (I-94) Record Number : 883365515A2

Most Recent Date of Entry: 2022 June 06

Class of Admission : H1B

Admit Until Date : 05/27/2023

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.

OASIS No. 1531-0111
Expiration Date: 01/31/2022

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

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

THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION

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

Receipt Number LIN2025750217		Case Type 1140 - IMMIGRANT PETITION FOR ALIEN WORKER	
Received Date 07/22/2020	Priority Date 09/27/2019	Petitioner FACEBOOK INC	
Notice Date 07/29/2020	Page 1 of 1	Beneficiary A218 056 203 LU, YANXIN	

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

Notice Type: Approval Notice
Section: Mem of Profession w/Adv Deg, or of
Exceptn'l Ability Sec.203(b)(2)
Consulate:
ETA 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-824, 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 comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

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 formal 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 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter



THE UNITED STATES OF AMERICA

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

Receipt Number WAC2022551176		Case 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 ELENA NESCH
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

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.

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-1S, P-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.

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 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 notify a consulate, port of entry, or pre-flight inspection office of this approval.

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.

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

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

California Service Center
 U. S. CITIZENSHIP & IMMIGRATION SVC
 P.O. Box 30111
 Laguna Niguel CA 92607-0111
 USCIS Contact Center: www.uscis.gov/contactcenter



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

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

I94 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	

THE UNITED STATES OF AMERICA

I-797B | NOTICE OF ACTION

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

Receipt Number WAC1814652712		Case Type 1129 - PETITION FOR A NONIMMIGRANT WORKER	
Received Date 04/12/2018	Priority Date	Petitioner FACEBOOK INC	
Notice Date 05/14/2018	Page 1 of 2	Beneficiary LU, YANXIN	

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

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

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

Petition approval does not authorize employment or training. When the workers are granted status upon admission to the United States, they can then work for the petitioner, but only as detailed in the petition and for the period authorized. When seeking admission to the United States, the following classifications may be eligible for a grace period of up to 10 days before, and up to 10 days after the petition validity period: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. H-2A nonimmigrants may be eligible for a grace period of up to one week before and 30 days after the petition validity period. If provided at admission, this grace period will be annotated on the beneficiary's I-94 by Customs and Border Protection (CBP). The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. Please contact the IRS with any questions about tax withholding.

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

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

Number of workers: 1

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

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



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

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

Receipt#: WAC1814652712	Case Type: 1129			
Notice Date: May 14, 2018	Petitioner: FACEBOOK INC,			
Petitioner Validity Dates: Valid from 10/01/2018 to 07/25/2021		Number of Workers: 1		
Name LU, YANXIN	DOB 10/17/1989	COB CHINA, PEOPLE'S RE.	Class H1B	Consulate/POE GUANGZHOU
			OCC 039	

SEVIS ID: N0005300210

SURNAME/PRIMARY NAME Lu	GIVEN NAME Yanxin	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Yanxin Lu	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 17 OCTOBER 1989	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE	LEGACY NAME Yanxin Lu	

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Irena Aleksic Program Manager & Sr. International Advisor	SCHOOL CODE AND APPROVAL DATE H0U214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 10 AUGUST 2012	PROGRAM START/END DATE 10 AUGUST 2012 - 12 DECEMBER 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 5 MONTHS		STUDENT'S FUNDING FOR: 5 MONTHS	
Tuition and Fees	\$ 1,524	Personal Funds	\$ 0
Living Expenses	\$ 10,005	Tuition waiver and stipend	\$ 13,553
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Summer Expenses	\$ 2,000	On-Campus Employment	\$
TOTAL	\$ 13,529	TOTAL	\$ 13,553

REMARKS

Student requires additional time to complete research due to initial problems on his dissertation topic (program splicing).

