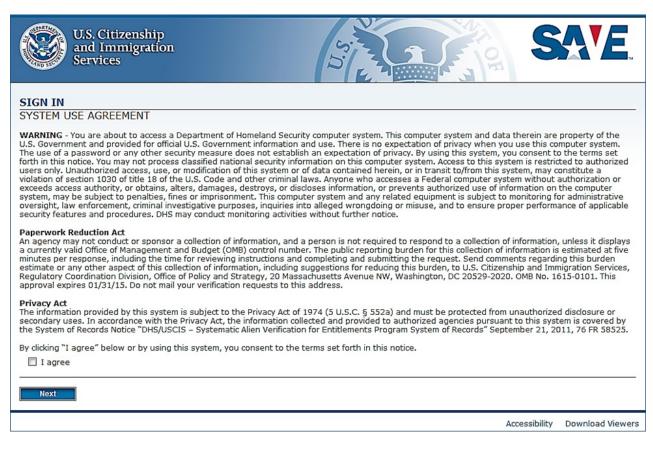
SYSTEM USE AGREEMENT



WELCOME PAGE

U.S. Citizenship and Immigration Services		53-2-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5	S	
SIGN IN WELCOME Enter your username and password.	*Indicates a required field.			
Username *				
Forgot your Password?				
Submit				
Username		A	ccessibility	Download \

HOMEPAGE (SUPERVISOR)

	U.S. Citizen: and Immig Services				SAVE Welcome, Govern Woodbury
ft	Cases	Profile	Agency	Reports Help	Sign Out 🚺
-	Yeal		March Ve	Color Incl	QUICK LINKS
	h and		Wark Yo	ur Calendars!	🗹 Initial Verification 🔹 🕨
C C.r.	- out				♀ Search Cases >
-	P		SAVE go	es paperless	A Resources
			sturting	May 2018	Contact Us
0000	1				
gency: Distr 05)	ict of Columbia	- SAVE DMV	Test Agency - WAS	H DC (DLSV) Department: SAVE Tra	ining
PROGRAM	ANNOUNCEME	NTS			
Extension of	f South Sudan f	or Temporar	Protected Status		
	ent of Homeland	Security has e	tended the Tempora	ry Protected Status (TPS) designation for S	South
Sudan for 18	months, Novemb	er 3, 2017 th	rough May 2, 2019.		
USCIS will iss	ue new EADs with	h a May 2, 201	9 expiration date to	eligible South Sudan TPS beneficiaries who	timely
re-register an	d Read more				

INITIATE CASE – DOCUMENT TYPE

U.S. Citizenship and Immigration Services				110		Welcome, Govern Woodbury			
f	Cases	Profile	Agency	Reports	Неір	Sign Out 🚦			
INITIAT	E CASE								
DOCUMEN	NT TYPE								
Select the do	cument presente	d by the applicant	. *Indicates a requ	uired field.					
I-551 (Pe	rmanent Resident	t Card)		0	Certificate of Citizenship				
I-766 (En)	nployment Autho	rization Card)		0	Certificate Check (Naturalization	and Citizenship Document)			
I-94 (Arri	val/Departure Red	cord) in Unexpired	Foreign Passport	0	 I-571 (Refugee Travel Document) 				
I-94 (Arri	val/Departure Red	cord)		0	I-327 (Reentry Permit)				
O Unexpired	Foreign Passport			0	Machine Readable Immigrant Visa (with Temporary I-551 Language)				
I-20 (Cert	tificate of Eligibility	y for Nonimmigrar	nt (F-1) Student Statu	is) 🔘	Temporary I-551 Stamp (on pas	sport or I-94)			
O DS2019 (Certificate of Eligi	bility for Exchange	e Visitor (J-1) Status)	0	Other (Select If Document Not L	isted)			
Naturaliza	ation Certificate								
	_								
Next									
0.064									

INITIATE CASE – APPLICANT INFORMATION (I-551)

