



U.S. Citizenship
and Immigration
Services

We have rejected your benefit request for the reasons indicated on Form I-797C, Notice of Action. Your rejected benefit request will not retain a filing date. You may resubmit your benefit request as a new filing if you are able to correct the issue that caused the rejection.

If you do file the benefit request again, please note the following:

- Since your submission was rejected, it is not yet considered properly filed.
- You must meet all requirements as of the date of the new filing.
- Please review the relevant form instructions to determine if your new filing can be considered as timely filed. If you have any questions regarding the rejected filing, please contact lockboxsupport@uscis.dhs.gov.

If you do submit your benefit request again, please enclose this letter with your submission.

**Place this letter on top of your
new filing package**



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Leonardo	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 715.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





Authorization for Credit Card Transactions

Department of Homeland Security

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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Leonardo	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 300.00
Credit Card Expiration Date (mm/yyyy)	CVV Code		





Authorization for Credit Card Transactions

Department of Homeland Security

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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Leonardo	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 1440.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Leonardo	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 630.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Leonardo	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 260.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Bianca	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 1440.00
Credit Card Expiration Date (mm/yyyy)	CVV Code		





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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Bianca	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 630.00
Credit Card Expiration Date (mm/yyyy)	CVV Code		





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Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Bianca	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA CAMARTE	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 260.00
Credit Card Expiration Date (mm/yyyy)	CVV Code		




THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Rejection Notice		NOTICE DATE March 06, 2026									
CASE TYPE I-140, Immigrant Petition for Alien Worker		USCIS ALIEN NUMBER									
RECEIPT NUMBER IOE0935863006	RECEIVED DATE February 19, 2026	DATE OF BIRTH January 25, 1978	PAGE 1 of 1								
<p>APPLICANT/PETITIONER NAME AND MAILING ADDRESS</p> <p>LEONARDO DOS SANTOS CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169</p> <p>The I-140, Immigrant Petition for Alien Worker you submitted has been received by our office for the following beneficiaries:</p> <table border="0"> <tr> <td>Name</td> <td>Date of Birth</td> <td>Country of Birth</td> <td>Class (If Applicable)</td> </tr> <tr> <td>DOS SANTOS CAMARTE, LEONARDO</td> <td>1/25/1978</td> <td>BRAZIL</td> <td></td> </tr> </table> <p>Your I-140, fees, and any supporting documentation is being returned to you for the following reason(s):</p> <p>The authorization for your payment is invalid due to incomplete information and/or the information you supplied was invalid and your payment has been denied. Please contact your financial institution and resubmit the application/petition package.</p> <p>Please be sure to complete the petition fully, submit the appropriate fees, and include all required supporting documentation. You may be able to file form online. Visit www.uscis.gov/file-online for more information.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>				Name	Date of Birth	Country of Birth	Class (If Applicable)	DOS SANTOS CAMARTE, LEONARDO	1/25/1978	BRAZIL	
Name	Date of Birth	Country of Birth	Class (If Applicable)								
DOS SANTOS CAMARTE, LEONARDO	1/25/1978	BRAZIL									
<p>USCIS OFFICE ADDRESS</p> <p>USCIS P. O. Box 660128 Dallas, TX 75266</p>		<p>USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY</p> 									