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Irena Aleksic DATE ISSUED 02 February 2018 PLACE ISSUED Houston, TX
SIGNATURE OF: Irena Aleksic, Program Manager & Sr. International Advisor

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X Yanxin Lu DATE 02/05/2018
SIGNATURE OF: Yanxin Lu

<input checked="" type="checkbox"/>	SIGNATURE	ADDRESS (city/state or province/country)	DATE
NAME OF PARENT OR GUARDIAN			

SEVIS ID: N0005300210 (F-1)

NAME: Yanxin Lu

EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
08 JANUARY 2018	02 MAY 2018

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Irena Aleksic	Program Manager & Senior International Advisor	X <i>Irena Aleksic</i>	2/2/18	HOUSTON, TX
		X		
		X		
		X		

SEVIS ID: N0005300210

SURNAME/PRIMARY NAME Lu	GIVEN NAME Yanxin	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Yanxin Lu	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 17 OCTOBER 1989	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - Updated Form I-20 or Name Conversion	LEGACY NAME Yanxin Lu	

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Irena Aleksic Program Manager & Sr. International Advisor	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 10 AUGUST 2012	PROGRAM START/END DATE 10 AUGUST 2012 - 12 MAY 2018	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 37,112	Personal Funds	\$ 0
Living Expenses	\$ 17,750	Fellowship	\$ 62,710
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Summer	\$ 2,000	On-Campus Employment	\$
TOTAL	\$ 56,862	TOTAL	\$ 62,710

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Irena Aleksic **DATE ISSUED** 27 March 2017 **PLACE ISSUED** Houston, TX
SIGNATURE OF: Irena Aleksic, Program Manager & Sr. International Advisor

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(a) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X Yanxin Lu **DATE** 04/03/2017
SIGNATURE OF: Yanxin Lu

X **NAME OF PARENT OR GUARDIAN** **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0005300210 (F-1)

NAME: Yanxin Lu

EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	FULL TIME	APPROVED	15 MAY 2017	04 AUGUST 2017

EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT	15 MAY 2017 - 04 AUGUST 2017			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Facebook, Inc.	15 MAY 2017	04 AUGUST 2017	Menlo Park, CA	

CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
09 JANUARY 2017	03 MAY 2017

TRAVEL ENDORSEMENT

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
<u>Irena Aleksic</u>	<u>Prog. Manager + Sr. Int'l Advisor</u>	<u>X <i>Cherelle Gilebic</i></u>	<u>3/28/17</u>	<u>Houston, TX</u>
		X		
		X		
		X		

SEVIS ID: N0005300210

SURNAME/PRIMARY NAME Lu	GIVEN NAME Yanxin	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Yanxin Lu	PASSPORT NAME	
COUNTRY OF BIRTH CHINA	COUNTRY OF CITIZENSHIP CHINA	
DATE OF BIRTH 17 OCTOBER 1989	ADMISSION NUMBER	
FORM ISSUE REASON CONTINUED ATTENDANCE - Updated Form I-20 or Name Conversion	LEGACY NAME Yanxin Lu	

SCHOOL INFORMATION

SCHOOL NAME Rice University Rice University	SCHOOL ADDRESS 6100 Main Street, MS - 365, Houston, TX 77005
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Elmira Ganiyeva International Delegate & Compliance Specialist	SCHOOL CODE AND APPROVAL DATE HOU214F00061000 09 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE	MAJOR 1 Computer and Information Sciences, General 11.0101	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 10 AUGUST 2012	PROGRAM END DATE 12 MAY 2013	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 37,112	Personal Funds	\$ 0
Living Expenses	\$ 17,750	Fellowship	\$ 62,710
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Summer	\$ 2,000	On-Campus Employment	\$
TOTAL	\$ 56,862	TOTAL	\$ 62,710

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Elmira Ganiyeva DATE ISSUED 08 October 2015 PLACE ISSUED Houston, TX
SIGNATURE OF: Elmira Ganiyeva, International Delegate & Compliance Specialist

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.2(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X Yanxin Lu 11/23/2015
SIGNATURE OF: Yanxin Lu DATE

X
NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0005300210 (F-1)

NAME: Yanxin Lu

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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EVENT HISTORY

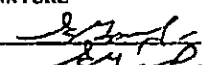
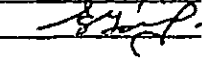
EVENT NAME	EVENT DATE
Registration	04 SEPTEMBER 2012

OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
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TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Elmira Gan'yeva	Int'l Delegate & Compliance Specialist	X 	10/9/15	Houston, TX
Elmira Gan'yeva	Int'l Delegate & Compliance Specialist	X 	06/21/2016	Houston, TX
		X		
		X		


Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

SEVIS

1. Family Name (surname): Lu	
First (given) Name: Yanxin	Middle Name:
Country of birth: CHINA	Date of birth(mo/day/year): 10/17/1989
Country of citizenship: CHINA	Admission number:

2. School (School district) name: Rice University Rice University	
School Official to be notified of student's arrival in U.S (Name and Title): Jennifer Brydon Program Manager & Sr. International Advisor	
School address (include zip code): 6100 Main Street, MS - 365 Houston, TX 77005	
School code (including 3-digit suffix, if any) and approval date: HOU214F00061000 approved on 01/09/2003	

For Immigration Official User	
Visa issuing post	Date Visa Issued
Reinstated, extension granted to:	

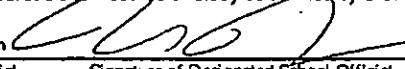
Student's Copy N0005300210


3. This certificate is issued to the student named above for:
Continued attendance at this school.
Reprint reason: TRAVEL
4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in Computer and Information Sciences, Game. The student is expected to report to the school no later than 08/10/2012 and complete studies not later than 05/12/2018. The normal length of study is 72 months.
6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.
7. This student estimates the student's average costs for an academic term of 12 (up to 12) months to be:
- | | | |
|-----------------------------------|----|------------------|
| a. Tuition and fees | \$ | <u>37,112.00</u> |
| b. Living expenses | \$ | <u>17,750.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): <u>summer</u> | \$ | <u>2,000.00</u> |
| Total | \$ | <u>56,862.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7).
- | | | |
|--------------------------------|----|------------------|
| a. Student's personal funds | \$ | <u>0.00</u> |
| b. Funds from this school | \$ | <u>62,710.00</u> |
| Specify type <u>Fellowship</u> | | |
| c. Funds from another source | \$ | <u>0.00</u> |
| Specify type _____ | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>62,710.00</u> |

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6). I am a designated official of the above named school and am authorized to issue this form.

Jennifer Brydon		Program Manager & Sr. International Advisor	05/05/2014	Houston, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city) (State or Province) (Country) (Date)

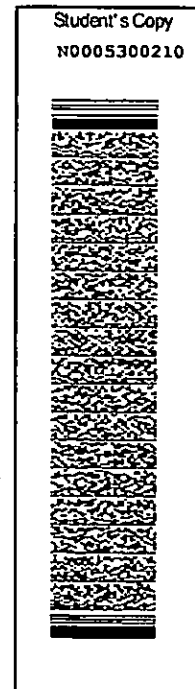
IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS

FAMILYNAME: Lu FIRST NAME: Yanxin
 Primary Major: 11.0101 Computer and Information Sciences, Gen

Student Employment Authorization:

Employment Status: _____ Type: _____
 Duration of Employment - From (Date): _____ To (Date): _____
 Employer Name: _____
 Employer Location: _____



Comments:

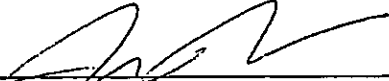
Event History

Event Name: _____ Event Date: _____
 Registration 09/04/2012

Current Authorizations: _____ Start Date: _____ End Date: _____

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

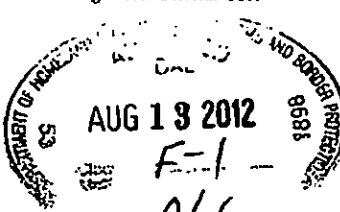
Name of School:


Jennifer Brydon		Program Manager & Sr. International Advisor	05/05/2014	Houston, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): Lu	
First (given) Name: Yanxin	Middle Name:
Country of birth: CHINA	Date of birth (mo/day/year): 10/17/1989
Country of citizenship: CHINA	Admission number:

2. School (School district) name: Rice University Rice University
School Official to be notified of student's arrival in U.S. (Name and Title): Matthew Stein International & Sponsored Student Advisor
School address (include zip code): 6100 Main Street, MS - 365 Houston, TX 77005
School code (including 3-digit suffix, if any) and approval date: H00214P00061000 approved on 01/09/2003

For Immigration Official User	
 AUG 13 2012 F-1 D/S	
Visa issuing post Guangzhou	Date Visa Issued 29 Jun 2012
Reinstated, extension granted to:	

