

Petition to Remove Conditions on Residence

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-751

OMB No. 1615-0038 Expires 11/30/2017

| | | Rec | eipt | | | Action Bloc | k | Remarks | | |
|-----------------------------|-----------------------------|-----------------|--|--------|---|---|---|---------------------------|--|--|
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| USC | | loc Sent | Reloc Received | | | | | | | |
| On | ly Date (m | nm/dd/yyyy) | Date (mm/dd/yyyy) | / | | | | | | |
| | Date (m | nm/dd/yyyy) | Date (mm/dd/yyyy) | / | | | | | | |
| | □ Petitie | oner interview | ed on (mm/dd/yyyy) | / | 1 1 | ☐ Approved | under INA 216(c)(4) | (C) Battered Spouse/Child | | |
| I TO DE COMDICIEU DY AM I — | | | | | | | redited Representative ecount Number (if any) | | | |
| ►ST | ART HERE - | Type or prir | nt in black ink. | | | | | | | |
| | | ation Abou | t You, the Condi | tional | 5. | Country of 1 | Birth | | | |
| | dent | | | | | | | | | |
| | Family Name (Last Name) | | | | 6. | Country of (apply) | Citizenship or Natio | nality (provide all that | | |
| | Given Name (First Name) | | | | | | | | | |
| 1.c. | Middle Name | | | | 7. | Alien Registration Number (A-Number) (if any) ► A- | | | | |
| Othe | er Names Us | sed | | | 8. | U.S. Social | Security Number (i | f any) | | |
| | | | r used, including alias | | | | > | | | |
| comp | | n, use the spac | you need extra space be provided in Part 1 | | 9. USCIS Online Account Number (if any) • | | | | | |
| | Family Name (Last Name) | | | | Ma | erital Status | Y | | | |
| 2.b. | Given Name | | | | 10. | Marital Stat | | | | |
| | (First Name) Middle Name | | | | | Single | | Divorced Widowed | | |
| | | | | | | Date of Mar | riage (mm/dd/yyyy |) | | |
| | Family Name (Last Name) | | | | <u> </u> | Place of Ma | rriage | | | |
| | Given Name (First Name) | | | | | | | | | |
| 3.c. Middle Name | | | | 13. | If the marriage through which you gained conditional residence has ended, provide the date it ended (date of divorce or date of death) (mm/dd/yyyy) | | | | | |
| Other Information | | | | | | divoice of u | are of death) (IIIII/0 | | | |
| 4. | Date of Birth (| (mm/dd/yyyy) | | | 14. | Conditional | Residence Expires (| On (mm/dd/yyyy) | | |
| | | | | | | | | | | |

| Part 1. Information About You, the Conditional Resident (continued) | one through which you gained conditional resident status. |
|---|--|
| Mailing Address 15.a. In Care Of Name 15.b. Street Number and Name | 22. Have you resided at any other address since you became a permanent resident? Yes Note that I you answered "Yes" to Item Number 22., provide a list of all addresses where you have resided since becoming a permanent resident and the dates you resided at those locations in the space provided in Part 11. Additional Information. |
| 15.c. Apt. Ste. Flr. 15.d. City or Town 15.e. State 15.f. ZIP Code | 23. Is your spouse or parent's spouse currently serving with o employed by the U.S. Government and serving outside the United States? |
| 16. Is your physical address different than your mailing address? Yes No If you answered "Yes" to Item Number 16., provide your physical address below. | Part 2. Biographic Information 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino |
| 17.a. In Care Of Name 17.b. Street Number and Name 17.c. | 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet Inches 4. Weight Pounds Black Blue Brown |
| 18. Are you in removal, deportation, or rescission proceedings? Yes No 19. Was a fee paid to anyone other than an attorney in connection with this petition? Yes No | Gray Green Hazel Maroon Pink Unknown/Other 6. Hair Color (Select only one box) Bald (No hair) Black Blond |
| 20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? Yes No | Brown Gray Red Sandy White Unknown/Other |
| If you answered "Yes" to Item Number 20. , provide a detailed explanation in Part 11. Additional Information or on a separate sheet of paper, and refer to the What Initial Evidence Is Required section of the Form I-751 instructions to determine | |

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what criminal history document to include with your petition.

