

# THE UNITED STATES OF AMERICA

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



Receipt Number IOE8598876220		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 10/25/2022	Priority Date	Petitioner AMERICAN UNIT INC
Notice Date 12/02/2022	Page 1 of 2	Beneficiary DASARIPALLY, RAHUL REDDY
AMERICAN UNIT INC c/o LAMBOLEY III, HAROLD J LAMBOLEY LAW FIRM LLC 1 EVERGREEN AVE STE 20 HAMDEN CT 06518		<b>Notice Type:</b> Approval Notice <b>Class:</b> H1B <b>Valid from</b> 10/25/2022 to 04/30/2025
<p>The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.</p> <p>The dates 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.</p> <p>The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. and is not visa-exempt must normally obtain a new visa before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for 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.</p> <p>The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.</p> <p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p> <p>USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <a href="https://www.uscis.gov/file-online">https://www.uscis.gov/file-online</a>.</p>		
Texas Service Center U.S. CITIZENSHIP & IMMIGRATION SVC 6046 N Belt Line Rd., STE 110 Irving TX 75038-0012 USCIS Contact Center: <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a>		

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

Detach This Half for Personal Records

**Receipt#** IOE8598876220  
**I-94#** 026137138 A3  
**NAME** DASARIPALLY, RAHUL REDDY  
**CLASS** H1B  
**VALID FROM** 10/25/2022 **UNTIL** 04/30/2025

**PETITIONER**  
 AMERICAN UNIT INC  
 2901 N DALLAS PARKWAY 333  
 PLANO TX 75093

**026137138 A3**  
**Receipt Number** IOE8598876220  
**US Citizenship and Immigration Services**

**I94 Departure Record**  
**Petitioner:** AMERICAN UNIT INC

14. Family Name DASARIPALLY	
15. First (Given) Name RAHUL REDDY	16. Date of Birth 04/07/1993
17. Country of Citizenship India	



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



Receipt Number IOE8598876220		Case Type 1129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 10/25/2022	Priority Date	Petitioner AMERICAN UNIT INC
Notice Date 12/02/2022	Page 2 of 2	Beneficiary DASARIPALLY, RAHUL REDDY

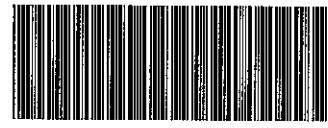
**THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

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](http://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.  
USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Texas Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
6046 N Belt Line Rd., STE 110  
Irving TX 75038-0012



USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)

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

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Detach This Half for Personal Records  
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Receipt Number  
I-94#  
**INTENTIONALLY LEFT BLANK**  
NAME  
CLASS  
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VANT FROM UNIT  
**INTENTIONALLY LEFT BLANK**  
PETITIONER  
**INTENTIONALLY LEFT BLANK**

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Receipt Number  
US Citizenship and Immigration Services  
**INTENTIONALLY LEFT BLANK**  
I94 Departure Record  
Petitioner:  
**INTENTIONALLY LEFT BLANK**  
14. Family Name  
**INTENTIONALLY LEFT BLANK**  
15. First (Given) Name  
**INTENTIONALLY LEFT BLANK**  
16. Date of Birth  
**INTENTIONALLY LEFT BLANK**  
17. Country of Citizenship



# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 07/31/2022

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 I 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

American Unit Inc
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### 3. Mailing Address of Individual, Company or Organization

In Care Of Name			
Street Number and Name		Apt. Ste. Flr.	Number
2901 N Dallas Parkway		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	333
City or Town		State	ZIP Code
Plano		TX	75093
Province	Postal Code	Country	
		United States	

### 4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
(972) 398-3350		hr@americanunit.com

### 5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ 47-0914658	▶	▶

**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
Dasaripally	Rahul Reddy	
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
4. Other Information
 

Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)
<input type="text" value="04/07/1993"/>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text" value="6 8 0 5 9 7 2 9 3"/>



**Part 4 Processing Information (continued)**

3. Are you filing any other petitions with this one?  
 Yes. If yes, how many? ▶   No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at [www.cbp.gov/i94](http://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.
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**Part 5. Basic Information About the Proposed Employment and Employer**

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

1. Job Title  2. LCA or ETA Case Number

**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 I.  
Street Number and Name:  Apt.  Ste.  Flr.  Number   
City or Town:  State:  ZIP Code:

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

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

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

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

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

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

10. Other Compensation (Explain)  

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

12. Type of Business:  13. Year Established:

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

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

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

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

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

- 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
- 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)

Venigalla

Given Name (First Name)

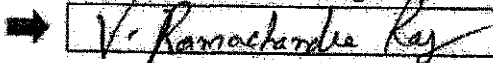
Ramachandra

Title

Vice President-Human Resources

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

10/24/2022

3. Signatory's Contact Information

Daytime Telephone Number

(972) 398-3350

Email Address (if any)

hr@americanunit.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)

Lamboley, III

Given Name (First Name)

Harold

**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).)

Lamboley Law Firm, LLC

**3. Preparer's Mailing Address**

Street Number and Name

1 Evergreen Avenue

Apt. Ste. Flr. Number

20

City or Town

Hamden

State

CT

ZIP Code

06518

Province

Postal Code

Country

United States

**4. Preparer's Contact Information**

Daytime Telephone Number

(203) 287-8042

Fax Number

(203) 287-9742

Email Address (if any)

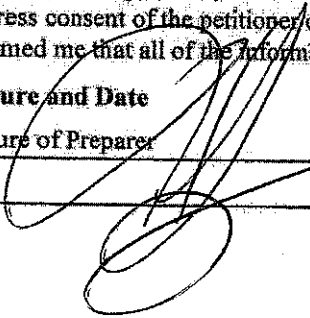
Harold@Lamboleylawfirm.com

**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)

10/24/22

**Part 9. Additional Information About Your Petition For Nonimmigrant Worker**

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

1. A-Number ▶ A-

2. Page Number  Part Number  Item Number

3705 Promenade Dr, Plano, TX 75023

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 07/31/2022

1. Name of the Petitioner

American Unit Inc

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

Rahul Reddy Dasaripally

OR

2.b. Provide the total number of beneficiaries

1

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
Rahul Reddy Dasaripally	10/01/2018	01/19/2022
Rahul Reddy Dasaripally	08/29/2022	present

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).

[Empty box for Confirmation Number]

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

**Section 1. Complete This Section If Filing for H-1B Classification**

1. Describe the proposed duties.


Maintain and administer computer networks and related computing environments, including computer hardware, systems software, applications software, and all configurations. He will plan, coordinate, and implement security measures to safeguard information in computer files against accidental or unauthorized damage, modification or disclosure. SEE ADDENDUM

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

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

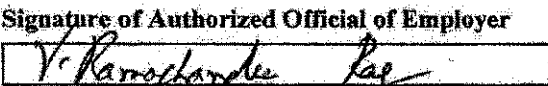
By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the 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)
	Ramachandra Venigalla	10/24/2022

**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)
	Ramachandra Venigalla	10/24/2022

**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)

## Job Duties Continued

He will configure, monitor, and maintain email applications or virus protection software. He will perform monitoring system performance and troubleshooting issues. He will manage Windows, Linux, and/or Mac systems. He will upgrade, install and configure application software and computer hardware. He will create and manage system permissions and user accounts. He will implement comprehensive security requirements for the FileNet P8 platform by leveraging template, default /Direct, Inheritance based security model. He will perform regular security tests and security monitoring. He will perform regular upgrades and fix packs installations on Tririga systems. He will maintain networks and network file systems. He will administer FileNet on Tririga systems. He will provide support for troubleshooting FileNet related issues. He will configure the server components appropriately for different target environments: Development, Test, QA/Staging and Production. He will install FileNet P8 Products, IBM FileNet P8 platform content engine, IBM Content Navigator. He will upgrade systems with new releases and models. He will maintain server configurations. He will install configure, and maintain FileNet which includes Content Engine, Application Engine and Process Engine. He will install, configure and support Content Search Services and Workplace XT. He will maintain essential IT operations, including operating systems, security tools, applications, servers, email systems, laptops, desktops, software, and hardware.