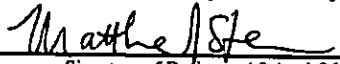
SEVIS Student's Copy N0005300210


3. This certificate is issued to the student named above for:
Transfer Pending From: Baylor University
4. Level of education the student is pursuing or will pursue in the United States:
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in Computer and Information Sciences, Gen. The student is expected to report to the school no later than 08/10/2012 and complete studies not later than 05/12/2018. The normal length of study is 72 months.
6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:
- | | | |
|-----------------------------------|-----------|-------------------------|
| a. Tuition and fees | \$ | <u>37,112.00</u> |
| b. Living expenses | \$ | <u>17,750.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): <u>summer</u> | \$ | <u>2,000.00</u> |
| Total | \$ | <u>56,862.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7).
- | | | |
|---------------------------------|-----------|-------------------------|
| a. Student's personal funds | \$ | <u>0.00</u> |
| b. Funds from this school | \$ | <u>62,710.00</u> |
| Specify type: <u>Fellowship</u> | | |
| c. Funds from another source | \$ | <u>0.00</u> |
| Specify type: _____ | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>62,710.00</u> |

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Matthew Stein		International & Sponsor- ed Student Advisor	05/14/2012	Houston, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Yanxin Lu		08/13/2012
Name of Student	Signature of Student	Date

_____	_____	_____	_____	_____
Name of parent or guardian if student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILYNAME: Lu FIRST NAME: Yanxin
Primary Major: 11.0101 Computer and Information Sciences, Gene
Student Employment Authorization:
Employment Status: _____ Type: _____
Duration of Employment - From (Date): _____ To (Date): _____
Employer Name: _____
Employer Location: _____

SEVIS

Student's Copy
N0005300210



Comments:

Event History
Event Name:

Event Date:

Current Authorizations:

Start Date: End Date:

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Matthew Stein		International & Sponsored Student Advisor	05/14/2012	Houston, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

SEVIS

1. Family Name (surname):
Lu

First (given) Name: **Yanxin** Middle Name:

Country of birth: **CHINA** Date of birth (mo/day/year): **10/17/1989**

Country of citizenship: **CHINA** Admission number:

2. School (School district) name:
Baylor University
Baylor University (Waco, Texas)

School Official to be notified of student's arrival in U.S. (Name and Title):
Alexia English
Administrative Associate

School address (include zip code):
One Bear Place #97381
Waco, TX 76798-7381

School code (including 3-digit suffix, if any) and approval date:
SNA214F00338000 approved on **01/25/2003**

For Immigration Official User

Visa issuing post: _____ Date Visa Issued: _____

Reinstated, extension granted to: _____

Student's Copy
N0005300210



3. This certificate is issued to the student named above for:
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
BACHELOR'S
5. The student named above has been accepted for a full course of study at this school, majoring in **Computer Science**. The student is expected to report to the school no later than **09/18/2009** and complete studies not later than **12/17/2012**. The normal length of study is **48** months.
6. English proficiency:
This school requires English proficiency. The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of **9** (up to 12) months to be:
- | | | |
|--|----|------------------|
| a. Tuition and fees | \$ | <u>26,234.00</u> |
| b. Living expenses | \$ | <u>10,801.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): Health Ins. | \$ | <u>1,380.00</u> |
| Total | \$ | <u>38,415.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of **9** months (Use the same number of months given in item 7).
- | | | |
|--|----|------------------|
| a. Student's personal funds | \$ | <u>0.00</u> |
| b. Funds from this school | \$ | <u>5,000.00</u> |
| Specify type: Dean's Gold Scholarship | | |
| c. Funds from another source | \$ | <u>33,415.00</u> |
| Specify type: Parents | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>38,415.00</u> |

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Alexia English *Alexia English* **Administrative Associate** **02/03/2012** **Waco, TX**
Name of School Official Signature of Designated School Official Title Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student _____ Signature of Student _____ Date _____

Name of parent or guardian _____ Signature of parent or guardian _____ Address (city) _____ (State or Province) (Country) _____ (Date) _____
If student under 18

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

SEVIS


FAMILYNAME: Lu FIRST NAME: Yanxin

Primary Major: 11.0701 Computer Science

Student Employment Authorization:

Employment Status: _____ Type: _____
 Duration of Employment - From (Date): _____ To (Date): _____
 Employer Name: _____
 Employer Location: _____

Student's Copy
N0005300210



Comments:

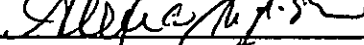
Event History

Event Name: Registration Event Date: 09/23/2008

Current Authorizations: _____ Start Date: _____ End Date: _____

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:


Alexia English		Administrative Associate	02/03/2012	Waco, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

Please read Instructions on Page 2
This page must be completed and signed in the U.S. by a designated school official.

