



**U.S. Citizenship
and Immigration
Services**

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

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

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

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

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



Authorization for Credit Card Transactions

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

USCIS
Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Homaira	Middle Name (if any)	Family Name (Last Name) BINTA HOSSAIN	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name) Homaira	Middle Name (if any) Binta	Family Name (Last Name) Hossain	
Credit Card Holder's Billing Address:			
Street Number and Name 24151 Beatrix Blvd		Apt. Ste. Fl. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number 602
City or Town Port Charlotte		State FL	ZIP Code 33954
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature Homaira			
Credit Card Holder's Daytime Telephone Number 239 245 4145		Credit Card Holder's Email Address infoegshomaira@gmail.com	
Credit Card Information			
Credit Card Number 4797 0291 7124 4263	Credit Card Type: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount \$ 2,805 .00	
Credit Card Expiration Date (mm/yyyy) 12/2026			

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Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 4 2 2 4 3 5 9 4 9 9 7

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

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

3. I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

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

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

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➔ 

2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1.a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy)

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b Part Number 2.c Item Number

2.d

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

3.d

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

4.d

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

5.d

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

6.d



Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

- | | | |
|---|--|--|
| 1. Form Number of Related Petition or Application | 2. Receipt Number of Related Petition or Application | 3. Classification or Eligibility Requested |
| <input type="text" value="I-140"/> | <input type="text" value="IOE 0928118924"/> | <input type="text" value="EB3 Skilled"/> |
4. Petitioner or Applicant in the Related Case
- | | | |
|------------------------------------|--------------------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text" value="Ahmed"/> | <input type="text" value="Tamanna"/> | <input type="text"/> |
5. Beneficiary in the Related Case
- | | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
6. Name of Point of Contact for the Company or Organization
- | | | |
|------------------------------------|--------------------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text" value="Ahmed"/> | <input type="text" value="Tamanna"/> | <input type="text"/> |
- Position Title
-
7. Company or Organization IRS Employer Identification Number (EIN) (if any)
-



Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

2231 Del Prado Blvd S

Apt. Ste. Flr. Number

City or Town

Cape Coral

State

FL

ZIP Code

33990

Province

Postal Code

Country

United States

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature**NOTE:** Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in _____, a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, Marina Veiga _____, prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

239-574-3866

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

5. Requestor's Fax Number (if any)

6. Requestor's Email Address (if any)

maishatrading@gmail.com

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature Date of Signature (mm/dd/yyyy)

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3, Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Certification, and Signature (continued)**Interpreter's Signature**

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
-

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
-
2. Preparer's Business or Organization Name (if any)
-

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
-
- City or Town State ZIP Code
-
- Province Postal Code Country
-

Preparer'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 but have prepared this request on behalf of the requestor with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature  Date of Signature (mm/dd/yyyy) 



Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3.A. Page Number 3.B. Part Number 3.C. Item Number

3.D. _____

4.A. Page Number 4.B. Part Number 4.C. Item Number

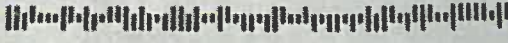
4.D. _____

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D. _____



THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE October 14, 2024
CASE TYPE I-140, Immigrant Petition for Alien Worker		USCIS ALIEN NUMBER
RECEIPT NUMBER IOE0928118924	RECEIVED DATE October 10, 2024	PAGE 1 of 1
PRIORITY DATE	PREFERENCE CLASSIFICATION 203 B3AI SKILLED WORKER	DATE OF BIRTH January 11, 1976
CAPE CORAL PETROLEUM INC C/O TAMANNA AHMED 2231 DEL PRADO BLVD S CAPE CORAL, FL 33980		PAYMENT INFORMATION: Application/Petition Fee: \$1,015.00 Total Amount Received: \$1,015.00 Total Balance Due: \$0.00
		
APPLICANT/PETITIONER NAME AND MAILING ADDRESS		

We have received your form and are currently processing the above case for the following beneficiaries:

Name	Date of Birth	Country of Birth	Class (If Applicable)
HOSSAIN, HOMAIRA BINTA	1/11/1976	BANGLADESH	

If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

USCIS Office Address:

USCIS
Texas Service Center
6046 N. Beltline Rd STE. 110
Irving, TX 75038

USCIS Contact Center Number:

(800)375-5283
APPLICANT COPY