| Part 3. Basis for Petition | Other Information |
|--|---|
| Joint Filing | 2.a. Family Name (Last Name) |
| My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, | 2.b. Given Name (First Name) |
| and I am filing this joint petition together with (Select only one box): | 2.c. Middle Name |
| 1.a. My spouse. | 3. Date of Birth (mm/dd/yyyy) |
| 1.b. My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse. | 4. U.S. Social Security Number (if any) |
| OR (Select all applicable boxes in the next section.) | 5. A-Number (if any) ► A- |
| Waiver or Individual Filing Request | Physical Address |
| My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, I am unable to file a joint petition with my spouse or my | 6.a. Street Number and Name |
| parent's spouse, because: | 6.b. |
| 1.c. My spouse is deceased. | 6.c. City or Town |
| 1.d. My marriage was entered in good faith, but the marriage was terminated through divorce or annulment. | 6.d. State 6.e. ZIP Code |
| 1.e. I entered the marriage in good faith, and, during the | 6.f. Province |
| marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or lawful permanent resident spouse. | 6.g. Postal Code |
| 1.f. My parent entered the marriage in good faith, and, during the marriage, I was battered, or was subjected | 6.h. Country |
| to extreme cruelty, by my parent's U.S. citizen or | |
| lawful permanent resident spouse or by my conditional resident parent. | Part 5. Information About Your Children |
| 1.g. The termination of my status and removal from the United States would result in an extreme hardship. | Provide information on all of your children. If you need extra space to complete this section, use the space provided in Part 11. Additional Information . |
| Part 4. Information About the U.S. Citizen or | Child 1 |
| Lawful Permanent Resident Spouse. If Filing as | 1.a. Family Name (Last Name) |
| a Child Separately, Information About the U.S. Citizen or Lawful Permanent Resident | 1.b. Given Name (First Name) |
| Stepparent Through Whom You Gained Your Conditional Residence. | 1.c. Middle Name |
| | 2. Date of Birth (mm/dd/yyyy) |
| Relationship 1.a. | 3. A-Number (if any) ► A- |
| 1.b. Parent's Spouse or Former Spouse | 4. Is this child living with you? Yes No |
| | 5. Is this child applying with you? Yes No |

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| Part 5. Information About Your Children | | | Child 3 | | | | | |
|---|--------------------|-------|---|--|--|--|--|--|
| (continued) | | | Family Name (Last Name) | | | | | |
| Physical Address | | | Given Name (First Name) | | | | | |
| 6.a. Street Numb and Name | per | 13.c. | Middle Name | | | | | |
| 6.b. Apt. | Ste. Flr. | 14. | Date of Birth (mm/dd/yyyy) | | | | | |
| 6.c. City or Tow | n | 15. | A-Number (if any) | | | | | |
| 6.d. State | 6.e. ZIP Code | | ► A- | | | | | |
| | | 16. | Is this child living with you? | | | | | |
| 6.f. Province | | 17. | Is this child applying with you? Yes No | | | | | |
| 6.g. Postal Code | | | 0 , | | | | | |
| 6.h. Country | | Phys | sical Address | | | | | |
| | | | Street Number and Name | | | | | |
| Child 2 | | | Apt. Ste. Flr. | | | | | |
| 7.a. Family Nam (Last Name) | | | City or Town | | | | | |
| 7.b. Given Name | | | | | | | | |
| (First Name | , | 18.d. | State 18.e. ZIP Code | | | | | |
| 7.c. Middle Nam | ne | 18.f. | Province | | | | | |
| 8. Date of Birth | h (mm/dd/yyyy) | 18.g. | Postal Code | | | | | |
| 9. A-Number (| (if any) | 18.h. | Country | | | | | |
| | ► A- | | | | | | | |
| 10. Is this child | living with you? | Child | 14 | | | | | |
| 11. Is this child | applying with you? | 19.a. | Family Name (Last Name) | | | | | |
| Physical Addr | ess | | Given Name (First Name) | | | | | |
| 12.a. Street Numb and Name | per | | Middle Name | | | | | |
| 12.b. Apt. | Ste. Flr. | 20. | Date of Birth (mm/dd/yyyy) | | | | | |
| 12.c. City or Tow | n | 21. | A-Number (if any) | | | | | |
| 12.d. State | 12.e. ZIP Code | | ► A- | | | | | |
| | | 22. | Is this child living with you? | | | | | |
| 12.f. Province | | 23. | Is this child applying with you? Yes No | | | | | |
| 12.g. Postal Code | | | | | | | | |
| 12.h. Country | | | | | | | | |
| | | | | | | | | |