# 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 07/31/2022

1. Name of the Petitioner

American Unit Inc

2. Name of the Beneficiary

Rahul Reddy Dasaripally

## 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

\$88,000.00

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

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

- 2. If you answered **Item Number 1.b.** "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the United States Institution of Higher Education

- b. Date Degree Awarded
- c. Type of United States Degree

- d. Address of the United States institution of higher education

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

**Section 3. Numerical Limitation Information (continued)**

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

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

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



Labor Condition Application for Nonimmigrant Workers  
 Form ETA-9035 & 9035E  
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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 855.730(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 * FileNet Admin	
2. SOC (ONET/OES) code * 15-1244.00	3. SOC (ONET/OES) occupation title * Network and Computer Systems Administrators
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Period of Intended Employment</b>
	5. Begin Date * 10/12/2022 <i>(mm/dd/yyyy)</i>
	6. End Date * 10/11/2025 <i>(mm/dd/yyyy)</i>
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 <i>(indicate total workers in each applicable category)</i>	
<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="1"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *

**C. Employer Information**

1. Legal business name * American Unit, Inc		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 2901 N Dallas Pkwy		
4. Address 2 Ste 333		
5. City * Plano	6. State * Texas	7. Postal code * 75093
8. Country * United States Of America		9. Province
10. Telephone number * +1 (972) 398-3350		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 47-0914658		13. NAICS code (must be at least 4-digits) * 541511

**Labor Condition Application for Nonimmigrant Workers  
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**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)
VENIGALLA	RAMACHANDRA	R
4. Contact's job title *		
VP-HR		
5. Address 1 *		
2901 N Dallas Pkwy		
6. Address 2		
7. City *	8. State *	9. Postal code *
Plano	Texas	75093
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (972) 398-3350		HR@americanunit.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)	
Lamboley	Harold	Joseph	
5. Address 1 §			
One Evergreen Avenue			
6. Address 2			
Suite 20			
7. City §	8. State §	9. Postal code §	
Hamden	Connecticut	06518	
10. Country §		11. Province	
United States Of America			
12. Telephone number §	13. Extension	14. E-Mail address	
+1 (203) 287-8042	13	Harold@lamboleylawfirm.com	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
Lamboley Law Firm LLC		06-1420488	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
405590		Connecticut	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			
Superior Court			

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**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. § Verizon		
4. Address 1* 600 Hidden Ridge		
5. Address 2		
6. City* Irving		7. County* Dallas
8. State/District/Territory* Texas		9. Postal code* 75038
10. Wage Rate Paid to Nonimmigrant Workers* From* \$ 88000.00 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* \$ 79123.00		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
<b>Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):*</b>		
<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 checked="" type="checkbox"/> II <input type="checkbox"/> III <input 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 §	

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**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 <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input checked="" type="checkbox"/> Both
<b>H-1B Dependent or Willful Violator Employers - Master's Degree or Higher Exemptions ONLY</b>	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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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.

<b>6. I have read and agree</b> to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**I. Public Disclosure Information**

**Important Note:** You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
--	--

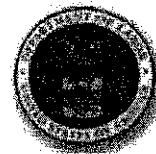
**J. Notice of Obligations**

- A. Upon receipt of the certified LCA, the employer must take the following actions:
  - o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
  - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
  - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(v)).
- 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 * <b>VENIGALLA</b>	2. First (given) name of hiring or designated official * <b>RAMACHANDRA</b>	3. Middle initial §
4. Hiring or designated official title * <b>VR-HR</b>		
5. Signature * 	6. Date signed * <b>10/24/2022</b>	

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**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 10/12/2022 to 10/11/2025.



Department of Labor, Office of Foreign Labor Certification

10/19/2022  
Certification Date (date signed)

I-200-22285-526280

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](http://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](http://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.

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**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 2**

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 * Work Remotely from Home : 3705 Promenade Dr		
5. Address 2		
6. City * Plano		7. County * Collin
8. State/District/Territory * Texas		9. Postal code * 75023
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 88000 . 00 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.* \$ 79123 . 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
<b>Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):</b>		
<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 checked="" type="checkbox"/> II <input type="checkbox"/> III <input 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 §	



# American Unit®



October 19, 2022

USCIS  
Nebraska Service Center  
Texas Service Center  
6046 N Belt Line Road  
Irving, TX 75038


Re: Rahul Reddy Dasaripally

Dear Sir/Madam:

This letter is submitted in support of our petition to employ Mr. Rahul Reddy Dasaripally in H-1B status as a FileNet Admin (System Administrator occupation) at the annual salary of \$88,000.00. He will be working on a project for our direct client Verizon Sourcing LLC located at 600 Hidden Ridge, Irving, TX. He will be working on this project primarily remotely from his home located at 3705 Promenade Dr, Plano, TX. Occasionally he will work in the office of Verizon Sourcing LLC and therefore we have stated both locations on the LCA. At all times Mr. Dasaripally will be an employee of our company, American Unit Inc and will work under the control of American Unit Inc. As our employee we determine and pay his salary and are responsible for all benefits. He is covered under our company worker compensation insurance policy. We have the sole authority to hire and terminate our employees and we are the only party with the authority to change his job duties or move him to a new project.

In this position he will maintain and administer computer networks and related computing environments, including computer hardware, systems software, applications software, and all configurations. He will plan, coordinate, and implement security measures to safeguard information in computer files against accidental or unauthorized damage, modification or disclosure. He will configure, monitor, and maintain email applications or virus protection software. He will perform monitoring system performance and troubleshooting issues. He will manage Windows, Linux, and/or Mac systems. He will upgrade, install and configure application software and computer hardware. He will create and manage system permissions and user accounts. He will implement comprehensive security requirements for the FileNet P8 platform by leveraging template, default /Direct, Inheritance based security model. He will perform regular security tests and security monitoring. He will perform regular upgrades and fix packs installations on Tririga systems. He will maintain networks and network file systems. He will administer FileNet on Tririga systems. He will provide support for troubleshooting FileNet related issues. He will configure the server components appropriately for different target environments: Development, Test, QA/Staging and Production. He will install FileNet P8 Products, IBM FileNet P8 platform content engine, IBM Content Navigator. He will upgrade systems with new releases and models. He will main-



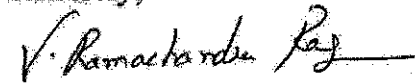


tain server configurations. He will install configure, and maintain FileNet which includes Content Engine, Application Engine and Process Engine. He will install, configure and support Content Search Services and Workplace XT. He will maintain essential IT operations, including operating systems, security tools, applications, servers, email systems, laptops, desktops, software, and hardware.

The job duties of this position require knowledge of computer systems, system administration, computer networks, computer programming, algorithm development, and system security concepts. This knowledge is gained in a course of study toward a Bachelor Degree in Computer Science, Computer Engineering, or related field. Mr. Dasaripally is qualified for this position based on his Master of Science Degree in Computer Science from Virginia International University.

Thank you for your consideration of this petition.

Sincerely,



Ramachandra Venigalla  
Vice President-Human Resources

# Virginia International University

The University Board of Trustees,  
by the virtue of the authority vested in it,  
and on the recommendation of the University Faculty, has conferred on

**Dasaripally Rahul Reddy**

the degree of

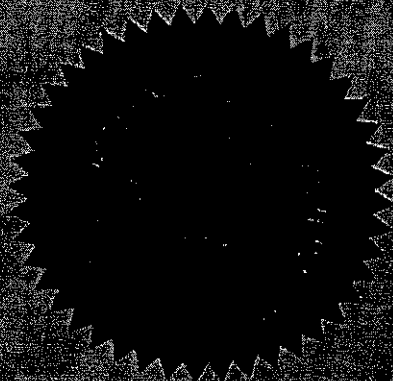
**Master of Science in Computer Science**

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

In testimony whereof this diploma is conferred at  
Fairfax, in the Commonwealth of Virginia on this 1<sup>st</sup> day of July, 2016.



Chakib Cheabi, Ph.D.  
Dean of the School of  
Computer Information Systems



John Sarac, Ph.D.  
President of the University

ISSN: 0014-2532  
EST. 1840

THE WORDS OF IRWIN INTERNATIONAL UNIVERSITY AND OF OTHER AFFILIATED BODIES ARE PRINTED HERE

 For: **RAHUL REDDY DASARIPALLY**



## Most Recent I-94

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**Admission (I-94) Record Number : 026137138A3**

**Most Recent Date of Entry: 2022 August 29**

**Class of Admission : H1B**

**Admit Until Date : 05/09/2023**

**Details provided on the I-94 Information form:**

**Last/Surname : DASARIPALLY**  
**First (Given) Name : RAHUL REDDY**  
**Birth Date : 1993 April 07**  
**Document Number : L1281330**  
**Country of Citizenship : India**

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111  
Expiration Date: 10/31/2022

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

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







# I-797B | NOTICE OF ACTION

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

Receipt Number IOE8129296129		Case Type I-29 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 01/26/2022	Priority Date	Petitioner STRATITUDE LLC
Notice Date 02/02/2022	Page 1 of 2	Beneficiary DASARIPALLY RAHUL REDDY

STRATITUDE LLC  
c/o KAN LAW PC  
KAN LAW PC  
1750 VALLEY VIEW LN 339  
DALLAS TX 75234

**Notice Type:** Approval Notice  
**Class:** H1B  
**Valid from:** 02/02/2022 to 09/30/2024

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-924 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-29 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.