TRN# 2026030062350

BIN# 2903576


THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Rejection Notice		NOTICE DATE March 13, 2026	
CASE TYPE I-485, Application to Register Permanent Residence or Adjust Status		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0935956773	RECEIVED DATE February 19, 2026	DATE OF BIRTH January 25, 1978	PAGE 1 of 1
APPLICANT/PETITIONER NAME AND MAILING ADDRESS LEONARDO DOS SANTOS CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169			
<p>This is in reference to the I-485, Application to Register Permanent Residence or Adjust Status, you submitted. Your I-485, fees, and any supporting documentation is being returned to you for the following reason(s):</p> <p>Based on the information you provided, your priority date could not be established. Please resubmit your application with the proper documentation to the address listed on the bottom of this notice.</p> <p>The following documents may be provided:</p> <ul style="list-style-type: none"> • Your original Form I-130, (Petition for Alien Relative) if you are filing concurrently; or • Your original Form I-140, (Immigrant Petition for Alien Worker) if you are filing concurrently; or • Your original Form I-360, (Petition for Amerasian, Widow(er), or Special Immigrant) if you are filing concurrently; or • A copy of your Form I-797C, (Notice of Action) if the I-130, I-140, I-360, I-526, or I-526E petition has already been filed/approved; or • Other evidence that an immigration visa petition has been filed/approved on your behalf. <p>Please be sure to complete the application fully, submit the appropriate fees, and include all required supporting documentation. You may be able to file form online. Visit www.uscis.gov/file-online for more information.</p> <p>If your Form I-693, Report of Immigration Medical Examination and Vaccination Record was returned (with the sealed envelope opened/unsealed) with the rejected package, then if and when you file a new Form I-485, you may resubmit your previously submitted Form I-693, its original envelope, and any supporting documentation that was previously included by the civil surgeon, with a copy of this notice.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>			
USCIS OFFICE ADDRESS USCIS P. O. Box 660867 Dallas, TX 75266		USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY	
			

TRN# 2026025399930

BIN# 2903905

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Rejection Notice		NOTICE DATE March 13, 2026	
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0935956774	RECEIVED DATE February 19, 2026	DATE OF BIRTH January 25, 1978	PAGE 1 of 1
APPLICANT/PETITIONER NAME AND MAILING ADDRESS LEONARDO DOS SANTOS CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169			
Eligibility Category: C09			
<p>The entire application package you filed along with any fees you submitted is being returned to you for the following reason(s):</p> <p>The principal application could not be accepted for the reason(s) specified on the related Notice of Action (Form I-797). Therefore the processing of all riding applications cannot continue.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>			
USCIS OFFICE ADDRESS USCIS P. O. Box 660867 Dallas, TX 75266		USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY	
			

TRN# 2026025399930 BIN# 2903905

If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.


Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.


THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Rejection Notice		NOTICE DATE March 13, 2026	
CASE TYPE I-131, Application for Travel Document		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0935956775	RECEIVED DATE February 19, 2026	DATE OF BIRTH January 25, 1978	PAGE 1 of 1
APPLICANT/PETITIONER NAME AND MAILING ADDRESS LEONARDO DOS SANTOS CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169			
<p>The entire application package you filed along with any fees you submitted is being returned to you for the following reason(s):</p> <p>The principal application could not be accepted for the reason(s) specified on the related Notice of Action (Form I-797). Therefore the processing of all riding applications cannot continue.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>			
USCIS OFFICE ADDRESS USCIS P. O. Box 660867 Dallas, TX 75266		USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY 	

TRN# 2026025399930

BIN# 2903905


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NOTICE TYPE Rejection Notice		NOTICE DATE March 13, 2026	
CASE TYPE I-485, Application to Register Permanent Residence or Adjust Status		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0935956770	RECEIVED DATE February 19, 2026	DATE OF BIRTH July 10, 1982	PAGE 1 of 1
APPLICANT/PETITIONER NAME AND MAILING ADDRESS BIANCA DA SILVA CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169			
<p>This is in reference to the I-485, Application to Register Permanent Residence or Adjust Status, you submitted. Your I-485, fees, and any supporting documentation is being returned to you for the following reason(s):</p> <p>One or more of the application(s)/petition(s) in the package you submitted were unacceptable for the reason(s) specified on the related Notice(s) of Action (Form I-797). Please correct the application(s)/petition(s), and resubmit the package with the appropriate fees and any supporting documentation to the address listed on the bottom of this page.</p> <p>Please be sure to complete the application fully, submit the appropriate fees, and include all required supporting documentation. You may be able to file form online. Visit www.uscis.gov/file-online for more information.</p> <p>If your Form I-693, Report of Immigration Medical Examination and Vaccination Record was returned (with the sealed envelope opened/unsealed) with the rejected package, then if and when you file a new Form I-485, you may resubmit your previously submitted Form I-693, its original envelope, and any supporting documentation that was previously included by the civil surgeon, with a copy of this notice.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>			
USCIS OFFICE ADDRESS USCIS P. O. Box 660867 Dallas, TX 75266		USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY	
			