SEVIS

1. Family Name (surname): Lu	
First (given) Name: Yanxin	Middle Name:
Country of birth: CHINA	Date of birth (mo/day/year): 10/17/1989
Country of citizenship: CHINA	Admission number:

For Immigration Official User	

Student's Copy N0005300210


2. School (School district) name: Baylor University Baylor University (Waco, Texas)	
School Official to be notified of student's arrival in U.S. (Name and Title): Treva Hall SEVIS Coordinator	
School address (include zip code): P.O. Box 97381 Waco, TX 76798-7381	
School code (including 3-digit suffix, if any) and approval date: BNA214F00338000 approved on 01/25/2003	

Visa issuing post	Date Visa Issued

Reinstated, extension granted to:

3. This certificate is issued to the student named above for:
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
BACHELOR'S
5. The student named above has been accepted for a full course of study at this school, majoring in Computer Science.
The student is expected to report to the school no later than 08/18/2008 and complete studies not later than 12/17/2012. The normal length of study is 48 months.
6. English proficiency:
This school requires English proficiency.
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:
- | | | |
|---------------------------------|-----------|-------------------------|
| a. Tuition and fees | \$ | <u>26,234.00</u> |
| b. Living expenses | \$ | <u>10,801.00</u> |
| c. Expenses of dependents (0) | \$ | <u>0.00</u> |
| d. Other (specify): Health Ins. | \$ | <u>1,380.00</u> |
| Total | \$ | <u>38,415.00</u> |

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7).
- | | | |
|--|-----------|-------------------------|
| a. Student's personal funds | \$ | <u>0.00</u> |
| b. Funds from this school | \$ | <u>5,000.00</u> |
| Specify type: <u>Daan's Gold Scholarship</u> | | |
| c. Funds from another source | \$ | <u>33,415.00</u> |
| Specify type: <u>Parents</u> | | |
| d. On-campus employment | \$ | <u>0.00</u> |
| Total | \$ | <u>38,415.00</u> |

9. Remarks: _____

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Treva Hall	<i>Treva Hall</i>	SEVIS Coordinator	02/13/2010	Waco, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

_____	_____	_____	_____	_____
Name of Student	Signature of Student	Date		
_____	_____	_____	_____	_____
Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)

IF YOU NEED MORE INFORMATION CONCERNING YOUR F-1 NONIMMIGRANT STUDENT STATUS AND THE RELATING IMMIGRATION PROCEDURES, PLEASE CONTACT EITHER YOUR FOREIGN STUDENT ADVISOR ON CAMPUS OR A NEARBY IMMIGRATION AND NATURALIZATION SERVICE OFFICE.

FAMILYNAME: Lu FIRST NAME: Yanxin
Primary Major: 11.0701 Computer Science

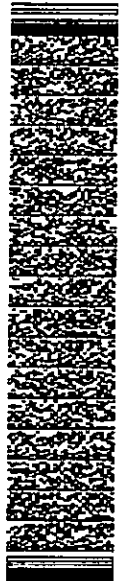
Student Employment Authorization:

Employment Status: _____ Type: _____
Duration of Employment - From (Date): _____ To (Date): _____
Employer Name: _____
Employer Location: _____

Comments:

SEVIS

Student's Copy
N0005300210



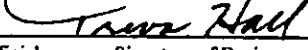
Event History

Event Name: Registration Event Date: 09/23/2008

Current Authorizations: _____ Start Date: _____ End Date: _____

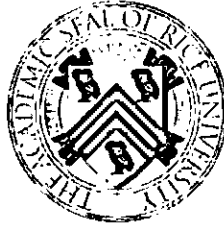
This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Name of School:

Treva Hall		SEVIS Coordinator	02/13/2010	Waco, TX
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)