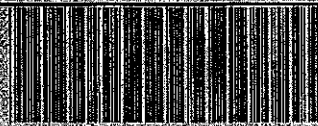
The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

Number of workers: 1

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

**USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.**

Texas Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
6046 N Belt Line Rd., STE 110  
Irving TX 75038-0012  
USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



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 #: IOE8129296129	Case Type: I-29			
Notice Date: February 02, 2022	Petitioner: STRATITUDE LLC			
Petitioner Validity Dates: Valid from 02/02/2022 to 09/30/2024		Number of Workers: 1		
Name DASARIPALLY RAHUL REDDY	DOB 04/07/1993	COB INDIA	Class H1B	Consulate/POE HYDERABAD
				OCC 030



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## I-797B | NOTICE OF ACTION

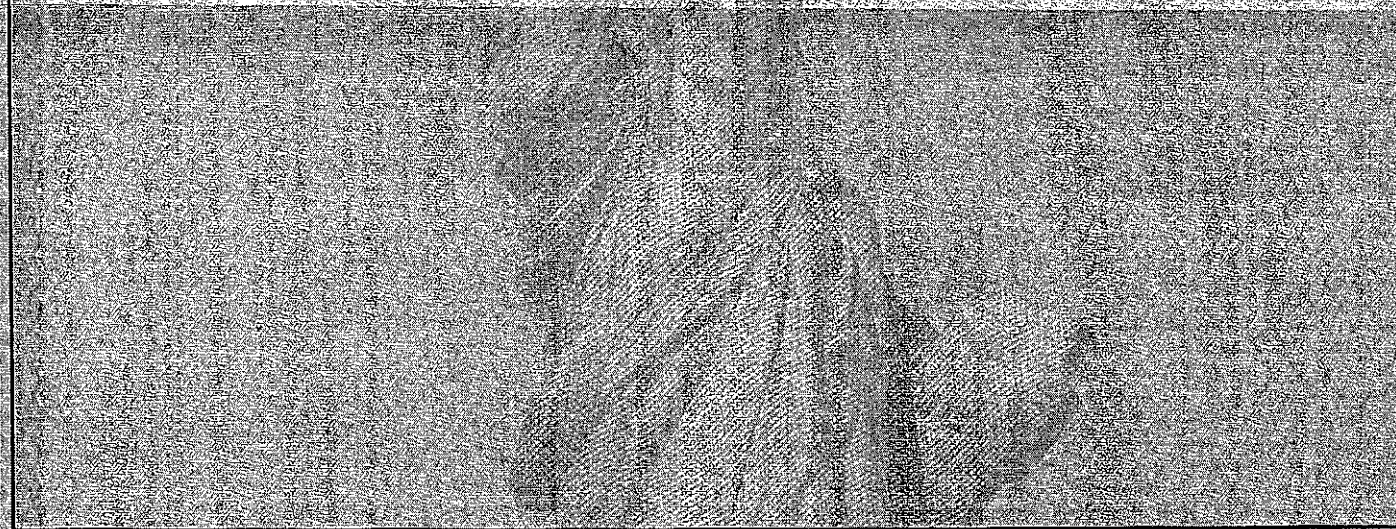
DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE8129296129		Case Type H29 - PETITION FOR A NONIMMIGRANT WORKER	
Received Date 01/26/2022	Priority Date	Petitioner STRATITUDE LLC	
Notice Date 02/02/2022	Page 2 of 2	Beneficiary DASARIPALLY RAHUL REDDY	

Name DASARIPALLY RAHUL REDDY	DOB 04/07/1993	COB INDIA	Class H1B	Consulate/POB HYDERABAD	OCC 030
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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](http://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.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Texas Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
6046 N Belt Lane Rd., STE 110  
Irving, TX 75038-0012  
USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



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 at no visa is required when applying for admission to the U.S.

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STRATITUDE LLC  
 2511 Texas Dr  
 Suite 100  
 Irving TX 75062

1711-5891  
 EE ID: 36

Payrolls by Paychex, Inc.

RAHUL REDDY DASARIPALLY  
 1803 E CAMP MCDONALDS ROAD  
 MOUNT PROSPECT IL 60056

**NON-NEGOTIABLE**

**NON-NEGOTIABLE**

<b>PERSONAL AND CHECK INFORMATION</b>			<b>EARNINGS</b>						
Rahul Reddy Dasaripally 1803 E Camp McDonalds Road Mount Prospect, IL 60056 Soc Sec #: xxx-xx-xxxx Employee ID: 36			<i>BASIS OF PAY</i>	<i>DESCRIPTION</i>	<i>HRS/UNITS</i>	<i>RATE THIS PERIOD (\$)</i>	<i>YTD HOURS</i>	<i>YTD (\$)</i>	
				Hourly	144.00	43.4600	6258.24	400.00	16498.24
				<b>Total Hours</b>	144.00		400.00		
				<b>Gross Earnings</b>		6258.24			16498.24
				<b>Total Hrs Worked</b>	144.00				
<b>NET PAY ALLOCATIONS</b>			<b>WITHHOLDINGS</b>						
Pay Period: 09/01/22 to 09/30/22 Check Date: 10/17/22 Check #: 1000937			<i>DESCRIPTION</i>	<i>FILING STATUS</i>	<i>THIS PERIOD (\$)</i>		<i>YTD (\$)</i>		
<i>DESCRIPTION</i>	<i>THIS PERIOD (\$)</i>	<i>YTD (\$)</i>							
Check Amount	4047.28	4047.28	Social Security		303.62	917.69			
Chkg 306	0.00	3800.89	Medicare		71.01	214.62			
Chkg 214	0.00	3800.89	Fed Income Tax	J	252.73	1347.42			
<b>NET PAY</b>	<b>4047.28</b>	<b>11649.06</b>	IL Income Tax	0 2	222.40	672.65			
			<b>TOTAL</b>		<b>849.76</b>	<b>3152.38</b>			
			<b>DEDUCTION</b>						
			<i>DESCRIPTION</i>	<i>THIS PERIOD (\$)</i>		<i>YTD (\$)</i>			
			Pretax Health I		1361.20	1696.80			
			<b>TOTAL</b>		<b>1361.20</b>	<b>1696.80</b>			
<b>NET PAY</b>			<b>THIS PERIOD (\$)</b>			<b>YTD (\$)</b>			
			4047.28			11649.06			

Payrolls by Paychex, Inc.

**IT Software Development Services Statement of Work  
Verizon****1.0 PREAMBLE**

This Statement of Work ("SOW") is entered into by and between American Unit, Inc a Illinois Corporation, with offices at 2901 North Dallas Parkway, Suite #333, Plano, Texas- 75093 ("Supplier"), and Verizon Sourcing LLC, a Delaware Limited Liability Company, having its principal place of business at One Verizon Way, Basking Ridge, New Jersey 07920 on behalf of itself and for the benefit of its Affiliates (individually and collectively "Verizon" or "Customer"), and is entered into as of the date last written below ("SOW Effective Date").

This SOW is governed by, incorporated into, and made part of, General Services Agreement – IT No. ieMA-01105-2019 between Supplier and Verizon dated 21<sup>st</sup> Feb 2020 ("Agreement"). This SOW defines the Services that Supplier shall provide to Verizon under the terms of the Agreement and this SOW. The payment terms shall be as defined in the Agreement. Supplier shall not issue its invoice for the Deliverable(s) (as defined herein) until the earlier of Verizon's written Acceptance of the applicable Deliverable(s) or the expiration of the acceptance period set forth in the SOW. The maximum amount authorized under this SOW is \$17,955,000 USD. Services authorized by this SOW will commence from Jan 1<sup>st</sup> 2021 and will continue until the later of 31<sup>st</sup> Dec 2023 or the final Acceptance of the Deliverable(s) by Verizon, subject to the earlier of (1) completion of the Services or (2) termination of Services under the Agreement.

Supplier shall not provide to Verizon a former employee of Verizon as a resource on this engagement, unless a period of six (6) months has elapsed from the date of such former employee's separation from Verizon employment.

Supplier shall comply with Verizon security rules as well as all governmental security regulations including, but not limited to U.S. governmental regulations governing security clearances. Supplier shall permit reasonable access during normal working hours to its facilities in connection with the Service. Supplier shall provide its employees, subcontractors, and agents with identification in accordance with current Verizon requirements. Within ninety (90) days of the SOW Effective Date, Supplier shall furnish to Verizon signed copies of the Benefits Waiver for all persons assigned to provide Services to Verizon pursuant to this SOW attached hereto as **Exhibit 2**.

