

Petition for Alien Relative

USCIS Form I-130

OMB No. 1615-0012 Expires 07/31/2024

Department of Homeland Security

U.S. Citizenship and Immigration Services

For USCIS Use Only]	Fee Stamp			Action Stamp		
A-Number								
A-								
Initial Receipt								
Resubmitted								
Relocated	\Box S	ection of Law/Visa C	Category					
Received	201(b) Spouse - IR-1/CR-1	□ 203(a)(1) Unm. S/D - F	$\Box_{203(a)(2)(1)}$	B) Unm. S	/D - F2-4			
Sent	201(b) Child - IR-2/CR-2	203(a)(2)(A) Spouse - F						
Completed	201(b) Parent - IR-5	203(a)(2)(A) Child - F.	2-2 203(a)(4) E	Brother/Sis	ter - F4-1]		
Approved	Petition was filed on (Priority I	Date mm/dd/yyyy):		eld Investig		Personal Interv		204(a)(2)(A) Resolved
Returned	PDR request granted/denied - N	New priority date (mm/dd/y	yyy):	eviously Fo		Pet. A-File Rev		I-485 Filed Simultaneously
			200	3(g) Resol	ved	Ben. A-File Re	viewed	204(g) Resolved
Remarks								
At which USCI	S office (e.g., NBC, VSC	. LOS. CRO) was For	rm I-130 adjudje	cated?				
	(1.5., 1.2.5, 1.5.5	,,)	> aajaan		-			
	Tala	acmulated by an	44 a w a =	ouodit-	d won-see-	totivo (if	.)	
	10 be	completed by an a	ittorney or ac	creatte	a represen	tative (if any	/) .	
	nis box if Volag N		Attorney Stat		Number			ed Representative
Form G	<u>\</u>		(if applicable)			USCIS Onl	ine Accour	nt Number (if any)
attached	l.							
► START H	IERE - Type or print	in black ink.						
If you ne	ed extra space to comp							al Information.
	Complete ar	nd submit as many	copies of Par	rt 9., as	necessary,	with your p	etition.	
D (1 D)	4. 1. (37	1 D ()	, ,					
	ationship (You are	the Petitioner.	rour	Part 2	2. Inform	ation Abo	ut You (Petitioner)
relative is th	ne Beneficiary)			1. A	lien Registi	ation Number	er (A-Numl	per) (if any)
1. I am filin	ng this petition for my (Select only one box	x):		<i>5</i>	► A-		
Spous		other/Sister Ch	.:1d	_				
			4	2. U	SCIS Onlin	e Account N	umber (if a	iny)
	e filing this petition for e box that describes you				•			
one box)		ii relationship (Sele	•	3. U	S. Social S	ecurity Num	ber (if anv)	
ŕ							(= 111-37)	
	d was born to parents we at the time of the chil		o each					
ouie	r at the time of the chir	as dirui		17	E11 M			
Step	child/Stepparent			10ur 1	Full Nam	e		
	d was born to parents v		ed to		amily Name	e		
each	other at the time of the	e child's birth			Last Name)			
☐ Chil	d was adopted (not an	Orphan or Hague	2		iven Name First Name)			
	vention adoptee)			•	<i>'</i>			
3. If the beneficiary is your brother/sister, are you related by								
adoption		Yes	No No					
•			J					
	gain lawful permanent ip through adoption?		□ No					
CHIZCHSH	ip unough adoption?	Yes	No					

Part 2. Information About You (Petitioner) (continued)	Address History		
Other Names Used (if any)	Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in Item Numbers 10.a 10.i.		
Provide all other names you have ever used, including aliases, maiden name, and nicknames.	Physical Address 1		
5.a. Family Name (Last Name)	12.a. Street Number and Name		
5.b. Given Name (First Name)	12.b. Apt. Ste. Flr.		
5.c. Middle Name	12.c. City or Town		
Other Information	12.d. State 12.e. ZIP Code		
6. City/Town/Village of Birth	12.f. Province		
	12.g. Postal Code		
7. Country of Birth	12.h. Country		
8. Date of Birth (mm/dd/yyyy)	13.a. Date From (mm/dd/yyyy)		
9. Sex Male Female	13.b. Date To (mm/dd/yyyy) PRESENT		
Mailing Address (USPS ZIP Code Lookup)	Physical Address 2		
10.a. In Care Of Name	14.a. Street Number and Name		
10.b. Street Number	14.b. Apt. Ste. Flr.		
and Name 10.c. Apt. Ste. Flr.	14.c. City or Town		
10.d. City or Town	14.d. State 14.e. ZIP Code		
	14.f. Province		
10.e. State 10.f. ZIP Code	14.g. Postal Code		
10.g. Province	14.h. Country		
10.h. Postal Code			
10.i. Country	15.a. Date From (mm/dd/yyyy)		
11. Is your current mailing address the same as your physical	15.b. Date To (mm/dd/yyyy)		
address? Yes No	Your Marital Information		
If you answered "No" to Item Number 11. , provide information on your physical address in Item Numbers 12.a. -	16. How many times have you been married? ▶		
13.b.	17. Current Marital Status		
	Single, Never Married Married Divorced		
	☐ Widowed ☐ Separated ☐ Annulled		