19SL - J5C5 - YBUC



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

AN AMERICAN INSTITUTION
DEDICATED TO THE ADVANCEMENT
OF LIBERAL AND TECHNICAL LEARNING
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STUDENTS AND FRIENDS OF THIS UNIVERSITY
IN PUBLIC CONVOCATION ASSEMBLED
THE TRUSTEES HAVE CONFERRED UPON

YANXIN LU

A STUDENT OF THE UNIVERSITY

THE DEGREE OF MASTER OF SCIENCE

WITH ALL THE RIGHTS DUTIES AND PRIVILEGES
APPERTAINING TO THAT DEGREE

HOUSTON, TEXAS
DECEMBER THIRTIETH
A. D. MCMXXV

David W. Leebron
PRESIDENT



Student No: S01179519

Date of Birth: 17-OCT-1989

Date Issued: 08-MAY-2020 OFFICIAL

Record of : Yanxin Lu

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

Subj No.	Title	Cred	Grade	Pts R
INSTITUTION CREDIT:				

Issued To : YANNIN LU

Fall Semester 2013
Major: Computer Science

Course Level : Graduate

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	

Current Program

Major:
Computer Science

Earned Hrs	GPA-Hrs	QPts	GPA
9.00	3.00	9.99	3.33

Degree Information:

Degree Awarded: Doctor of Philosophy 11-MAY-2019

Spring Semester 2014

Major: Computer Science

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

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

Major:

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

Summer Semester 2014

Master's Candidacy Achieved

Major: Computer Science

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

Fall Semester 2012
Major: Computer Science

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
COMP 600	GRADUATE SEMINAR	1.00	S	0.00

Fall Semester 2014

Master's Thesis Defended

Major: Computer Science

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
COMP 800	GRADUATE RESEARCH	4.00	S	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
13.00	8.00	25.36	3.17

Earned Hrs	GPA-Hrs	QPts	GPA
14.00	13.00	48.00	3.69

Spring Semester 2013

Major: Computer Science

COMP 421	OP SYS/CONCURRENT PROGRAMMING	4.00	B	12.00
COMP 590	COMPUTER SCIENCE PROJECTS	4.00	A	16.00
COMP 600	GRADUATE SEMINAR	1.00	S	0.00
COMP 607	AUTOMATED PROGRAM VERIFICATION	1.00	S	0.00

Spring Semester 2015

Major: Computer Science

COMP 600	GRADUATE SEMINAR	1.00	S	0.00
COMP 607	AUTOMATED PROGRAM VERIFICATION	1.00	S	0.00
COMP 800	GRADUATE RESEARCH	8.00	S	0.00
ENGI 600	GRADUATE COMMUNICATIONS SEM	0.00	S	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	0.00	0.00	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
10.00	8.00	28.00	3.50

Summer Semester 2013

Major: Computer Science

COMP 800	GRADUATE RESEARCH	6.00	S	0.00
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Summer Semester 2015

Master's Thesis Turned In

Major: Computer Science

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

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	0.00	0.00	0.00

Fall Semester 2015



COPY

COPY

COPY

William Marsh Rice University
Houston, TX 77005

Student No: S01179519

Date of Birth: 17-OCT-1989

Date Issued: 08-MAY-2020 OFFICIAL

Record of : Yunxin 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
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
ELEC 677	INTRODUCTION TO DEEP 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
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:					
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 2018

Major: Computer Science

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 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

hereby confers upon

Hanxin Lu

the degree of

Bachelor of Science in Computer Science

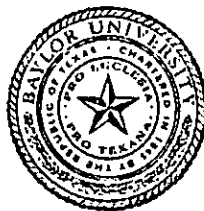
Cum Laude

with all the rights, privileges, and honors thereunto appertaining.

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.

Jerry K. Clements
Chair, Board of Regents
Myrick Erickson
President



Linda A. Livingston
President of the University
Donnis J. O'Neal
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

SUBJ NO. COURSE TITLE CRED GRD RPT

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

Institution Information continued:

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
 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
 CHE 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 Wrld 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
 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 *****

SUBJ NO. COURSE TITLE CRED GRD RPT

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Spring 2009 CBE BAYLOR EXAM 3.00 CR
 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 MCLENNAN CMNTY COLLEGE

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
 CHA 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

Dean's List

Spring 2009

School of Engineering & Com Sc
 CHA 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 *****