To the extent there is a conflict between a specific term of this SOW and a specific term of the Agreement, the term of the Agreement shall control, unless explicitly stated otherwise in this SOW.

The following exhibits are hereby incorporated into and made part of this SOW by this reference:

- Exhibit 1: Functional, Technical, User Stories, Quality and Release Specifications
- Exhibit 2: Benefits Waiver
- Exhibit 3: Reimbursable Expense Guidelines
- Exhibit 4: Change Request Form
- Exhibit 5: RESERVED
- Exhibit 6: Production and Post Production Support

**2.0 OVERVIEW****2.1 Scope/Objective**

The overall objective of this SOW is for Supplier to - Provide Application Development, Post production Support and Development activities for the Verizon in scope applications as given below Services are to be delivered using Agile Development, as further detailed herein.

**Verizon in scope applications/systems: TRIRIGA modules and associated surround applications.**

Any changes to this SOW will be addressed in an applicable Change Request, substantially in the form of **Exhibit 4** hereunder. The Change Request shall be at no cost unless there is a material impact on Supplier's costs in connection with a Verizon-requested change that is due to no fault or delay of Supplier. In such case, Supplier shall present an impact statement demonstrating such cost increase. If both parties agree to implement the Change Request, both parties will sign the Change Request, indicating the acceptance of the changes by the parties.

**2.2 Type of work Activity**

- Tier 1, 2, and 3 issue monitoring, investigation, resolution, testing, and implementation
- Production and Non-Production environment monitoring
- Data migration (due to system changes and/or any merger and acquisitions)
- Configurations/customizations for in-scope applications
  - Full life cycle development: Requirements gathering, GAP analysis, design, configuration, testing – system testing, integration testing, regression testing, and user acceptance testing, training, implementation, and post production defect resolution
  - Discover, research, and development for proof of concept implementations

**3.0 DEFINITIONS/ACRONYMS**

Terms used herein with initial capital letters shall have the respective meanings set forth (i) in this SOW, if defined herein, or (ii) in the Agreement. When used in this SOW, the terms listed below shall have the following meanings:

**“Acceptance” or “Accepted”** shall mean, with respect to each Deliverable, notification from Verizon in Fieldglass or written notification from Verizon to Supplier, signed by the responsible Verizon Program Manager, indicating that the Deliverable has been evaluated and satisfies the Acceptance criteria of each Deliverable.

**“Agile Development”** shall mean a group of software development methods based on iterative and incremental development, where requirements, User Stories, Backlog items, and solutions evolve through collaboration between the parties.

**“At Your Service or AYS”** shall mean the system used to enter and track all incident reports and change requests for in-scope applications.

**“Backlog”** shall mean an ordered (typically by priority) list of requirements that is maintained for a given level of development. The requirements commonly added to a Backlog are (i) functional requirements known as User Stories written in simple story format, and (ii) non-User Story technical requirements, often called tasks or chores.

**“CERT/Coordination Center”** shall mean the industry standards body that established the Secure Coding Initiative to work with software developers and software development organizations to eliminate vulnerabilities resulting from coding errors before they are deployed.

**“Change Requests”** shall mean written requests by Verizon, mutually agreed on by the parties, using the form provided in **Exhibit 4** hereto, to make changes to this SOW, which may include, but are not limited

to, customer requests, regulatory changes, changes in technical scope, or changes involving other detailed technical issues.

**“Code”** shall mean computer-programming code. If not otherwise specified, Code shall mean and include object code and source code and associated programming documentation. Code shall include any enhancements to such Code in existence from time to time.

**“Deliverables”** has its meaning set out in Section 2.3 of the Agreement but shall also include Code.

**“Documentation”** has its meaning set out in Section 2.4 of the Agreement

**“DoD”** shall mean **“Definition of Done”**, a set of exit/Acceptance criteria determining whether a Backlog item/Deliverable is complete. In all cases DoD shall include all regression tests, all of which, unless otherwise specified, are required to be successful.

**“Enhancement”** shall mean a revision to the application that provides moderate new functionality features and improvements without changing the direction/scope of the application.

**“Error”** shall mean any bug, mistake, problem or defect which causes (1) an incorrect functioning or nonfunctioning of Code, or (2) an incorrect or incomplete statement or diagram in Documentation, if such mistake, problem or defect renders the Code inoperable, causes the Code to fail to meet the specification thereof, causes the Documentation to be inaccurate or inadequate in any material respect, causes incorrect results, or causes incorrect functions to occur.

**“Production Support”** shall mean monitoring the production servers, scheduled jobs, incident management and receiving incidents and requests from end-users, analyzing these and either responding to the end user with a solution or escalating it to the other IT teams.

**“Progress Meeting”** shall mean a regularly scheduled meeting or teleconference during which Supplier shall provide information on the status of the work. Status will be reported in terms of progress on the various plans that are in place. Supplier will also use the Progress Meeting to identify issues that must be addressed to keep the work activities on schedule.

**“POC”** shall mean **“Proof of Concept”**, a realization of a certain method or idea in order to demonstrate its feasibility, or a demonstration in principle with the aim of verifying that some concept or theory has practical potential.

**“Services”** has its meaning set out in Section 2.9 of the Agreement.

**“Software Requirements Specifications”** shall mean detailed requirements for the project or enhancement, which shall include, but not be limited to, detailed business requirements and user acceptance test criteria.

**“Sprint”** shall mean a time period (typically 1–4 weeks) in which development occurs on a set of Sprint Backlog items to which Supplier has committed.

**“Sprint Backlog”** shall mean a prioritized Backlog of tasks to be completed during the Sprint.

**“User Story”** shall mean a requirement or feature, which is generally in a story format.

“Work Product” shall mean all Deliverables and all intellectual property rights thereto, all design documents, source Code, Code executables, development Documentation, test plans and test reports created and/or delivered by Supplier pursuant to this SOW, and which shall be owned by Verizon.

**4.0 PROJECT SCHEDULE**

The overall project workflow schedule is included in Section 9 of this SOW. For this SOW, the Services will be delivered following an Agile Methodology, with the specific Deliverables aligned with each Sprint planned and agreed between Verizon and the Supplier as defined in Section 4.3 below. Supplier is responsible for developing and maintaining, with input from Verizon, all related scheduling detail. In accordance with Section 9.2.2, Supplier shall present status of progress, including percentage of completion of each Sprint, and overall delivery status at weekly Progress Meetings. Supplier and Verizon, using Progress Meetings to minimize schedule risks and to develop alternate paths shall closely monitor key milestones on the critical path or solutions as needed.

**4.1 Project Details**

Project Name	TRIRIGA And Surround Applications
Verizon Sponsor	Jennifer Chanowich
Verizon Sponsor	Nena Faulkner
Vendor Sponsor	Ravi Venigalla
In-Scope Applications	<ul style="list-style-type: none"> <li>• TRIRIGA</li> <li>• FileNet</li> <li>• Workplace WebSite</li> <li>• At Your Services</li> <li>• Data Warehouse</li> <li>• Book A Space</li> <li>• Smart Hub</li> </ul>
Project Timeline (Start Date   End Date)	01/01/2021 – 12/31/2023
No of Resources to support the scope	24.5

**4.2 Project Resource Capacity Pool**

The blended onshore rate for any additional resources will be charged at a rate of \$129/HR for below roles

- BIRT Reports Developer
- Data Migration Developer
- Database Developer
- FileNet Developer
- Integration Developer
- Java Developer
- Project Manager
- Technical Lead
- TRIRIGA Architect
- TRIRIGA Developer
- TRIRIGA Functional Support - Lease Admin
- TRIRIGA Functional Support - Portfolio

All Project Resources shall have the necessary experience, training and expertise sufficient to perform their respective duties. Should any Project Resource become unable for any reason to perform Supplier’s duties under the Agreement the Supplier will at Verizon’s request, promptly, which shall be within no more than sixty (60) days unless otherwise agreed by the Parties, replace such Project Resource with another Project Resource with sufficient knowledge and expertise to perform the Services in accordance with this SOW.