TRN# 2026025399930

BIN# 2903905


THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Rejection Notice		NOTICE DATE March 13, 2026	
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0935956771	RECEIVED DATE February 19, 2026	DATE OF BIRTH July 10, 1982	PAGE 1 of 1
APPLICANT/PETITIONER NAME AND MAILING ADDRESS BIANCA DA SILVA CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169			
Eligibility Category: C09			
<p>This is in reference to the I-765, Application for Employment Authorization, you submitted. Your I-765, fees, and any supporting documentation is being returned to you for the following reason(s):</p> <p>One or more of the application(s)/petition(s) in the package you submitted were unacceptable for the reason(s) specified on the related Notice(s) of Action (Form I-797). Please correct the application(s)/petition(s), and resubmit the package with the appropriate fees and any supporting documentation to the address listed on the bottom of this page.</p> <p>Please be sure to complete the application fully, submit the appropriate fees, and include all required supporting documentation. You may be able to file form online. Visit www.uscis.gov/file-online for more information.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>			
USCIS OFFICE ADDRESS USCIS P. O. Box 660867 Dallas, TX 75266		USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY	
			

TRN# 2026025399930

BIN# 2903905

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Rejection Notice		NOTICE DATE March 13, 2026	
CASE TYPE I-131, Application for Travel Document		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0935956772	RECEIVED DATE February 19, 2026	DATE OF BIRTH July 10, 1982	PAGE 1 of 1
APPLICANT/PETITIONER NAME AND MAILING ADDRESS BIANCA DA SILVA CAMARTE C/O OTAVIO HAVERROTH SILVA HS LAW CORP PO BOX 90487 SAN DIEGO, CA 92169			
<p>This is in reference to the I-131, Application for Travel Document, you submitted. Your I-131, fees, and any supporting documentation is being returned to you for the following reason(s):</p> <p>One or more of the application(s)/petition(s) in the package you submitted were unacceptable for the reason(s) specified on the related Notice(s) of Action (Form I-797). Please correct the application(s)/petition(s), and resubmit the package with the appropriate fees and any supporting documentation to the address listed on the bottom of this page.</p> <p>Please be sure to complete the application fully, submit the appropriate fees, and include all required supporting documentation. You may be able to file form online. Visit www.uscis.gov/file-online for more information.</p> <p>If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.</p> <p>If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center.</p> <p>You will be notified separately about any other case you may have filed.</p>			
USCIS OFFICE ADDRESS USCIS P. O. Box 660867 Dallas, TX 75266		USCIS CONTACT CENTER NUMBER (800)375-5283 ATTORNEY COPY	
			

TRN# 2026025399930

BIN# 2903905



EB-1A EXTRAORDINARY ABILITY

IMMIGRANT PETITION

Concurrent Filing Package: Form I-140 and Form I-485

**Petitioner: CAMARTE,
Leonardo dos Santos**

**HS Law Corp
P.O Box 90487
San Diego - CA - United States**



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name DOS SANTOS CAMARTE	Applicant/Petitioner Full First Name Leonardo	Applicant/Petitioner Full Middle Name N/A
Email Address N/A		Mobile Phone Number (Text Message) +1 (650) 431-5780





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)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

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

California

1.b. Bar Number (if applicable)

343486

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)

HS Law Corp

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

N/A

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

N/A

3. I am associated with

N/A

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

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

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

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

- 1.a. I request that USCIS send original notices on an application or petition to the 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 N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

3.d N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

4.d N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

5.d N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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

6.d N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A





Immigrant Petition for Alien Workers

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

USCIS
Form I-140
OMB No. 1615-0015
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker		Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II		
Remarks				

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
--	--	--	--

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

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Other Information

4. IRS Employer Identification Number (EIN) ▶

5. Are you a nonprofit organized as tax exempt or a governmental research organization? Yes No

6. 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

7. U.S. Social Security Number (SSN) (if any) ▶

8. USCIS Online Account Number (if any) ▶

Part 2. Petition Type

This petition is being filed for (select **only one** box):

- 1.a. An alien of extraordinary ability.
- 1.b. An outstanding professor or researcher.
- 1.c. A multinational executive or manager.
- 1.d. A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).
- 1.e. A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).



