

THE UNITED STATES OF AMERICA

RECEIPT NUMBER [REDACTED]		CASE TYPE I539 APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
RECEIPT DATE April 16, 2014	PRIORITY DATE	APPLICANT [REDACTED]
NOTICE DATE May 15, 2014	PAGE 1 of 1	BENEFICIARY [REDACTED]
CREIGHTON P SHAFER ESQ DIAZ SHAFER P A [REDACTED] 305 NORTH ARMENIA AVE TAMPA FL 33609		Notice Type: Approval Notice Class: E2 Valid from 05/14/2014 to 04/30/2016

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. The nonimmigrant status of the applicant(s) is based on the separate nonimmigrant status held by a principal alien who has authorized employment in the United States.

The lower portion of this notice should be attached to the previous Form I-94, Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. If any person included in this application must depart the U.S., he or she may wish to take this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new classification before returning to the U.S.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

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

U.S. CITIZENSHIP & IMMIGRATION SVC
CALIFORNIA SERVICE CENTER
P. O. BOX 30111
LAGUNA NIGUEL CA 92607-0111



Customer Service Telephone: (800) 375-5283
Form I797A (Rev. 10/31/05)N

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

Detach This Half for Personal Records

Receipt# [REDACTED]
I-94# [REDACTED]
NAME [REDACTED]
CLASS [REDACTED]

VALID FROM 05/14/2014 UNTIL 04/30/2016

PETITIONER [REDACTED]

134115484 30
Receipt Number [REDACTED]
United States Citizenship and Immigration
Services

I-94
Departure Record Petitioner: [REDACTED]

14. Family Name [REDACTED]	
15. First (Given) Name [REDACTED]	16. Date of Birth [REDACTED]
17. Country of Citizenship [REDACTED]	