Verizon has designated Key Personnel for the performance of Supplier’s duties under this SOW as set out in the table below. Supplier shall not, without the prior written consent of Verizon (i) undertake any action with respect to any Key Personnel that would result in the alteration or reduction of time expended by such Key Supplier Personnel in performance of Supplier’s duties under the SOW; or (ii) transfer, reassign or otherwise redeploy any Key Personnel from performance of Supplier’s duties under the Agreement, except in the case of a voluntary termination, termination for cause, removal based on performance or failure to comply with Supplier’s policies, disability, incapacity, illness, retirement, death or leave of absence. In such cases Supplier will promptly, which shall be within no more than thirty (30) days unless otherwise agreed by the Parties, replace such Key Personnel with another Key Personnel with sufficient knowledge and expertise to perform the Services in accordance with the Agreement and who is acceptable to Verizon.

<b>Key Personnel</b>	
<b>Resource</b>	<b>Title</b>
Suryateja Myneni	Technical Lead
Prasanna Kumar	TRIRIGA Architect
Octavia Estes	TRIRIGA Functional Support - Lease Admin
Marion Brown	TRIRIGA Functional Support - Portfolio
Fran Berini	TRIRIGA Functional Support - Portfolio (Part Time)

**4.3 Project Resource Capacity Pool Management**

At the beginning of each Sprint or agreed time period (“Period”) no less than monthly:

- (a) Supplier and Verizon shall meet and agree on a set of activities, including the agreed Milestones and Acceptance criteria, , to be completed in the upcoming Sprint or Period and the number of hours to be allocated across the

- work streams (including any permitted Activity Hours) defined in Section 5.1;
- (b) Promptly after each Sprint or Period, Supplier shall submit (i) the number of Productive Hours Delivered for the Project during the prior Period just completed, including the required substantiation for Productive Hours as stated in the Agreement, and (ii) the number of Productive Hours actually worked by Activity Resources relating to Services during such Period. For the purposes of the foregoing, "Delivered" shall require that such billable Productive Hours have resulted in one or more Milestones under a given work stream achieving Acceptance.
  - (c) Verizon shall review and either Accept, partially Accept Reject the number of Productive Hours submitted by Supplier. Any disputes over the number of Productive Hours will be subject to the issue resolution provisions of the Agreement.
  - (d) Once agreed the total number of Accepted Productive Hours may be invoiced per Section 9 at the Agreed SOW Charging Method.

The estimated total number of Productive Hours for this SOW shall not exceed 152,880 during the Term

**5.0 SUPPLIER RESPONSIBILITIES**

Supplier shall deliver AD Services as requested by Verizon for the Work Streams defined in Section 5.1 in accordance with this SOW and provide production and post-production support as set forth in Exhibit 6.

Supplier shall write Code, develop, and/or modify the applications/modules below:

APPLICATION	MODULE
TRIRIGA	Portfolio
TRIRIGA	Lease Admin (Including International)
TRIRIGA	eSignature
TRIRIGA	iRecords
TRIRIGA	Capital Projects
TRIRIGA	Integrations (Including FileNet)
TRIRIGA	Reports
TRIRIGA	24x7 Environment Monitoring (Including Non-Prod)
TRIRIGA	Data Migration Activities
FileNet	Java Code
FileNet	WebSphere
FileNet	Content Navigator
FileNet	Records Management
FileNet	Integrations (Including TRIRIGA)
FileNet	Reports
FileNet	24x7 Environment Monitoring (Including Non-Prod)
FileNet	Data Migration Activities
Workplace Website	Website Configurations
Workplace Website	Website Design
AYS	GRE Incident Reporting Configurations
AYS	GRE Incident Reporting Groups
AYS	GRE Incident Reporting Notifications
Data Warehouse	Configuration
Data Warehouse	24x7 Environment Monitoring (Including Non-Prod)
Book A Space	Data Support
Book A Space	Admin Configurations
Smart Hub	Implementation Activities

Smart Hub	Project Management
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FUTURE APPLICATION	MODULE
Future State TRIRIGA	Strategic Planning
Future State TRIRIGA	Transactions
Future State TRIRIGA	Move Management
Future State TRIRIGA	Mobile App
Future State TRIRIGA	Facility Management Production Support
Future State TRIRIGA	UIUX
Future State TRIRIGA	Redesign eSignature
Future State TRIRIGA	Redesign iRecords
Future State TRIRIGA	Application Upgrades
Future State FileNet	Application Upgrades

### 5.1 Work Streams

*Work Stream #1: Production Support – issues; environment monitoring; data migration*

*Work Stream #2: Supplier shall deliver customizations and configurations for enhancements on in-scope applications as identified and agreed upon by Verizon. Supplier shall deliver full development life cycle for each approved enhancement:*

- Supplier shall work with Verizon Business Users to gather and document all business requirements for each approved enhancement.
- Supplier shall perform gap analysis for each enhancement and provide analysis documentation to Verizon for review and approval. Analysis should indicate where there are gaps in the OOTB processes that need to be customized and suggested resolutions.
- Supplier shall document the design for each approved enhancement, including technical requirements, integration requirements, reporting requirements, and data migration requirements as needed.
- Supplier shall configure each approved enhancement as per the approved design documentation.
- Supplier shall perform several rounds of testing for each approved enhancement. Testing stages shall include system testing, integration testing if applicable, regression testing, and user acceptance testing support. Supplier shall remedy any issue identified at any stage of testing.
- Supplier shall provide any train-the-trainer training to Verizon as required for each approved enhancement, including training documentation and videos.
- Supplier shall implement each approved enhancement in a weekly sprint identified and approved by Verizon. Supplier shall provide cut-over checklists.
- Supplier shall provide post-production defect resolution for each approved enhancement after implementation.

Supplier shall also deliver POC implementations for development design ideas to enhance user experience and system performance. Each POC will require documented research and design approach which Verizon will review and approve. Supplier shall develop and demo each POC to Verizon Stakeholders for approval to move forward with complete development and implementation.

### 5.2 Functionality Deliverables

Supplier shall provide concept ideas at the start of each sprint development and deliver the Code in Sprints building up to releases and deliver. The exact functionality of the Deliverables will be mutually agreed upon and documented in a release plan created by Verizon at the beginning of the release cycle, which shall be incorporated herein as though fully set forth. The intermediate results of development shall be demonstrated by Supplier to Verizon at the end of each Sprint.



For all Deliverables where Supplier shall deliver Code or modify Code, Supplier shall follow an industry standard Agile Development process. For each Sprint, Supplier shall deliver shippable (minimally viable) Code that reflects all of the functional requirements/User Stories designated for that Sprint as well as all functions existing in the Code previously (i.e. no regression). The requirements for this project are in the form of User Stories maintained and updated within Verizon's [At Your Service] system as defined in Exhibit 1 and as prioritized by Verizon per industry standard Agile Development processes (the project name in [At Your Service] is [GRE TRIRIGA]).

All such Deliverables shall be Work Product under the Agreement. Supplier shall prepare and deliver the following Deliverables to Verizon in accordance with the requirements of this SOW, recognizing that time is of the essence with respect to the provision of Deliverables. Supplier shall deliver all Documentation in editable, soft copy, Microsoft Office or Google format to the Documentation repository identified in **Exhibit 1**.

Supplier shall complete the following activities in accordance with the Project Requirements and User Stories identified in **Exhibit 1** for all Deliverables/Sprints:

**Milestone #1 - Requirements:**

Supplier shall work with Verizon to create a timeline for all deliverables in each sprint and deliver the timeline to Verizon.

Supplier shall lead discovery sessions for each sprint with Verizon.

Supplier shall create a traceability matrix in MS Excel or Google Sheets format to document high level business requirements.

Supplier shall create and deliver a requirements document based on the requirements identified in **Exhibit 1**. Verizon shall provide approval for all requirements document prior to any design and development activity.

**Milestone #2 - Detailed Design:**

Supplier shall create a detailed design document based on the Accepted requirements document to provide functional design details for implementing deliverables in each sprint and deliver prior to the actual implementation.

Design document should include specific design details for each requirement listed on the traceability matrix, including customizations and configurations required for the applications, integrations, workflows, queries, reports, data templates, and user security for each sprint.

Supplier shall avoid customizations and as close to 'out of the box' (OOTB) as possible by aligning Verizon processes to existing system functionality with minimal configuration and customization. Supplier shall identify potential gaps between OOTB processes and Verizon business processes. Supplier shall provide Verizon analysis and recommendations on how to resolve each gap. Verizon will approve each resolution.

**Milestone #3 - Source Code:**

Supplier shall develop fully functional Code based upon the Accepted detailed design document. Supplier shall create a list of Code changes and the associated applications/modules and identify the modified Code. Supplier shall deliver the final, fully functional Code as per the accepted traceability matrix and approved design document in GITLAB.