	U.S. Citizer and Immi Services	nship gration		U.S.		2.5	SAVE Welcome, Patricia Sullivan
î	Cases	Profile	Agency	Reports	Help		Sign Out 📑
INITIAT	E CASE						
APPLICAN	IT INFORMAT	ION					
Enter docum	ent information.	*Indicates a rec	quired field.				
Selected D I-551 (Perma	ocument Type anent Resident Ca	ard)					
Name							
Last Name			First Name	la	•	Middle Initial	
		* 0			0		
Date of Birt	h (mm/dd/yyyy) *						
	Information						
Alien/USCI:	S Number * 👔		Card Numbe	r* Ø			
Doc. Expira	tion Date (mm/d	d/yyyy)					
Requested	Benefit(s)*						
Driver Lice	ense 🗌 State ID	Card					
Additional	Request(s)						
Request E	Employment Authorithe History Data	orization 🕜	Request Affic Data	davit of Support 🔞	1	Request Grant Date	0
Back	Next						

INITIATE CASE – PHOTO MATCHING

	U.S. Citizen: and Immig Services	ship ration		U.S.U		Selecome, B	randon Hairston
û	Cases	Profile	Agency	Reports	Help		Sign Out
© Yes - p © No - ph	ATCHING Check the photo b Does the photo be	low match the applic		s I-551 (Permanent	Case Verification Number: 2		
						Accessibility	Download Viewers

VIEW CASE DETAILS

▲ INITIAL RESPONSE DETAILS	System Response	: LAWFUL PERMANENT RESIDENT-E	MPLOYMENT AUTHORIZED
Record Details First Name: MAY Last Name: LEE Middle Name: Date of Birth: 01/19/1950 Country:	Status Information COA Code: LPR Date of Entry: Date Admitted To: INDEFINITE EAD Expiration Date: Grant Date:		
▲ PHOTO MATCH			
Returned Photo	Photo Match Yes - photo matches		
Applicant Information First Name: MAY Last Name: LEE Middle Initial: Date of Birth: 01/19/1950 Initiated by Name: BHAI5069 Date: 01/28/2014	Document Information Document Type: I-551 Other Doc Description: Doc Expiration Date: Alien/USCIS Number: 888888819 Card Number: MSC8888888199 I-94 Number: Passport Number: Country of Issuance: Passport Expiration Date: SEVIS ID: Visa Number: Citizenship Cert. Number: Naturalization Number:	Requested Benefit(s) Background Invest	
Close Case Request Add	itional Verification		
		Acc	essibility Download Viewe

INITIAL VERIFICATION RETRY

	U.S. Citizens and Immigr Services	hip ation		U.S.		SAVE Welcome, Patricia Sullivan
ft	Cases	Profile	Agency	Reports	Help	- Sign Out
INITIATI	E CASE					
INITIAL V	ERIFICATION R	ETRY			Case Verification	Number: 2016189114323EG Doctor Who
No match	found. Check the ap	plicant informa	tion. +Indicates a n	equired field.		
If the inform	ation below is:					
Correct: If this case w	t: Update it, and self Select Request Addi ias initiated in error, cournent Type	tional Verification	onl			
Name						
Last Name Who			First Name Doctor		Middle Initia	al .
Date of Birt 11/24/1969	th					
	Information					
Alien/USCI			Card Number			
222333444	×" 0		ABC12312345	67 * 0		
Document E	Exp. Date					
Requested i	Benefit(s)					
Driver Licens	ie .					
Additional	Request(s)					
Request Em	aployment Authori History Data	zation	Request Affidavi	it of Support Dat	a Request	t Grant Date

ENTER ADDITIONAL INFORMATION – ADDITIONAL VERIFICATION

ENTER ADDITIONAL INFORMATION	
ADDITIONAL VERIFICATION	Case Verification Number: 2016189075906YZ Doctor Who
You may enter additional information about your applicant.	
SAVE Tip: Save time by attaching a copy of the applicant's document now - if you do no	ot, you may receive a request for a Third Level Verification.
Name A.K.A.	
Document Information I-94 Number	
	Passport Number
Country of Issuance	
✓ Ø	
Special Comments	
Additional Request(s) ✓ Request Affidavit of Support Data Agency Information POC Name	
Doctor Who * 🕑	
POC Phone Number	User Case Number
(410) 242 - 0455 ext. *	
Attach Document 🔮	
Electronically attach a copy of the applicant's document (front and back) t If you do not electronically attach a copy, this case will go to Additional Ve Verification at a later time.	
Browse Attach)