Part 2. Petition Type (continued)

- 1.f. A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. Any other worker (requiring less than two years of training or experience).
- 1.h. An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

This petition is being filed (select **only one** box):

- 2.a. To amend a previously filed petition.
 Previous Petition Receipt Number
 ▶ N/A
- 2.b. For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

- 1.a. Family Name (Last Name) **DOS SANTOS CAMARTE**
- 1.b. Given Name (First Name) **Leonardo**
- 1.c. Middle Name **N/A**

Mailing Address

- 2.a. In Care Of Name
Otavio HAVERROTH SILVA
- 2.b. Street Number and Name **PO Box 90487**
- 2.c. Apt. Ste. Flr. **N/A**
- 2.d. City or Town **San Diego**
- 2.e. State **CA** 2.f. ZIP Code **92169**
- 2.g. Province **N/A**
- 2.h. Postal Code **N/A**
- 2.i. Country
USA

Other Information

3. Date of Birth (mm/dd/yyyy) **01/25/1978**
4. City/Town/Village of Birth
Rio de Janeiro
5. State or Province of Birth
Rio de Janeiro

6. Country of Birth
Brazil
7. Country of Citizenship or Nationality
Brazil
8. Alien Registration Number (A-Number) (if any)
▶ A- **N/A**
9. U.S. SSN (if any) ▶ **N/A**

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy) **02/13/2019**
- 11.a. Form I-94 Arrival-Departure Record Number
▶ **7 3 1 5 2 2 5 7 9 5 6**
- 11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) **D/S**
- 11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)
F2
12. Passport Number
FN281399
13. Travel Document Number
FN281399
14. Country of Issuance for Passport or Travel Document
Brazil
15. Expiration Date for Passport or Travel Document (mm/dd/yyyy) **05/22/2020**

Part 4. Processing Information

Provide the following information for the person named in **Part 3.** (select **only one** box):

- 1.a. Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:
- 1.b. City or Town
N/A
- 1.c. Country
N/A
- 2.a. Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Part 4. Processing Information (continued)

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

Brazil

If you provided a United States address in Part 3., provide the person's foreign address in Item Numbers 3.a. - 3.f.:

3.a. Street Number and Name 109 Estrada do Pacui

3.b. Apt. Ste. Flr. N/A

3.c. City or Town Rio de Janeiro

3.d. Province Rio de Janeiro

3.e. Postal Code 22785160

3.f. Country Brazil

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in Item Numbers 4.a. - 4.c.:

4.a. Family Name (Last Name) N/A

4.b. Given Name (First Name) N/A

4.c. Middle Name N/A

Mailing Address

5.a. In Care Of Name N/A

5.b. Street Number and Name N/A

5.c. Apt. Ste. Flr. N/A

5.d. City or Town N/A

5.e. Province N/A

5.f. Postal Code N/A

5.g. Country N/A

If you answer "Yes" to Item Numbers 6.a. - 10., provide the case number, office location, date of decision, and disposition of the decision in the space provided in Part 11. Additional Information.

6.a. Are you filing any other petitions or applications with this Form I-140? Yes No

6.b. If you answered "Yes" to Item Number 6.a., select all applicable boxes:

Form I-485

Form I-131

Form I-765

Other (Provide an explanation in Part 11. Additional Information.)

7. Is the person for whom you are filing in removal proceedings? Yes No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? Yes No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? Yes No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? Yes No

Part 5. Additional Information About the Petitioner

Type of petitioner (select only one box):

1.a. Employer

1.b. Self

1.c. Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

N/A

If a company or an organization is filing this petition, provide the following information:

2. Type of Business N/A

3. Date Established (mm/dd/yyyy) N/A

4. Current Number of U.S. Employees N/A

5. Gross Annual Income \$ N/A

6. Net Annual Income \$ N/A

7. NAICS Code N/A

8. Labor Certification DOL Case Number N/A



Part 5. Additional Information About the Petitioner (continued)

- 9. Labor Certification DOL Filing Date (mm/dd/yyyy)
- 10. Labor Certification Expiration Date (mm/dd/yyyy)

If an individual is filing this petition, provide the following information.