Par	t 2. Informa	tion About You (Petitioner)	27.	Country of Birth
(coı	ntinued)	, , ,		
18.	Date of Curren (mm/dd/yyyy)	t Marriage (if currently married)	28.	City/Town/Village of Residence
			29.	Country of Residence
Pla	ce of Your Ci	urrent Marriage (if married)		
19.a.	City or Town		Pare	nt 2's Information
19.b.	. State		Full l	Name of Parent 2
19.c.	Province		30.a.	Family Name (Last Name)
19.d.	. Country		30.b.	Given Name
			30.c.	(First Name) Middle Name
Mar	mag of All Vo	Charges (if ann)	30.0.	Wildle Name
	/////	ur Spouses (if any)	31.	Date of Birth (mm/dd/yyyy)
		on your current spouse (if currently married) our prior spouses (if any).	32.	Sex Male Female
Spou	ise 1		33.	Country of Birth
20.a.	Family Name (Last Name)			
20.b.	Given Name		34.	City/Town/Village of Residence
	(First Name)			
20.c.	Middle Name		35.	Country of Residence
21.	Date Marriage	Ended (mm/dd/yyyy)		
Spou	ise 2		Add	litional Information About You (Petitioner)
22.a.	Family Name		36.	I am a (Select only one box):
22.b.	(Last Name) Given Name			U.S. Citizen Lawful Permanent Resident
	(First Name)		If yo	u are a U.S. citizen, complete Item Number 37.
	Middle Name		37.	My citizenship was acquired through (Select only one box):
23.	Date Marriage	Ended (mm/dd/yyyy)		Birth in the United States
Info	ormation Abo	out Your Parents		☐ Naturalization
Pare	ent 1's Informat	ion		Parents
Full	Name of Parent		38.	Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes No
	(Last Name)		If you	u answered "Yes" to Item Number 38. , complete the
24.b.	Given Name (First Name)			Certificate Number
24.c.	Middle Name			
25.	Date of Birth (mm/dd/yyyy)	39.b.	Place of Issuance
26.	Sex	Male Female		
-0.			39.c.	Date of Issuance (mm/dd/yyyy)

		Employer 2	
(cor	ntinued)	46. Name of Employer/Company	
	u are a lawful permanent resident, complete Item		
	bers 40.a 41.	47.a. Street Number and Name	
40.a.	Class of Admission		
		47.b. Apt. Ste. Flr.	
40.b.	Date of Admission (mm/dd/yyyy)	47.c. City or Town	
	e of Admission	47.d. State 47.e. ZIP Code	
40.c.	City or Town	47.f. Province	
40.d	State	47.g. Postal Code	
41.	Did you gain lawful permanent resident status through	47.h. Country	
	marriage to a U.S. citizen or lawful permanent resident?		
	Yes No	48. Your Occupation	1
Em	ployment History		
•		49.a. Date From (mm/dd/yyyy)	
	ide your employment history for the last five years, whether e or outside the United States. Provide your current	40 b. Data To (rom/dd/www)	
emple	oyment first. If you are currently unemployed, type or print	49.b. Date To (mm/dd/yyyy)	
	employed" in Item Number 42.	Part 3. Biographic Information	
_	loyer 1	NOTE: Provide the biographic information about you, the	
42.	Name of Employer/Company	petitioner.	
12 -	Street N. value	1. Ethnicity (Select only one box)	
43.a.	Street Number and Name	Hispanic or Latino	
43.b.	Apt. Ste. Flr.	☐ Not Hispanic or Latino	
13 o	City or Town	2. Race (Select all applicable boxes)	
43.0.	City of Town	White	
43.d.	State 43.e. ZIP Code	Asian	
43.f.	Province	☐ Black or African American ☐ American Indian or Alaska Native	
12 ~	Partal Carlo	Native Hawaiian or Other Pacific Islander	
Ü	Postal Code Country	3. Height Feet Inches	
7 J.11.	Country		
44.	Your Occupation	4. Weight Pounds	
	Tour Occupation	5. Eye Color (Select only one box)	
		Black Blue Brown	
45.a.	Date From (mm/dd/yyyy)	Gray Green Hazel	
45.b.	Date To (mm/dd/yyyy) PRESENT	Maroon Pink Unknown/Other	