REQUEST FURTHER VERIFICATION-TAKE ACTION

n	Cases	Profile	Адепсу	Reports	Help		Sign Out 📗
	ASE DETAILS					📇 View/Print Er	tire Case Detail
CASE RE	QUIRES ACTIC	ON TO CONT	INUE		Case	Verification Number: 2016189114323EG	Doctor Who
		ional information			us of your bene	efit applicant. Click the "Take Action" button	
	TIONAL RESPON	SE DETAILS					
	t Doc (Need Copy	Original)	Status Datos			DHS Comments	
Status Details Status Dates COA Code: Response Date USCIS Benefits: Date Admitted Grant Date: Expires On: Parole Expirat		d To:	Dris comments				
A DATA	SUBMITTED						
First Nar Last Nar Middle I					4	Requested Benefit(s) Driver License	
	Contact atricia Sullivan 202) 443 - 0139						
Initiated Name: P Date: 07	SUL1439						

ENTER ADDITIONAL INFORMATION – BROWSE and ATTACH DOCUMENT

ENTER ADDITIONAL INFORMATION	View/Print Entire Case Detail
THIRD LEVEL VERIFICATION	Case Verification Number: 2016189114323EG Doctor Who
Enter additional applicant information to continue the verification process.	
If you cannot attach a copy of the applicant's document, follow the steps below to mail	the paper Form G-845 for your applicant.
Name	
A.K.A.	
Document Information	
I-94 Number	
0	
	Passport Number
	0
Country of Issuance	
v 8	
Special Comments	
Ţ	
Additional Request(s)	
Request Employment Authorization 2 Request Affidavit of Support Document History Data Data	Request Grant Date
Agency Information POC Name	
Patricia Sullivan * 🕐	
POC Phone Number	User Case Number
202) 443 - 0139 ext. *	0
	· · · · · · · · · · · · · · · · · · ·
Attach Document 🛛	
Electronically attach a copy of the applicant's document (front and back) to	immediately submit a Third Level Verification
If you do not electronically attach a copy, you must mail a paper G-845 to	
Browse Attach	1

ENTER ADDITIONAL INFORMATION - VERIFY FORM G-845 RETURN MAILING ADDRESS

	s document (front and back) to immediately submit a Third Level Verification. u must mail a paper G-845 to your designated Status Verification Office.	
	Browse	
Remove		
Form G-845 Return Mailing Address		
	s as necessary by the pre-populated USCIS address cument (front & back) to the pre-populated USCIS address	
 Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address 	5 68	
 Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 	5 68	
 Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza 	5 68	
 Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza 	5 68	
 Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 	5 68	
Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 City	5 68	
2. Click the "Submit" button to generate the Form G-845 3. Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 City Washington	5 68	
2. Click the "Submit" button to generate the Form G-845 3. Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 City Washington * State	5 68	
Click the "Submit" button to generate the Form G-845 Mail the Form G-845 with a copy of the applicant's doc Mailing Address Address 1 490 LEnfant Plaza Address 2 City Washington * State	5 68	

INITIATE CASE APPLICANT INFORMATION I-766	INITIATE	CASE	APPLI	CANT	INFOR	RMATI	ON I-766
--	----------	------	-------	------	-------	-------	----------

8	U.S. Citizen and Immig Services	ship ration		U.S		2.6	SAVE, Welcome, Govern Woodbury
î î	Cases	Profile	Agency	Reports	Help		Sign Out 🔒
INITIAT	ECASE						
APPLICAN	T INFORMATIO	ON					
Enter docum	ent information.	*Indicates a re	auired field.				
I-766 (Emplo Name Last Name Date of Birt	h (mm/dd/yyyy) h (mm/dd/yyyy) Normation S Number * 2	on Card)	First Name		• 0	Middle Initial	
	tion Date (mm/dd/ * Benefit(s)*	(איניעי)					
	Request(s)						
Request B	mployment Author t History Data	rization 🕜	C Request Gran	nt Date 🕜			
Back	Next	1					12