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, Registrar

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

Record of: Lu, Yanxin

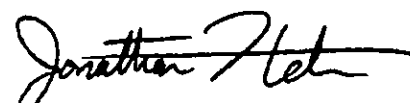
Date Issued: 24-OCT-2016
 Date of Birth: 17-OCT
 SSN: ***-**-3464
 Level: Undergraduate

SUBJ NO.	COURSE TITLE	CRD	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	124.00	3.82
CSI 3372	Software Engineering II	3.00		B+					
CSI 4330	Foundations of Computing	3.00		A	TOTAL TRANSFER	9.00	9.00	0.00	0.00
CSI 4V96	Special Topics	1.00		A					
HP 1138	Beginning Golf	1.00		A	***** END OF TRANSCRIPT *****				
REL 1310	The Christian Scriptures	3.00		B+					
STA 3381	Probability and Statistics	3.00		A					
	AHRS	EHRS	GPAHRS	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					
CSI 5325	Intro to Machine Learning	3.00		B					
CSS 3308	Technical Speaking	3.00		A					
	AHRS	EHRS	GPAHRS	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	GPAHRS	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 3300	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	GPAHRS	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 *****									

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

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, Registrar



Meta Platforms, Inc. 1 Hacker Way Menlo Park, CA 94025 +1 (650) 5434800
 Yanxin Lu 11950 Idaho Ave. Apt. 113 LOS ANGELES, CA 90025

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Yanxin Lu	Meta Platforms, Inc.	165940	07/04/2022	07/17/2022	07/22/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,423.03	547.58	1,592.12	0.00	5,283.33
YTD	1,200.00	127,089.21	9,315.76	64,834.45	-30,456.42	83,395.42

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Performance Bonus			0		0	16,802.00	OASDI	0.00	9,114.00
*Imp GTL	07/04/2022 - 07/17/2022	0	0	19.53	0	289.25	Medicare	137.27	2,977.65
*Imp Legal	07/04/2022 - 07/17/2022	0	0	1.38	0	20.70	Federal Withholding	1,029.36	35,453.00
*RestrictedStockUn			0		0	76,324.50	State Tax - CA	425.49	15,688.20
Regular	07/04/2022 - 07/17/2022	80	92.79	7,423.03	1200	110,287.21	CA VDI - CAVDI	0.00	1,601.60
TotalHrsWrkd	07/04/2022 - 07/17/2022	80	0	0.00		0.00			
Earnings				7,443.94		203,723.66	Employee Taxes	1,592.12	64,834.45

Pre Tax Deductions			
Description	Amount	YTD	
401k Bonus		1,176.14	
401k Salary	519.62	7,720.22	
Pretax Dental	4.88	73.20	
Pretax Medical	23.08	346.20	
Pre Tax Deductions	547.58	9,315.76	

Post Tax Deductions			
Description	Amount	YTD	
Stock Tax Refund		-597.42	
STOCK TAX		-29,859.00	
Post Tax Deductions	0.00	-30,456.42	

Employer Paid Benefits			
Description	Amount	YTD	
401k Employer Match	519.62	8,896.36	
Employer Paid Benefits	519.62	8,896.36	

Taxable Wages			
Description	Amount	YTD	
OASDI - Taxable Wages	0.00	147,000.00	
Medicare - Taxable Wages	7,415.98	203,304.26	
Federal Withholding - Taxable Wages	6,896.36	194,407.90	
State Tax Taxable Wages - CA	6,896.36	194,407.90	

	Federal	State
Marital Status	Married	Married
Allowances	1	1
Additional Withholding	0	

Absence Plans			
Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	0	69.05
Sick Time (Unlimited)		0	

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Bank of America	checking	*****3335		5,283.33 USD



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 Yanxin Lu 11950 Idaho Ave. Apt. 113 LOS ANGELES, CA 90025

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Yanxin Lu	Meta Platforms, Inc.	165940	06/20/2022	07/03/2022	07/08/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,423.03	547.58	1,562.38	0.00	5,313.07
YTD	1,120.00	119,666.18	8,768.18	63,242.33	-30,456.42	78,112.09

