**TABLE OF CHANGES – Form**

**Form** **I-907, Request for Premium Processing Service**

**OMB Number: 1615-0048**

**01/03/2020**

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| **Reason for Revision:** Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 04/30/2020Edition Date 10/01/2018 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
|  |  | **[No changes]** |
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