INITIATE CASE APPLICANT INFORMATION I-571

	U.S. Citizen and Immig Services	ship ration		U.c.		2	SAVE Welcome, Govern Woodbur
î.	Cases	Profile	Agency	Reports	Help		Sign Out
INITIAT	E CASE						
APPLICAN	T INFORMATI	ON					
Enter docum	ent information.	*Indicates a re	quired field.				
Selected D I-571 (Refug	ocument Type gee Travel Documer	nt)					
Name			_			Middle Initial	
Last Name	8	* 6	First Name		* 0	Middle Initial	
	th (mm/dd/yyyy) Information S Number * ?						
Doc. Expira	tion Date (mm/dd,	(איציצי)					
Requested	Benefit(s)*						
Driver Lic	ense						
Additional	Request(s)						
Request	Employment Author t History Data	rization 🕜	🗌 Request Gra	nt Date 🕜			
Back	Next						

INITIATE CASE – APPLICANT INFORMATION (I-327)

				- 47		Welcome, Govern Woodbu
î	Cases	Profile	Agency F	Reports Help		Sign Out
	E CASE					
APPLICAN	T INFORMATIO	N				
Enter docum	ent information.	*Indicates a req	uired field.			
I-327 (Reent	ocument Type ry Permit)					
Name Last Name			First Name		Middle Initial	
		* 0		* 0		
	h (mm/dd/yyyy) * Information S Number * ?					
Doc. Expira	tion Date (mm/dd/γ	ууу)				
Requested	Benefit(s)*					
Driver Lic	ense					
Additional	Request(s)					
Request 8	mployment Authoriz t History Data	zation 🕜	Request Affidavi Data	t of Support 🕜	Request Grant Date	0

INITIATE CASE/APPLICANT INFORMATION-CERT OF CITIZENSHIP

	U.S. Citizens and Immig Services	ship ration		U.c		2	Welcome, Govern Woodbury
î î	Cases	Profile	Agency	Reports	Help		Sign Out 🗗
INITIATI	CASE						
APPLICAN	T INFORMATIO	NC					10
872072 ST 077979	ent information. ocument Type	 Indicates a req 	uired field,				
Name Last Name	Citizensinp		First Name			Middle Initial	
Date of Birt	h (mm/dd/yyyy)	* 0			* 0		
Document Alien/USCI	Information 5 Number * ?		Citizen <mark>s</mark> hip	Certificate Numb	oer		
Requested	Benefit(s)*						
Additional	Request(s) mployment Author : History Data	ization 🕜					
Back	Next						

INITIATE CASE/APPLICANT INFO-NATURALIZATION CERTIFICATE

î	Cases	Profile	Agency	Reports	Help		Sign Out
INITIATI	CASE						
APPLICAN	T INFORMAT	ION					
	ent information.	*Indicates a requ	المتعام المعالم				
		*indicates a requ	med neid.				
Selected D	ocument Type	on and Citizenship D	ocumont)				
	IECK (Naturalizatio	on and citizenship o	ocumency				
Name							
Last Name		* 0	First Name	14	0	Middle Initial	
1		U					
Date of Birt	h (mm/dd/yyyy)						
	*						
Document	Information						
Alien/USCI			Natz/Citz Nun	nber			
	0		1	* 0			
Requested							

MACHINE READABLE IMMIGRANT VISA

8	U.S. Citizen and Immig Services	ship ration		is in		Welcome	Govern Woodbury
î	Cases	Profile	Agency	Reports	Help	-	Sign Out 📑
INITIATE	CASE						
-	T INFORMATIO	ON					
	ent information.	*Indicates a re	awired field				
Selected D	ocument Type		ary I-551 Language	e)			
Name Last Name		* 6	First Name		Middle Initial		
Document Alien/USCIS	* Information Number * 7						
Passport Nu	mber * Ø		Country of	Issuance		⊻* 8	
Passport Ex	p. Date (mm/dd/y	(זיזי	Visa Numbe	er 🕜			
Requested	Benefit(s)*						
Driver Lice	inse						
	Request(s)						
	mployment Author History Data	rization 🕜	Data	idavit of Support 🔞	C Reques	t Grant Date 🔞	
Back	Next	1					

TEMPORARY I-551 STAMP (on Passport or I-94)