		Beneficiary's Physical Address
6.	Hair Color (Select only one box) Bald (No hair) Black Blond Gray Red	If the beneficiary lives outside the United States in a home without a street number or name, leave Item Numbers 11.a. and 11.b. blank.
	Sandy Unknown/Other Unknown/Other	11.a. Street Number and Name
D.	4 A T C	11.b. Apt. Ste. Flr.
Pai	rt 4. Information About Beneficiary	11.c. City or Town
1.	Alien Registration Number (A-Number) (if any) ► A-	11.d. State 11.e. ZIP Code
2.	USCIS Online Account Number (if any)	11.f. Province
3.	U.S. Social Security Number (if any)	11.g. Postal Code
	▶	11.h. Country
Bei	neficiary's Full Name	
4.a.	Family Name	Other Address and Contact Information
	(Last Name)	Provide the address in the United States where the beneficiary
4.b.	(First Name)	intends to live, if different from Item Numbers 11.a 11.h. If the address is the same, type or print "SAME" in Item Number
4.c.	Middle Name	12.a Street Number
Oth	ner Names Used (if any)	and Name
	ide all other names the beneficiary has ever used, including es, maiden name, and nicknames.	12.b.
5.a.		12.C. City of Town
. L	(Last Name) Given Name	12.d. State 12.e. ZIP Code
.b.	(First Name)	Provide the beneficiary's address outside the United States, if
5.c.	Middle Name	different from Item Numbers 11.a. - 11.h. If the address is the same, type or print "SAME" in Item Number 13.a.
Oth	er Information About Beneficiary	13.a. Street Number and Name
6.	City/Town/Village of Birth	13.b. Apt. Ste. Flr.
		13.c. City or Town
7.	Country of Birth	12.1 P
		13.d. Province
8.	Date of Birth (mm/dd/yyyy)	13.e. Postal Code
9.	Sex Male Female	13.f. Country
10.	Has anyone else ever filed a petition for the beneficiary? Yes No Unknown	14. Daytime Telephone Number (if any)
	NOTE: Select "Unknown" <i>only</i> if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.	L

			24.	Date Marriage	Ended (mm/dd/yyyy)	
15.	Mobile Telephone Number (if an	ny)	Info	ormation Abo	out Beneficiary's F	amily
			Prov	ide informatio	n about the beneficiai	ry's snouse and
16.	Email Address (if any)		child		n about the beneficial	y s spouse and
			Pers	on 1		
			25.a.	Family Name		
Rene	eficiary's Marital Informat	ion		(Last Name)		
			25.b.			
17.	How many times has the benefic	iary been married?		(First Name)		
		•	25.c.	Middle Name		
18.	Current Marital Status		26.	Relationship		
	Single, Never Married	Married Divorced				
		_	27.	Date of Birth ((mm/dd/yyyy)	
	Widowed Separated	Annulled	28.	Country of Bir	rth .	
	Date of Current Marriage (if curr	rently married)		country of Bit		
	(mm/dd/yyyy)					
Plac	e of Beneficiary's Current	Marriage	Pers	on 2		
(if m	arried)		29.a.	Family Name		
20 -	Cit To a large		•••	(Last Name)		
20.a.	City or Town		29.b.	Given Name (First Name)		
20.b.	State		20			
			29.c.	Middle Name		
20.c.	Province		30.	Relationship		
20.d.	Country			1		
	j		31.	Date of Birth ((mm/dd/yyyy)	
			32.	Country of Bir	†h	
Nam	es of Beneficiary's Spouse	s (if any)				
1 Will	es of Beneficiary's Spouse	s (ij uniy)				
	le information on the beneficiary		_			
	tly married) first and then list all	the beneficiary's prior	Pers			
•	es (if any).		33.a.	Family Name		
Spous	se 1		22 h	(Last Name) Given Name		
	Family Name		33.b.	(First Name)		
	(Last Name)		22 0	Middle Name		
	Given Name (First Name)		33.6.	Middle Name		
			34.	Relationship		
21.c.	Middle Name					
22.	Date Marriage Ended (mm/dd/yy	vvv)	35.	Date of Birth ((mm/dd/yyyy)	
	z we manage znaeu (min eur y j		36.	Country of Bir	rth	
Spous	se 2					
	Family Name					
	(Last Name)					
	Given Name (First Name)					
	Middle Name					