- 11. Occupation
- 12. Annual Income \$

Part 6. Basic Information About the Proposed Employment

- 1. Job Title
- 2. SOC Code ▶ -
- 3. Nontechnical Job Description
- 4. Is this a full-time position? Yes No
- 5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?
- 6. Is this a permanent position? Yes No
- 7. Is this a new position? Yes No
- 8. Wages (Specify hour, week, month, or year):
\$ per

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

- 9.a. Street Number and Name
- 9.b. Apt. Ste. Flr.
- 9.c. City or Town
- 9.d. State 9.e. ZIP Code

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 11. Additional Information.**

Person 1

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)
- 3. Country of Birth
- 4. Relationship
- 5. Is he or she applying for adjustment of status? Yes No
- 6. Is he or she applying for a visa abroad? Yes No

Person 2

- 7.a. Family Name (Last Name)
- 7.b. Given Name (First Name)
- 7.c. Middle Name
- 8. Date of Birth (mm/dd/yyyy)
- 9. Country of Birth
- 10. Relationship
- 11. Is he or she applying for adjustment of status? Yes No
- 12. Is he or she applying for a visa abroad? Yes No



Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
- 14. Date of Birth (mm/dd/yyyy)
- 15. Country of Birth
- 16. Relationship
- 17. Is he or she applying for adjustment of status?
 Yes No
- 18. Is he or she applying for a visa abroad?
 Yes No

Person 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
- 20. Date of Birth (mm/dd/yyyy)
- 21. Country of Birth
- 22. Relationship
- 23. Is he or she applying for adjustment of status?
 Yes No
- 24. Is he or she applying for a visa abroad?
 Yes No

Person 5

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
- 26. Date of Birth (mm/dd/yyyy)
- 27. Country of Birth
- 28. Relationship
- 29. Is he or she applying for adjustment of status?
 Yes No
- 30. Is he or she applying for a visa abroad?
 Yes No

Person 6

- 31.a. Family Name (Last Name)
- 31.b. Given Name (First Name)
- 31.c. Middle Name
- 32. Date of Birth (mm/dd/yyyy)
- 33. Country of Birth
- 34. Relationship
- 35. Is he or she applying for adjustment of status?
 Yes No
- 36. Is he or she applying for a visa abroad?
 Yes No



Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information

- 1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)
DOS SANTOS CAMARTE
- 1.b. Petitioner's or Authorized Signatory's Given Name (First Name)
Leonardo
2. Petitioner's or Authorized Signatory's Title
N/A
3. Petitioner's or Authorized Signatory's Daytime Telephone Number
+1 (650) 431-5780
4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)
+1 (650) 431-5780
5. Petitioner's or Authorized Signatory's Email Address (if any)
biancacamarTE@hotmail.com

Petitioner's or Authorized Signatory's Certification and Signature

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

- a. I reviewed and provided or authorized all of the responses and information in my petition;
- b. I understood all of the responses and information contained in, and submitted with, my petition; and
- c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 6.a. Petitioner's or Authorized Signatory's Signature
Leonardo dos Santos
- 6.b. Date of Signature (mm/dd/yyyy) 03/19/2026

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
N/A
- 1.b. Interpreter's Given Name (First Name)
N/A
2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A
4. Interpreter's Mobile Telephone Number (if any)
N/A
5. Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English

and N/A

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

- 6.a. Interpreter's Signature
N/A
- 6.b. Date of Signature (mm/dd/yyyy) N/A



Part 10. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this petition for the petitioner or authorized signatory at their request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner or authorized signatory. The petitioner or authorized signatory reviewed the responses and information and informed me that they understand the responses and information in or submitted with the petition.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

02/04/2026



Part 11. 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. IRS EIN

3. Page Number	Part Number	Item Number
<input type="text" value="4"/>	<input type="text" value="6"/>	<input type="text" value="3"/>

Formulate design concepts and presentation approaches for visual productions and media, such as print, broadcasting, video, and film. Direct workers engaged in artwork or layout design.

4. Page Number	Part Number	Item Number
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N/A

5. Page Number	Part Number	Item Number
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N/A

6. Page Number	Part Number	Item Number
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N/A

7. Page Number	Part Number	Item Number
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

N/A