	Cases	Profile	Agency	Reports	Help		Sign Out
INITIAT	E CASE						
PPLICAN	T INFORMATIO	N					
Inter docum	ent information.	#Indicates a req	uired field.				
	ocument Type						
2,2%C3048C14C54.2C	551 Stamp (on pass	port or I-94)					
Name Last Name			First Name			Middle Initial	
ast name		* 0	Thist Hame	*	0		
ocument	Information						
	* ?						
Alien/USCI	* Ø		Country of Is	suance			
Alien/USCI Passport N	* 0		Country of Is	suance		✓ 0	
Alien/USCI Passport Nu	* Ø	y)	Country of Is	suance		✓ 0	
Alien/USCI Passport Nu Passport Ex	* 0 umber p. Date (mm/dd/yyy	y)	Country of Is	suance		✓ 0	
Alien/USCI Passport Nu Passport Ex Requested	* 0 umber 0 up. Date (mm/dd/yyy 0 Benefit(s)*	γ)	Country of Is	suance		✓ 0	
Alien/USCI Passport Nu Passport Ex Requested Driver Lic Additional	* 0 umber 0 up. Date (mm/dd/yyy 0 Benefit(s)*			suance		Request Grant Date	

I-94 (ARRIVAL/DEPARTURE RECORD)

	U.S. Citizens and Immig Services	ship ration		U.S		2.0	SAVE, Welcome, Govern Woodbury
n	Cases	Profile	Agency	Reports	Help		Sign Out 🗜
INITIAT	CASE						
APPLICAN	T INFORMATIC	ON					
Enter docume	ent information.	*Indicates a req	uired field.				
I-94 (Arrival/ Name Last Name Date of Birt Document I-94 Numbe	a (mm/dd/yyyyy) a (mm/dd/yyyy) a (mm/dd/yyyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyyy) a (mm/dd/yyy) a (mm/dd/yyyy) a (mm/dd/yyy) a (mm/dd/y		First Name	0)* O	Middle Initial	
Requested	Benefit(s)*						
Driver Lice	inse						
Additional	Request(s) rant Date 🕜						
Back	Next	a -					

SAVE Access Method Screen Shots I-94 IN UNEXPIRED FOREIGN PASSPORT

	U.S. Citizer and Immig Services	nship gration		U.S		2	SAVE, Welcome, Govern Woodbury
â	Cases	Profile	Agency	Reports	Help		Sign Out 🕒
INITIAT	ECASE						
	T INFORMAT	ION					
Enter docum	ent information.	*Indicates a re	quired field.				
Selected D I-94 (Arrival	ocument Type /Departure Record	d) in Unexpired For	eign Passport				
Name Last Name			First Name			Middle Initial	
Last Name		* @			* 0	Middle Initial	
	* 0		SEVIS ID	0			
Passport N	* O		Country of 1	ssuance		~*	0
Passport Ex	(p. Date (mm/dd/	(איציע)	Visa Numbe	0			
Requested	Benefit(s)*						
	Request(s) Grant Date						
Back	Next						2

UNEXPIRED FOREIGN PASSPORT

۲	U.S. Citizer and Immig Services	1ship gration		Uc		2	Welcome, Govern Woodbury
n	Cases	Profile	Agency	Reports	Help		Sign Out 📑
INITIAT	E CASE						
APPLICAN	T INFORMAT	ION					
Enter docum	ent information.	#Indicates a rec	uired field.				
Unexpired Fo	ocument Type preign Passport						
Name Last Name			First Name			Middle Initial	
		* 0			* 0		
	0		SEVIS ID	3			
	* 0			3500mee		~*	0
Requested Driver Lic Additional	Request(s) Grant Date (mm/dd/) * * * * * * * * * *	(ייייי)					
Back	Next						

SAVE Access Method Screen Shots I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)

	Cases	Profile	Agency	Reports	Help			Sign Out
	CASE							
APPLICANT	INFORMATIO	N						
Enter document	information.	*Indicates a requ	ired field.					
Selected Doc	ument Type							
I-20 (Certificate	of Eligibility for !	Nonimmigrant (F-	1) Student Status)					
Name								
ast Name			First Name			Middle Initial		
		* ?			* 🕜			
Date of Birth (mm/dd/yyyy)							
	*							
10								
Document In	formation							
I-94 Number	0		SEVIS ID					
	0			* 0				
Doc. Expiratio	n Date (mm/dd/y	YYY)						
	0							
Passport Num	ber		Country of Is	suance				
Passport Num	ber		Country of Is	suance			× 0	