			48.	Travel Document Number
Pers	on 4		49.	Country of Issuance for Passport or Travel Document
37.a.	Family Name (Last Name)			
37.b.			50.	Expiration Date for Passport or Travel Document
	(First Name)			(mm/dd/yyyy)
37.c.	Middle Name		Ber	neficiary's Employment Information
38.	Relationship		Prov	ide the beneficiary's current employment information (if
39.	Date of Birth (mm/dd/yyyy)		icable), even if they are employed outside of the United es. If the beneficiary is currently unemployed, type or print
40.	Country of Bir	th		employed" in Item Number 51.a.
			51.a	Name of Current Employer (if applicable)
Pers			51.b	. Street Number
41.a.	Family Name (Last Name)		51 a	and Name
41.b.	Given Name		51.0	Apt. Ste. Flr.
41 o	(First Name) Middle Name		51.d	. City or Town
42.	Relationship		51.e.	State 51.f. ZIP Code
72.	Relationship		51.g	. Province
43.	Date of Birth (mm/dd/yyyy)	51 h	. Postal Code
44.	Country of Bir	th		
			31.1.	Country
Ben	neficiary's En	try Information	52.	Date Employment Began (mm/dd/yyyy)
45.	Was the benefi	ciary EVER in the United States?		
		Yes No	A d	ditional Information About Poweliaiam
If the	e beneficiary is o	currently in the United States, complete	Aut	ditional Information About Beneficiary
	s Numbers 46.a		53.	Was the beneficiary EVER in immigration proceedings?
46.a.	He or she arriv	ed as a (Class of Admission):		Yes No
46.b.	Form I-94 Arri	val-Departure Record Number	54.	If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
	1011111	▶ Solution Record 7 (dans)		Removal Exclusion/Deportation
46	5 . 64.			Rescission Other Judicial Proceedings
	Date of Arrival		55.a.	. City or Town
46.d.		d stay expired, or will expire, as shown on form I-95 (mm/dd/yyyy) or type or print	22.4	
	"D/S" for Dura		<i></i> 1	State
			55.0	. State
47.	Passport Numb	oer .	56.	Date (mm/dd/yyyy)

Part 4. Information About Beneficiary (continued)	The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:
If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign	62.a. City or Town
address in their native written language.	62.b. Province
57.a. Family Name (Last Name)	62.c. Country
57.b. Given Name (First Name)	·
57.c. Middle Name	NOTE: Choosing a U.S. Embassy or U.S. Consulate outside
58.a. Street Number and Name	the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or
58.b.	U.S. Consulate has discretion over whether or not to accept the beneficiary's case.
58.c. City or Town	
58.d. Province	Part 5. Other Information
58.e. Postal Code	1. Have you EVER previously filed a petition for this beneficiary or any other alien? Yes No
58.f. Country	If you answered "Yes," provide the name, place, date of filing, and the result.
If filing for your spouse, provide the last address at which	2.a. Family Name
you physically lived together. If you never lived together,	(Last Name) 2.b. Given Name
type or print, "Never lived together" in Item Number 59.a.	(First Name)
59.a. Street Number and Name	2.c. Middle Name
59.b. Apt. Ste. Flr.	3.a. City or Town
59.c. City or Town	3.b. State
59.d. State 59.e. ZIP Code	4. Date Filed (mm/dd/yyyy)
59.f. Province	5. Result (for example, approved, denied, withdrawn)
59.g. Postal Code	
59.h. Country	If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.
	Relative 1
60.a. Date From (mm/dd/yyyy)	6.a. Family Name (Last Name)
60.b. Date To (mm/dd/yyyy)	6.b. Given Name (First Name)
The beneficiary is in the United States and will apply for	6.c. Middle Name
adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:	7. Relationship
61.a. City or Town	
61.b. State	