**Milestone #4 - Testing:**

For each sprint, Supplier shall conduct unit testing, SIT, regression, and load testing. Supplier shall resolve all Errors identified during each testing phase, and retest for Acceptance. Supplier shall document and deliver a list of Errors encountered during each testing phase and identify the Code changes completed to resolve the Errors. Supplier shall deliver the Accepted Code in GITLAB. Supplier shall provide continuous integration and deployment support for any application-related or integration-related Errors or improvements related to the Deliverables.

For each sprint, Supplier shall support Verizon in developing the UAT test cases. Supplier shall participate in quality assurance efforts, including test script execution and document migration validation, as directed by Verizon. Supplier shall resolve all Errors identified during user acceptance testing phase, and retest for Acceptance. Verizon will perform the UAT.

**Milestone #5 - Implementation:**

Supplier shall develop a list of specific tasks, timing, dependencies, and resources to manage the execution of system cutover to support the go-live activities for each sprint.

Supplier shall implement the Accepted Code into the production environment, check for and resolve all Errors, and provide a report. This report should include a list of all Errors encountered during implementation with date occurred and date resolved, implementation status, steps taken to resolve Errors, Errors trends (if any), and recommendations for Error preventative actions.

Supplier shall perform a smoke test for each sprint, which will also include system connectivity testing, to ensure applications and integrations are working as expected.

Supplier shall provide up to two (2) train the trainer sessions per sprint as required for new functionality introduced into the production environments.

**5.3 Non-Standard Interfaces**

Supplier shall ensure there shall be no undocumented, Non-Standard Interfaces or Code in the final Deliverables to Verizon (exclusive of pre-existing interfaces and Code). As used in the previous sentence, "Non-Standard Interfaces" shall be defined as interfaces or Code that do not meet coding specifications referenced in this SOW.

**5.4 Inspections**

Verizon at its discretion may inspect, and Supplier shall cooperate in the inspection of, all Deliverables when completed and while under preparation, to assess the quality of work in progress and conformance to the requirements of this SOW and such specifications as are provided to Supplier. Supplier will provide completed Error forms to Verizon after each Inspection. Supplier shall document, track, and resolve all issues resulting from the inspections.

**5.5 Facilities**

Services will be provided on site at Verizon, 600 Hidden ridge, Irving, Texas- 7503. In the even that government regulations and restrictions on travel prevent the Supplier from providing the Services on site at the aforementioned address then Supplier shall provide physical facilities at no additional cost to Verizon (including workstation and all other necessary equipment to complete the Deliverables) for the design, coding, and unit test phases at Supplier's facility. Supplier will provide a list of all locations where SOW effort is to be performed and/or utilized including the exact street location, city and

state/country. Verizon must approve these locations before Supplier commences work. Other locations will not be utilized without Verizon’s prior written authorization.

Supplier facility address: 2901 North Dallas Parkway, Suite # 333, Plano, Texas- 75093

Supplier is not authorized to make any changes to the locations as authorized herein without Verizon’s advanced written consent. In the event Supplier is required to work on-site, Customer shall pay for any pre-approved actual travel expenses provided that such expenses adhere to and are in accordance with the provisions set out in Exhibit 3 hereto.

**5.6 Development/Source Environment**

Supplier shall acquire for itself the necessary hardware and software to complete the Deliverables, except as noted otherwise herein.

a. Verizon Loaned Items

The following “Verizon Loaned Items” will be provided to Supplier:

<u>Verizon Loaned Item</u>	<u>Return Date</u>
Access Badge, Photo ID	Upon conclusion of SOW
Laptops with IDE installed	Upon conclusion of SOW
Office space for Supplier resources at Verizon locations	Upon conclusion of SOW

Unless otherwise shown above, all Verizon Loaned Items shall be returned to Verizon within five (5) days of the conclusion of the SOW (or at Verizon direction).

The development environment shall be provided to Verizon as a Deliverable with the related Code..

**5.7 Policy, Practice, and Procedures**

Supplier is responsible for maintaining quality management procedures to validate adequate quality procedures. Supplier is responsible for maintaining configuration management procedures to validate that its quality procedures are adequate. Verizon reserves the right to monitor and audit adherence to the stated policies, practices, and procedures listed above.

**6.0 PROBLEM HANDLING; CONTACT INFORMATION**

**6.1 Problem Identification**

Supplier shall document problems identified during all phases of software development and production support including coding and unit testing, application testing, and system testing phases. Supplier shall maintain its own problem log and be responsible for: (i) obtaining clarification as needed, (ii) resolving the problem to meet Deliverable dates; and (iii) notifying the Verizon project manager of the resolution.

In the event that Verizon or Supplier identifies, during the quality assurance and, if applicable, user acceptance test phase, a problem requiring correction to any Code, such party shall so notify the other

party. Each party shall provide the other party with all reasonable cooperation and such data and facts as are reasonably necessary and available to help analyze the problem.

Verizon may categorize the severity of the problem (critical, major, serious, or minor) and may prioritize all such outstanding problems, and Supplier shall analyze and resolve the problem as follows:

- a. Supplier shall resolve a critical problem within twenty-four (24) hours of notice thereof and shall acknowledge such problem within fifteen (15) minutes of receipt. A critical problem is one that causes a substantial failure or renders the software substantially unusable and an immediate fix is required.
- b. Supplier shall resolve a major problem within forty-eight (48) hours of notice thereof by Verizon to Supplier and shall acknowledge such problem within four (4) hours. A major problem is one, which causes a system or Code feature failure that cannot be avoided by alternate methods by the user.
- c. Supplier shall resolve a serious problem within ninety-six (96) hours of notice thereof to Supplier and shall acknowledge such problem within eight (8) hours. A serious problem and condition is one which causes a Code feature or system failure that can be avoided by alternate methods by the user.
- d. Supplier shall resolve a minor problem within one hundred sixty-eight (168) hours of notice thereof and shall acknowledge such problem within twenty-four (24) hours. A minor problem is one that causes a minor inconvenience to the user including, but not limited to, misspelled error messages and documentation errors. Verizon may agree to forego resolution of a minor problem based on the relative importance of such problem.

## 6.2 Incident Reports (IR)

All problems discovered by Supplier shall follow the IR procedure. The procedure used shall be as follows:

- a. either party may issue an IR;
- b. Supplier shall track the status of each IR, and the tracking system shall specify the status as:

Opened - a problem has been discovered and entered into the IR tracking system;

Received - the responsible function for the problem is working on the IR;

Installed - The problem resolution has been provided in the environment where the problem was found;

Answered - the responsible function has fixed and tested the problem(s) to Verizon's satisfaction; or

Closed - the test has been rerun to verify that the problem has been properly corrected and has not caused any new problems.

**6.3 Program/Contract Managers**

Role: Primary Supplier Contact  
 Name: Ananda Alagappa  
 Address: 2901 North Dallas Parkway, Suite 333, Plano, Texas- 75093  
 Telephone: 732-874-1384  
 Fax: 214-889-9666  
 e-mail: ananda.alagappa@verizon.com

Role: Supervisor of Supplier Contact  
 Name: Ravi Venigalla  
 Address: 2901 North Dallas Parkway, Suite 333, Plano, Texas- 75093  
 Telephone: 972-398-3355  
 Fax: 214-889-9666  
 e-mail: Ravi@Americanunit.com

Role: Supplier Sourcing Contact  
 Name: April Rehkemper  
 Address: 2901 North Dallas Parkway, Suite 333, Plano, Texas- 75093  
 Telephone: 972-398-3333  
 Fax: 214-889-9666  
 e-mail: April.Rehkemper@Americanunit.com

Role: Primary Verizon Business Contact  
 Name: Qiang Meng  
 Address: 600 Hidden Ridge, Irving, TX, USA  
 Telephone: 972-457-5254  
 Fax: -  
 e-mail: qiang.meng@verizon.com

Role: Verizon Sourcing Contact  
 Name: Kishore Kumar Narendranath  
 Address: Boru House, Block T, Eastpoint Business Park, Dublin 3  
 Telephone: -  
 Fax: -  
 e-mail: [kishore.narendranath.ie@verizon.com](mailto:kishore.narendranath.ie@verizon.com)

**7.0 ACCEPTANCE**

In order to qualify for Acceptance, each Deliverable must be provided in accordance with this SOW and meet the criteria provided below.

**7.1 Completion and Acceptance Criteria**

- a. Unless other Acceptance criteria are specified by the Verizon project manager, Deliverables are eligible for Acceptance as follows:
  - i. The Deliverable passes all new automated and manual Acceptance tests that were defined before the most recent Sprint.

