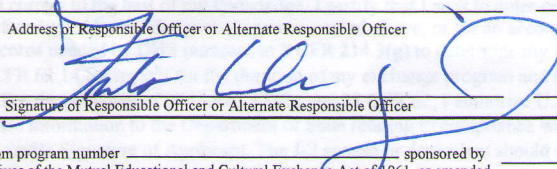
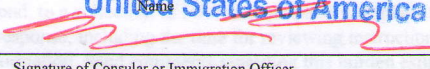
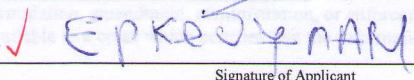




## U.S. Department of State

## CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119  
EXPIRES: 10/31/2020  
ESTIMATED BURDEN TIME: 45 min  
\*See Page 2

1. Surname/Primary Name: <b>Toktabek</b>		Given Name: <b>Yerkebulan</b>		Gender: <b>MALE</b>	<b>J-1</b>  <b>N0030370592</b>	
Date of Birth (mm-dd-yyyy): <b>10-24-1999</b>	City of Birth: <b>Almaty</b>	Country of Birth: <b>KAZAKHSTAN</b>	Citizenship Country Code: <b>KZ</b>	Citizenship Country: <b>KAZAKHSTAN</b>		
Legal Permanent Residence Country Code: <b>KZ</b>		Legal Permanent Residence Country: <b>KAZAKHSTAN</b>	Position Code: <b>215</b>	Position: <b>UNIVERSITY UNDERGRADUATE STUDENTS</b>		
Primary Site of Activity: <b>High Sierra Pools at 2M Street Apartments 2 M ST NE WASHINGTON, DC 20002-3576</b>						
2. Program Sponsor: <b>GeoVisions</b>					Program Number: <b>P-4-06110</b>	
Participating Program Official Description: <b>SUMMER TRAVEL/WORK</b>						
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>						
3. Form Covers Period: From (mm-dd-yyyy): <b>05-25-2019</b> To (mm-dd-yyyy): <b>09-01-2019</b>		4. Exchange Visitor Category: <b>SUMMER TRAVEL/WORK</b> Subject/Field Code: <b>31.0301</b> Subject/Field Code Remarks: <b>Lifeguard</b>				
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: <b>High Sierra Pools at 2M Street Apartments : \$2,175.00</b> <b>Personal funds : \$800.00</b> <b>Total : \$2,975.00</b>						
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.			7. <b>Jules DeNizard</b> Name of Official Preparing Form <b>16 Market Square Suite 4 Portsmouth, NH 03801</b> Address of Responsible Officer or Alternate Responsible Officer  Signature of Responsible Officer or Alternate Responsible Officer			Alternate Responsible Officer Title <b>603-363-4187</b> Telephone Number <b>03-15-2019</b> Date (mm-dd-yyyy)
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended. Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____						
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended <b>Martin P. Ryan</b> <b>Consul of the</b> <b>United States of America</b>  Signature of Consular or Immigration Officer <b>04 APR 2019</b> Date (mm-dd-yyyy)			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).						
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.  Signature of Applicant <b>Almaty</b> Place <b>04-04-2019</b> Date (mm-dd-yyyy)						