Part 5. Other Information (continued)	Petitioner's Contact Information			
Relative 2	3. Petitioner's Daytime Telephone Number			
8.a. Family Name (Last Name)	4. Petitioner's Mobile Telephone Number (if any)			
8.b. Given Name (First Name)	5. Petitioner's Email Address (if any)			
8.c. Middle Name	2. Foldonor's Email Address (if any)			
9. Relationship				
WARNING: USCIS investigates the claimed relationships and	Petitioner's Declaration and Certification			
verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted. PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.			
addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.	I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.			
Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature NOTE: Read the Penalties section of the Form I-130	I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:			
Instructions before completing this part.	 I provided or authorized all of the information contained in, and submitted with, my petition; 			
Petitioner's Statement	2) I reviewed and understood all of the information in, and submitted with, my petition; and			
NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.	3) All of this information was complete, true, and correct			
1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.	at the time of filing. I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided			
1.b. The interpreter named in Part 7. read to me every question and instruction on this petition and my answer to every question in	or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.			
,	Petitioner's Signature			
a language in which I am fluent. I understood all of this information as interpreted.	6.a. Petitioner's Signature (sign in ink)			
2. At my request, the preparer named in Part 8. ,				
prepared this petition for me based only upon information I provided or authorized.	6.b. Date of Signature (mm/dd/yyyy) NOTE TO ALL PETITIONERS: If you do not completely			

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



Part 7. Interpreter's Contact Information,
Certification, and Signature

Provide the following information about the interpreter if you used one.

Inte	erpreter's Full Name
1.a.	Interpreter's Family Name (Last Name)
1.b.	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)
Inte	erpreter's Mailing Address
3.a. S	Street Number and Name
3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country
Inte	erpreter's Contact Information
4.	Interpreter's Daytime Telephone Number
5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)

Inte	rpreter's Certification			
I cert	ify, under penalty of perjury, that:			
I am	fluent in English and ,			
1.b., a every answer she up petition	which is the same language provided in Part 6. , Item Number 1.b. , and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's Declaration and Certification , and has verified the accuracy of every answer.			
Inte	rpreter's Signature			
7.a.	Interpreter's Signature (sign in ink)			
7.b.	Date of Signature (mm/dd/yyyy)			
Sign	t 8. Contact Information, Declaration, and nature of the Person Preparing this Petition, if er Than the Petitioner			
Provi	de the following information about the preparer.			
Prep	parer's Full Name			
1.a.	Preparer's Family Name (Last Name)			
1.b.	Preparer's Given Name (First Name)			
2.	Preparer's Business or Organization Name (if any)			
Pres	parer's Mailing Address			
3.a.	Street Number and Name			
3.b.	Apt. Ste. Flr.			
3.c.	City or Town			
3.d.	State 3.e. ZIP Code			
3.f.	Province			
3.g.	Postal Code			
3.h.	Country			

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Pre	parer's Contact Information										
4.	Preparer's Daytime Telephone Number										
5.	Preparer's Mobile Telephone Number (if any)										
6.	Preparer's Email Address (if any)										
Preparer's Statement											
7.a.	I am not an attorney or accredited representative have prepared this petition on behalf of the petition and with the petitioner's consent.										
7.b.	☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.										
	NOTE: If you are an attorney or accredited										
	representative whose representation extends beyond										
	preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.										
Pre	parer's Certification										
Rv m	by signature, I certify, under penalty of perjury, that I										
-	ared this petition at the request of the petitioner. The										
	oner then reviewed this completed petition and informed										
_	nat he or she understands all of the information contained										
	nd submitted with, his or her petition, including the										
	ioner's Declaration and Certification, and that all of this										
	mation is complete, true, and correct. I completed this										
	on based only on information that the petitioner provided or authorized me to obtain or use.										
to me	of authorized me to obtain of use.										
Pre	parer's Signature										
8.a.	Preparer's Signature (sign in ink)										
J.u.	1 reparet a digitative (algai in mix)										
8.b.	Date of Signature (mm/dd/yyyy)										

Par	Part 9. Additional Information					5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.					nore nis page nte sheet ny) at the mber,	5.d.					
1.a. 1.b.	Family Name (Last Name) Given Name (First Name)										
1.c.	Middle Name										
2.	A-Number (if a	any) 🕨	A-								
3.a.	Page Number	3.b.	Part Number	3.c. Item 1	Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
	Page Number	4.b.	Part Number	4.c. Item 1	Number		Page Number	7.b.	Part Number	7.c.	Item Number
4.d.						7.d.					