- ii. The Deliverable passes all automated and manual Acceptance tests including those defined in the applicable Software Requirements Specifications, verifying that no regression has occurred.
  - iii. All User Stories within the Sprint have been fully achieved.
  - iv. The resulting Code conforms to the DoD.
- b. Acceptance tests are incrementally defined together by Verizon and Supplier members ("Acceptance Group"), including candidate users of the Deliverable, with respect to each Sprint.
  - c. The Acceptance Group shall determine whether the Acceptance criteria has been met at the end of each Sprint. However, confirmation of Acceptance shall be completed by Verizon only subject to **subsection 8.1(d)** below.
  - d. Verizon will use commercially reasonable efforts to identify deficiencies in Deliverables or parts thereof within thirty (30) days after their delivery.
  - e. If Verizon notifies Supplier in writing prior to the expiration of the relevant evaluation period that the Deliverable or part thereof is deficient in any material respect (a "Non-conformity"), Supplier shall correct such Non-conformity as soon as reasonably practical but no longer than the length of one Sprint, whereupon Verizon will receive an additional verification period commencing upon its receipt of the corrected Deliverables or part thereof to verify that the specific Non-conformity has been corrected.
  - f. Verizon shall withhold further payments until such Deliverable conforms to the Acceptance criteria.
  - g. Verizon shall accept or reject each Deliverable, in writing.

## 7.2 Final Acceptance Test (FAT)

After receipt by Verizon of all Deliverables, Verizon may perform a Final Acceptance Test (FAT). The purpose of the FAT is to verify that the Deliverables operate within the system environment required of the Deliverables, in accordance with the SOW. In this test, Verizon may execute the Code to verify the specifications have been implemented. These tests are expected to exercise the Code with respect to the functions and facilities available to an end user as well as an administrator. These tests are intended to verify that the Documentation and the help text are complete and consistent with the design and the programs. Error messages and recovery may also be tested.

To be considered a successful FAT, the system under test must run continuously, without any failure caused by Supplier, for a period of five (5) business days. Should the test be interrupted by such failure attributable to Supplier, then a new test cycle shall be commenced after Supplier has corrected the failure. This cycle shall be repeated as necessary and at no additional cost to Verizon, until an uninterrupted five (5) business days test period has been achieved.

Verizon shall notify Supplier in writing of the results of the FAT. If Supplier work is rejected, Verizon shall give reasons for the rejection. Supplier shall correct all Errors within a mutually acceptable time frame.

Along with the final version of all Code to be delivered hereunder, Supplier shall create and deliver to Verizon as Work Product reasonably detailed functional and user Documentation for such Code.

## 7.3 Error Processing During Acceptance Test

7.3.1 All problems found during Acceptance Test may be logged by Verizon and reported to Supplier with the following minimum information:

- a. a description of the Error;

- b. how to reproduce the Error (if it is a Documentation Error, where the Error was found);
- c. a description of what was the expected result had there been no Error; and
- d. the severity of the problem discovered in accordance with **Section 7.1**.

7.3.2 Verizon's target for notification of Errors discovered during Acceptance Testing is forty eight (48) hours. Supplier's time frame for problem resolution shall be in accordance with **Section 7.1**.

7.3.3 In addition to the FAT activities:

- a. all Code development and test activities shall be completed with no known Errors remaining in Deliverables;
- b. all Source Code, Documentation, and test cases developed under this SOW shall be delivered to Verizon;
- c. all previously loaned material marked Verizon Confidential identified in **Section 6.3** shall be returned to Verizon; and
- d. all previously loaned software and hardware identified in **Section 6.3** shall be returned to Verizon.

## 8 COMPENSATION AND PAYMENT SCHEDULE

### 8.1 Invoice Requirements

Supplier may invoice upon receipt of the Verizon's written Acceptance of Deliverables/milestones. Supplier may invoice no more than once per month for the Deliverables/milestones Accepted and not included in any previous invoice. Payment by Verizon to Supplier shall be contingent upon Verizon's Acceptance of each Deliverable/milestone identified in this SOW. The final payment shall not be paid until Verizon indicates final Acceptance in writing of the entire project and Supplier has returned all Verizon Loaned Items in the same condition as originally loaned to Supplier.

Invoices shall be submitted by Supplier to Verizon in accordance with the Agreement. Supplier shall submit invoices relative to this SOW as follows:

Send hardcopy invoices to:

Verizon

Attn:

Crystal Razo, SMTS-Sys Anly & Prg

972-457-8176

crystal.razo@verizon.com

600 Hidden Ridge, Irving, TX, USA

Send softcopy invoices via to email to: crystal.razo@verizon.com

Each invoice must include the following information:

- a. Verizon SOW agreement number, and SOW tracking number (see header) and title;
- b. Period of performance being invoiced;
- c. Brief description of the Deliverables for which payment is due;
- d. All required receipts (if any).

## 8.2 Project Delivery and Payment Schedule

The Deliverables specified in Section 5.1 shall be delivered in accordance with the following Delivery Schedule.

### 8.2.1 Delivery and Payment Schedule

The fixed monthly payable cost shall be \$475,000. Though the monthly cost is fixed both Parties agree that the breakdown of Budgeted Productive hours will be variable between production and development hours and the categorization of such billed hours will be itemized on each invoice.

DELIVERABLE	Projected Start Date	Projected End Date	Amount Due
Month 1 Budgeted Productive Hours	1/1/2021	1/31/2021	\$475,000
Month 2 Budgeted Productive Hours	2/1/2021	2/28/2021	\$475,000
Month 3 Budgeted Productive Hours	3/1/2021	3/31/2021	\$475,000
Month 4 Budgeted Productive Hours	4/1/2021	4/30/2021	\$475,000
Month 5 Budgeted Productive Hours	5/1/2021	5/31/2021	\$475,000
Month 6 Budgeted Productive Hours	6/1/2021	6/30/2021	\$475,000
Month 7 Budgeted Productive Hours	7/1/2021	7/31/2021	\$475,000
Month 8 Budgeted Productive Hours	8/1/2021	8/31/2021	\$475,000
Month 9 Budgeted Productive Hours	9/1/2021	9/30/2021	\$475,000
Month 10 Budgeted Productive Hours	10/1/2021	10/31/2021	\$475,000
Month 11 Budgeted Productive Hours	11/1/2021	11/30/2021	\$475,000
Month 12 Budgeted Productive Hours	12/1/2021	12/31/2021	\$475,000
Month 13 Budgeted Productive Hours	1/1/2022	1/31/2022	\$475,000
Month 14 Budgeted Productive Hours	2/1/2022	2/28/2022	\$475,000
Month 15 Budgeted Productive Hours	3/1/2022	3/31/2022	\$475,000
Month 16 Budgeted Productive Hours	4/1/2022	4/30/2022	\$475,000
Month 17 Budgeted Productive Hours	5/1/2022	5/31/2022	\$475,000
Month 18 Budgeted Productive Hours	6/1/2022	6/30/2022	\$475,000
Month 19 Budgeted Productive Hours	7/1/2022	7/31/2022	\$475,000
Month 20 Budgeted Productive Hours	8/1/2022	8/31/2022	\$475,000
Month 21 Budgeted Productive Hours	9/1/2022	9/30/2022	\$475,000
Month 22 Budgeted Productive Hours	10/1/2022	10/31/2022	\$475,000
Month 23 Budgeted Productive Hours	11/1/2022	11/30/2022	\$475,000
Month 24 Budgeted Productive Hours	12/1/2022	12/31/2022	\$475,000
Month 25 Budgeted Productive Hours	1/1/2023	1/31/2023	\$475,000
Month 26 Budgeted Productive Hours	2/1/2023	2/28/2023	\$475,000
Month 27 Budgeted Productive Hours	3/1/2023	3/31/2023	\$475,000
Month 28 Budgeted Productive Hours	4/1/2023	4/30/2023	\$475,000
Month 29 Budgeted Productive Hours	5/1/2023	5/31/2023	\$475,000
Month 30 Budgeted Productive Hours	6/1/2023	6/30/2023	\$475,000



Month 31 Budgeted Productive Hours	7/1/2023	7/31/2023	\$475,000
Month 32 Budgeted Productive Hours	8/1/2023	8/31/2023	\$475,000
Month 33 Budgeted Productive Hours	9/1/2023	9/30/2023	\$475,000
Month 34 Budgeted Productive Hours	10/1/2023	10/31/2023	\$475,000
Month 35 Budgeted Productive Hours	11/1/2023	11/30/2023	\$475,000
Month 36 Budgeted Productive Hours	12/1/2023	12/31/2023	\$475,000
Travel and Expenses – 5% of total SOW value			\$855,000
<b>TOTAL COST OF SOW</b>			<b>\$17,955,000</b>

**8.2.2 Additional Project Schedule Requirements:**

Technical Support Bridges and Status Calls..... As requested by Verizon  
 Progress Meeting ..... Weekly  
 Management Review Meeting ..... As requested by Verizon  
 Technical Review Meeting..... As requested by Verizon

**9 UNIQUE TERMS AND CONDITIONS**

**9.1 Critical Milestones**

In the event Supplier fails to meet a critical performance date within twenty-four (24) hours from when any such Deliverable was due, Supplier shall compensate Verizon for each such failure at a rate of \$500 per day with a max of \$5,000 per ticket for Severity Level 1; \$200 per day with a max of \$2,000 per ticket for Severity Level 2; and \$100 per day with max of \$1,000 per ticket for Severity Level 3, (“Performance Credits”) until delivery of such Deliverable. Any Performance Credit will be due and payable immediately upon the failure. Performance Credits shall be assessed for each failure to meet a critical performance date.