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Part 5. Information About Your Children Part 6. Accommodations for Individuals With (continued) **Disabilities and/or Impairments NOTE:** Read the information in the Form I-751 Instructions Physical Address before completing this part. 24.a. Street Number Are you requesting an accommodation because of your and Name disabilities and/or impairments? Yes No **24.b.** Apt. Ste. Flr. 2. Are you requesting an accommodation because of your 24.c. City or Town spouse's disabilities and/or impairments? Yes No **24.d.** State 24.e. ZIP Code 3. Are you requesting an accommodation because of your 24.f. Province included children's disabilities and/or impairments? Yes No 24.g. Postal Code If you answered "Yes" to Item Numbers 1. - 3., select any 24.h. Country applicable box for Item Numbers 4.a. - 4.c. Provide information on the disabilities and/or impairments for each person. Child 5 **4.a.** I am deaf or hard of hearing and request the 25.a. Family Name following accommodation. (If you are requesting a (Last Name) sign-language interpreter, indicate for which 25.b. Given Name language (for example, American Sign Language).): (First Name) 25.c. Middle Name 26. Date of Birth (mm/dd/yyyy) **4.b.** I am blind or have low vision and request the 27. A-Number (if any) following accommodation: 28. Is this child living with you? Yes □ No Is this child applying with you? Yes No I have another type of disability and/or impairment. Physical Address (Describe the nature of your disability and/or impairment and the accommodation you are 30.a. Street Number requesting.): and Name **30.b.** Apt. Ste. Flr. 30.c. City or Town **30.d.** State **30.e.** ZIP Code 30.f. Province 30.g. Postal Code **30.h.** Country

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Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

NOTE: If you selected **Box 1.a.** in **Part 3.**, your spouse must also read and sign the petition in **Part 8.** Signature of a conditional resident child under 14 years of age is not required; a parent may sign for a child.

Petitioner's Statement

| | Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2. |
|------|--|
| 1.a. | I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center. |
| 1.b. | The interpreter named in Part 9. has also read to me every question and instruction on this petition, as well as my answer to every question, in |
| | a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 9. has also read the Acknowledgement of Appointment at USCIS Application Support Center to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter. |
| 2. | I have requested the services of and consented to who is is is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the ASC Acknowledgement. |

Petitioner's Contact Information

| P | etitioner's Daytime Telephone Number |
|--------|--|
| P | etitioner's Mobile Telephone Number (if any) |
| L P | etitioner's Email Address (if any) |

Acknowledgement of Appointment at USCIS Application Support Center

understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

If conditional residence was based on a marriage, I further certify that the marriage was entered into in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

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Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Petitioner's 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 petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

| Pet | itioner's Signature | |
|---------------|--------------------------------|--|
| 6.a. | Petitioner's Signature | |
| \Rightarrow | | |
| 6.b. | Date of Signature (mm/dd/yyyy) | |
| | | |

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

NOTE: If you are filing based on claims of having been battered or subjected to extreme cruelty waiver or individual filing, you are not required to have the spouse's or individual listed in **Part 4's** signature.

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable)

Provide the following information about the spouse or individual listed in **Part 4.**

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

Spouse's or Individual's Statement

| Spa | ouse's or inalviaual's Statement |
|-------------|--|
| | TE: Select the box for either Item Number 1.a. or 1.b. If icable, select the box for Item Number 2. |
| 1.a. | I can read and understand English, and have read and understand every question and instruction on this petition, as well as the petitioner's answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center. |
| 1.b. | The interpreter named in Part 9. has also read to me every question and instruction on this petition, as well as the petitioner's answer to every question, in a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 9. has also read the Acknowledgement of Appointment at USCIS Application Support Center to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) |
| 2. | Acknowledgement as read to me by my interpreter. I have requested the services of and consented to who is is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the ASC Acknowledgement. |
| Spa | ouse's or Individual's Contact Information |
| 3. | Spouse's or Individual's Daytime Telephone Number |
| 4. | Spouse's or Individual's Mobile Telephone Number (if any) |

Spouse's or Individual's Email Address (if any)

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5.