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Performance Bonus			0		0	16,802.00	OASDI	0.00	9,114.00
*Imp GTL	06/20/2022 - 07/03/2022	0	0	19.53	0	269.72	Medicare	107.53	2,840.38
*Imp Legal	06/20/2022 - 07/03/2022	0	0	1.38	0	19.32	Federal Withholding	1,029.36	34,423.64
*RestrictedStockUn			0		0	76,324.50	State Tax - CA	425.49	15,262.71
Regular	06/20/2022 - 07/03/2022	80	92.79	7,423.03	1120	102,864.18	CA VDI - CAVDI	0.00	1,601.60
TotalHrsWrkd	06/20/2022 - 07/03/2022	80	0	0.00					
Earnings				7,443.94		198,279.72	Employee Taxes	1,562.38	63,242.33

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401k Bonus		1,176.14	Stock Tax Refund		-597.42
401k Salary	519.62	7,200.60	STOCK TAX		-29,859.00
Pretax Dental	4.88	68.32			
Pretax Medical	23.08	323.12			
Pre Tax Deductions	547.58	8,768.18	Post Tax Deductions	0.00	-30,456.42

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
401k Employer Match	519.62	8,376.74	OASDI - Taxable Wages	0.00	147,000.00
			Medicare - Taxable Wages	7,415.98	195,888.28
			Federal Withholding - Taxable Wages	6,896.36	187,511.54
Employer Paid Benefits	519.62	8,376.74	State Tax Taxable Wages - CA	6,896.36	187,511.54

	Federal	State	Absence Plans			
	Married	Married	Description	Accrued	Reduced	Available
Marital Status			Paid Time Off Plan (USA)	6.47	0	62.58
Allowances	1	1	Sick Time (Unlimited)		0.5	
Additional Withholding	0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Bank of America	checking	*****3335		5,313.07 USD



Meta Platforms, Inc. 1 Hacker Way Menlo Park, CA 94025 +1 (650) 5434800
 Yanxin Lu 11950 Idaho Ave, Apt. 113 LOS ANGELES, CA 90025

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Yanxin Lu	Meta Platforms, Inc.	165940	06/06/2022	06/19/2022	06/24/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,423.03	547.58	1,562.38	0.00	5,313.07
YTD	1,040.00	112,243.15	8,220.60	61,679.95	-30,456.42	72,799.02

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Performance Bonus			0		0	16,802.00	OASDI	0.00	9,114.00
*Imp GTL	06/06/2022 - 06/19/2022	0	0	19.53	0	250.19	Medicare	107.53	2,732.85
*Imp Legal	06/06/2022 - 06/19/2022	0	0	1.38	0	17.94	Federal Withholding	1,029.36	33,394.28
*RestrictedStockUn			0		0	76,324.50	State Tax - CA	425.49	14,837.22
Regular	06/06/2022 - 06/19/2022	80	92.79	7,423.03	1040	95,441.15	CA VDI - CAVDI	0.00	1,601.60
TotalHrsWrkd	06/06/2022 - 06/19/2022	80	0	0.00		0.00			
Earnings				7,443.94		188,835.78	Employee Taxes	1,562.38	61,679.95

Pre Tax Deductions				Post Tax Deductions			
Description	Amount	YTD		Description	Amount	YTD	
401k Bonus		1,176.14		Stock Tax Refund		-597.42	
401k Salary	519.62	6,680.98		STOCK TAX		-29,859.00	
Pretax Dental	4.88	63.44					
Pretax Medical	23.08	300.04					
Pre Tax Deductions	547.58	8,220.60		Post Tax Deductions	0.00	-30,456.42	

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
401k Employer Match	519.62	7,857.12	OASDI - Taxable Wages	0.00	147,000.00
Employer Paid Benefits	519.62	7,857.12	Medicare - Taxable Wages	7,415.98	188,472.30
			Federal Withholding - Taxable Wages	6,896.36	180,615.18
			State Tax Taxable Wages - CA	6,896.36	180,615.18

Federal		State		Absence Plans			
Description	Accrued	Reduced	Available	Description	Accrued	Reduced	Available
Marital Status	Married	Married		Paid Time Off Plan (USA)	6.47	8	56.11
Allowances	1	1	1	Sick Time (Unlimited)		0	
Additional Withholding	0						

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Bank of America	checking	*****3335		5,313.07 USD



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".

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204539177
Date: 10-28-21

**PLEASE
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TO KCC**

**PLEASE
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TO KCC**