Notwithstanding the foregoing, however, if any delay in work is substantially caused by Verizon, Supplier shall not be held responsible for any delays caused by or related to Verizon.

Performance Credits are intended merely to provide interim compensation to Verizon, while allowing the parties to continue their relationship under this SOW, and does not constitute the sole remedy or damages for Supplier’s failure to perform. Verizon shall be allowed to exercise all of its rights under this SOW and/or the Agreement or at law or in equity.

**9.2 Performance Measurements**

Supplier must comply with Verizon-required Performance Measurements as follows:

- Provide on-time delivery of services, tasks and/or deliverables
- Ensure 100% accuracy on data/ reports entered/compiled, and correct any errors and omissions
- Report any issues or concerns immediately to Verizon
- Report issues or concerns discovered and action plans for resolutions
- Immediate removal of and replacement of Supplier personnel if he/she are not meeting the performance measures and deliverables outlined as determined by
- Verizon Supplier agrees that all persons assigned to provide Services to Verizon pursuant hereto shall read and sign a copy of the Benefits Waiver attached hereto as Exhibit 3.

**9.3 Service Level Agreement; Application Support Approach and Methodology for Support Operations**

Supplier shall adhere to the below approach and methodology for support services. Tickets are defined as follows:

- “Tier 1 Tickets” are tickets that require the Supplier to respond to the end user via phone call or email.
- “Tier 2 Tickets” are tickets that relate to the implemented TRIRIGA system that require the Supplier to respond to (i) general technical software support questions focused on, but not limited to, set-up, configuration, environmental issues and operation, and (ii) difficult support questions. Tickets will be routed from Verizon to a dedicated Supplier SPOC and then to the Supplier Support Team for a response. Supplier SPOC shall provide resolution response to Verizon SPOC.
- “Tier 3 Tickets” are tickets that relate to the implemented TRIRIGA system that require responding to (i) material technical software support issues focused on, but not limited to, set-up, configuration, environmental issues and operation, and (ii) material support questions. Tickets will be routed from Verizon to a dedicated Supplier SPOC and then to the Supplier Support Team for a response. Supplier SPOC shall provide resolution response to Verizon SPOC.

Supplier shall give notice, on each ticket reported, to all Verizon locations of Software upon receipt by Supplier and corrections will be transmitted to all such locations. Supplier shall track tickets and meet the following resolution intervals on the basis of severity:

1 (Critical)	<p><b>Business Stopped/Critical Impact:</b> Customer's production use of our products on a primary business service, major application or mission-critical system is stopped or so severely impacted that the customer cannot reasonably continue work.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>▪ Major service outage and/or system down</li> <li>▪ Critical functionality not available</li> <li>▪ GUIs do not load and users cannot enter data</li> <li>▪ Data loss or data corruption</li> </ul>	<p>Supplier shall provide an acknowledgement of issue within 15 minutes of issue being reported, a cure or workaround within two (2) hours for four (4) hours of such ticket being reported (if a workaround is given, a final resolution shall be delivered by Supplier within one (1) business day of reported incident). Supplier should be available and willing to work on a 24x7 basis with Verizon to resolve the issue.</p> <p>For any incident requiring a PMR to be created with IBM and/or a platform patch or upgrade, the incident resolution time will fall outside of the SLA and will not be counted in the overall metric for service performance. If there is dependency outside of supplier, the incident resolution will fall outside of the SLA. Supplier will be responsible.</p>

		<p>for providing status update every 2 hours to Verizon</p>
<p>2 (High)</p>	<p><b>Business Impact High</b></p> <ul style="list-style-type: none"> <li>▪ System performance issue or bug affecting some, but not all users.</li> <li>▪ Major applications or mission critical systems are functioning with limited capabilities or are unstable with periodic interruptions.</li> <li>▪ System impacted, a short-term workaround is available, but cannot be scaled.</li> </ul>	<p>Supplier shall provide a fix or workaround within one (1) business day of such ticket being reported (if a workaround is given, a final resolution timeline shall be delivered by Supplier within two (2) business days of reported incident).</p> <p>For any incident requiring a PMR to be created with IBM and/or a platform patch or upgrade, the incident resolution time will fall outside of the SLA and will not be counted in the overall metric for service performance. If there is dependency outside of supplier, the incident resolution will fall outside of the SLA. Supplier will be responsible for providing status update every 8 hours to Verizon.</p>
<p>3 (Normal)</p>	<p><b>Business Impact Medium / Low</b></p> <ul style="list-style-type: none"> <li>▪ Minor function/feature failure that the customer can easily circumvent or avoid. Customer's work has minor loss of operational functionality.</li> <li>▪ Minor problem or question that does not affect the software function such as: How To inquiries, documentation, and general questions.</li> </ul>	<p>Supplier shall provide a fix or workaround within five (5) business days of such ticket being reported (if a workaround is given, a final resolution timeline shall be delivered by Supplier within ten (10) business days of reported incident).</p> <p>For any incident requiring a PMR to be created with IBM and/or a platform patch or upgrade, the incident resolution time will fall outside of the SLA and will not be counted in the overall metric for service performance. If there is dependency outside of supplier, the incident resolution will fall outside of</p>

		the SLA. Supplier will be responsible for providing status update every 8 hours to Verizon.
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#### 9.4 Secure Coding

Supplier represents and warrants that all Code shall be developed and delivered with full adherence by Supplier to (i) Verizon architectural and technical standards in effect during the term of this SOW and reasonably disclosed to Supplier, and (ii) applicable secure coding practices as specified below, as such standards may be updated from time to time.

Applicable CERT secure coding standards:

<https://www.securecoding.cert.org/confluence/display/seccode/SEI+CERT+Coding+Standards>

or an alternative industry-standard set of secure coding practices.

#### 9.5 Excluded License

Supplier shall not include computer code in any Code that is, or would, if such Code were used, modified, distributed or disclosed by Verizon; cause any Code or other Deliverable to become, subject to any of the terms of an Excluded License. An "Excluded License" is any license that requires as a condition of use, modification, or distribution of software or Code subject to the license, that the Code or other software combined or distributed with the software be (x) disclosed or distributed in source code form; (y) licensed for the purpose of making derivative works; or (z) redistributable at no charge.

#### 9.6 Subcontracting

All Services will be performed by Supplier employees or personnel. The use of subcontractors will require the prior written authorization of Verizon.

#### 9.7 Termination for Convenience

If Verizon terminate this SOW under Section 9.3 of the Agreement, the Supplier shall immediately curtail all activities hereunder immediately upon receipt of notice of termination. Verizon may terminate this SOW at the end of any Sprint for any reason or no reason, and in such case, Verizon shall promptly receive source Code (including (i) binary packages implementing the functionality described by the requirements/User Stories if in the possession of Supplier, (ii) source Code, build procedures, test scripts, test data and all other Documentation and artifacts used to produce the binary packages, if in the possession of Supplier, and (iii) all other non-code artifacts such as user manuals, design documentation, training materials, etc. reasonably necessary for full use and enjoyment of the forgoing Deliverables) part of or incorporated within any Deliverables.

Each party, as evidenced by the signature below or electronic signature, as applicable, of its authorized representative, acknowledges that it has read and agrees to this SOW in its entirety.

<b>American Unit Inc.</b>	<b>Verizon Sourcing LLC.</b>
By: <u>April Rehkemper</u> April Rehkemper (Dec 21, 2020 11:44 CST)	By: <u>H. Wagter</u> Heather Wagter (Dec 21, 2020 11:55 CST)
<b>Name:</b> April Rehkemper	<b>Name:</b> Heather Wagter
<b>Title:</b> Branch Manager	<b>Title:</b> Contract Manager - VSIL Liaison
<b>Date:</b> Dec 21, 2020	<b>Date:</b> Dec 21, 2020
	<b>Contract Owner:</b> Kishore Kumar Narendranath