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, **Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature** (if applicable) (continued)

Acknowledgement of Appointment at USCIS **Application Support Center**

understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS **Application Support Center** with me.

Spouse's or Individual's 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 petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

| 6.a. | Spouse's or Individual's Signature | | | | | |
|------------------------|--|--|--|--|--|--|
| — | Spouse 5 of Individual 5 Digitature | | | | | |
| ., ., | Data of Signature (now (11)) | | | | | |
| o.D. | Date of Signature (mm/dd/yyyy) | | | | | |
| not c docu petit | | | | | | |
| | t 9. Interpreter's Contact Information, tification, and Signature | | | | | |
| Prov | ide the following information about the interpreter. | | | | | |
| Inte | erpreter's Full Name | | | | | |
| 1.a. | Interpreter's Family Name (Last Name) | | | | | |
| | | | | | | |
| 1.b. | Interpreter's Given Name (First Name) | | | | | |
| | | | | | | |
| 2. | Interpreter's Business or Organization Name (if any) | | | | | |
| | | | | | | |
| Int | erpreter's Mailing Address | | | | | |
| 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 | | | | | |
| J.1. | | | | | | |
| | Postal Code | | | | | |
| 3.g. 3.h. | Postal Code Country | | | | | |
| 3.g. | | | | | | |
| 3.g. 3.h. | | | | | | |

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Preparer's Mailing Address Part 9. Interpreter's Contact Information, Certification, and Signature (continued) 3.a. Street Number and Name Interpreter's Certification Apt. Ste. Flr. I certify that: 3.c. City or Town I am fluent in English and which is the same language provided in Part 7., Item Number 1.b.; 3.d. State 3.e. ZIP Code I have read to this petitioner every question and instruction on Province this petition, as well as the answer to every question, in the language provided in Part 7., Item Number 1.b.; and **3.g.** Postal Code I have read the Acknowledgement of Appointment at USCIS **Application Support Center** to the petitioner in the same **3.h.** Country language provided in Part 7., Item Number 1.b. The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to Preparer's Contact Information every question, and the petitioner verified the accuracy of every answer; and Preparer's Daytime Telephone Number The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS 5. Preparer's Fax Number ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this petition and all supporting 6. Preparer's Email Address (if any) documentation are complete, true, and correct. Interpreter's Signature Preparer's Statement Interpreter's Signature I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent. **6.b.** Date of Signature (mm/dd/yyyy) I am an attorney or accredited representative and 7.b. my representation of the petitioner in this case Part 10. Contact Information, Statement, extends does not extend beyond the Certification, and Signature of the Person preparation of this petition. Preparing this Petition, If Other Than the NOTE: If you are an attorney or accredited **Petitioner** representative whose representation extends beyond preparation of this petition, you must submit a completed Form G-28, Notice of Entry Provide the following information about the preparer. of Appearance as Attorney or Accredited Preparer's Full Name Representative, with this petition. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)

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Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Certification

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. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement

| Preparer's Signature | | | | | | |
|----------------------|--------------------------------|--|--|--|--|--|
| 8.a. | Preparer's Signature | | | | | |
| | | | | | | |
| 8.b. | Date of Signature (mm/dd/yyyy) | | | | | |

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| Pa | rt 11. Additional Information | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|--|--|------|-------------|------|-------------|------|-------------|
| with space to co of pa top of and l | ou need extra space to provide any additional information in this petition, use the space below. If you need more e than what is provided, you may make copies of this page omplete and file with this petition or attach a separate sheet aper. Type or print your name and A-Number (if any) at the of each sheet; indicate the Page Number , Part Number , Item Number to which your answer refers; and sign and each sheet. | 5.d. | | | | | |
| You | ur Full Name | | | | | | |
| 1.a. | Family Name | | | | | | |
| 1.b. | (Last Name) Given Name (First Name) | | | | | | |
| 1.c. | Middle Name | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 2. | A-Number (if any) A- | 6.d. | | | | | |
| 3.a. | Page Number 3.b. Part Number 3.c. Item Number | | | | | | |
| 3.d. | | | | | | | |
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| | | 7.a. | Page Number | 7.b. | Part Number | 7.c. | Item Number |
| | | 7.d. | | | | | |
| 4.a. | Page Number 4.b. Part Number 4.c. Item Number | | | | | | |
| 4.d. | | | | | | | |
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