DS 2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

	U.S. Citizer and Immig Services	nship gration		U.S.		3	Welcom	e, Govern Woodbury
n	Cases	Profile	Agency	Reports	Help			Sign Out 📑
INITIAT	E CASE							
APPLICAN	T INFORMAT	ION						
Enter docum	ent information.	*Indicates a requ	iired field.					
DS2019 (Cer Name Last Name Date of Birt Document I-94 Numb	h (mm/dd/yyyy) * Information	ty for Exchange Visit	or (J-1) Status) First Name SEVIS ID	^* Ø	0	Middle Initial		
Requested	8enefit(s)*		Country of Iss	uance			✓ Ø	
Back	Next	•						

SAVE Access Method Screen Shots

OTHER (Select if Document Not Listed)

	U.S. Citizen and Immig Services	ship tration		U.S.D		SAVE Welcome, Govern Woodbur
n	Cases	Profile	Agency	Reports	Help	Sign Out
INITIATI APPLICAN	E CASE T INFORMATI	ON				
Enter docum	ent information.	*Indicates a re	ouired field.			
Selected D	ocument Type If Document Not					
Name Last Name		* 0	First Name	*	0	Middle Initial
Date of Birt	h (mm/dd/yyyy) *	62				
	Information CIS Number	*	SEVIS ID	0		
Doc. Expira	tion Date (mm/dd	(זיניני/)	Other Docu	ment Description	•]•
Passport Nu	mber 🕜		Country of I	Issuance		√ 0
Requested	Benefit(s)* ense					
Request E	Request(s) mployment Autho : History Data	rization ဈ	Request Aff	idavit of Support 💡		Request Grant Date 🔞
Back	Next	1				

SEARCH CASES – CASE FILTER

U.S. Citizenship and Immigration Services	SALE, Welcome, Trish Sullivan
Cases Profile Age	ency Reports Help Sign Out 🖡
SEARCH CASES	
CASE FILTERS	
Enter search criteria to display a list of relevant cases.	
Case Status	
All Open Cases	O Cases Requiring Action
O Cases with Additional Verification Responses	O Cases with Third-Step Verification Responses
O Cases In Process	O Closed Cases
Verification Number	Naturalization/Citizenship Certificate Number
Alien/USCIS Number	I-94 Number
	User Case Number
Passport Number	User Case Number
Date Initiated From (mm/dd/yyyy)	Date Initiated To (mm/dd/yyyy)
Department	
×	
Group	
×	
Initiated By	
V	
-	
Cancel Submit	

SEARCH CASES - SUMMARY LIST

î.	Cases	Profile Agen	cy Reports	Help			Si	ign Out
EARC	H CASES							
UMMA	RY LIST							
ick on a	column title to sort th	iis list.						
Case S	ummary List			111				
ase ype	Response		Verification Number	ID Number	Name Provided	Department	Group	Initiated By
6	Resubmit Doc (Need (Copy Original)	2017284151929MF	A# 111111111		SAVE Liaison	8th Floor	PFIS200
1	INSTITUTE ADDITION	AL VERIFICATION	2017159092623NP	PP # G36418609		SAVE Liaison	8th Floor	PFIS200
6	Resubmit Doc (Need (Copy Original)	2017157071131UF	1# 2222222222222		SAVE Liaison	8th Floor	VSAN373
Ţ	INSTITUTE ADDITION	AL VERIFICATION	2017116151601BQ	A # 3333333333		SAVE Liaison	8th Floor	VSAN373
6	LAWFUL PERMANEN AUTHORIZED	IT RESIDENT-EMPLOYMENT	2017087071817WT	A# 088067524	MAZZI, FRANK	SAVE Liaison	8th Floor	PJOH663
G	U.S. Citizen		2017086130443BD	A# 212354939	BHATTARAI, LACHUMAN N	SAVE Liaison	8th Floor	VSAN373
6	Other		2017074141526NT	A # 222999988		SAVE Liaison	8th Floor	VSAN373
1	INSTITUTE ADDITION	AL VERIFICATION	2017072063951SD	A # 988888888		SAVE Liaison	8th Floor	PJOH663