

RESOLUTION NO. 2797

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LIVINGSTON, MONTANA, AUTHORIZING CITY MANAGER TO SIGN AND SUBMIT IMMIGRATION AND NATURALIZATION FORM I-129 TO FACILITATE SISTER CITY'S PROGRAM FOR A COORDINATOR OF INTERNATIONAL RELATIONS AND TO PAY APPLICATION FEE.

WHEREAS, the City of Livingston has established a Sister's City Program with Nagano-hara, Japan (See Resolution No. 2272); and

WHEREAS, Nagano-hara is desirous of having Kazunori Yoshizaki to come to Livingston at act as the Coordinator of International Relations which will enable Nagano-hara to learn more of our culture, city structure, personal interactions, etc.; and

WHEREAS, the U.S. Department of Immigration and Naturalization (INS) requires that an application for Kazunori Yoshizaki be submitted for approval to allow his entrance into the United States to accomplish the aforesated purpose; and

WHEREAS, such application must be accompanied by a \$75.00 fee.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Livingston, Montana, that the City Manager is authorized to submit INS Form L-1, a copy of which is attached hereto as Exhibit A and by this reference incorporated herein as though fully set forth herein and to pay the \$75.00 application fee.

PASSED, ADOPTED AND APPROVED by the City Council of the City of Livingston, Montana this 10th day of June, 1997.



PAT MIKESELL
Mayor

ATTEST:



JULIANNE BROWN
Recording Secretary

APPROVED AS TO FORM:



BRUCE E. BECKER
City Attorney

#75

check

~~Signed~~
~~BOB~~
~~11/16/97~~

City of Livingston

414 East Callender Street
Livingston, Montana 59047
(406) 222-2005 • FAX (406) 222-6823

MAYOR
Pat Mikesell
COUNCIL MEMBERS
Caron Cooper
Sheryl Dahl
Bernice McGee
Barb Williams
CITY MANAGER
Steve Golnar

June 4, 1997

Director
U.S. Department of Justice
Immigration and Naturalization Service
Northern Service Center
P.O. Box 87129
Lincoln, NE 68501-7129

Re: L-1 Application for Kazunori Yoshizaki

Dear Sir:

A completed Form I-129N, L-1, is attached for Kazunori Yoshizaki along with a check for \$75.00 to cover the application fee.

City of Livingston Resolution No. 2272, passed and adopted on the 21st day of October 1991, adopted the Proclamation entitled DECLARATION SISTER - CITY AFFILIATION BETWEEN NAGANOHARA AND LIVINGSTON. A copy is attached for your information.

The two cities initiated a Student Exchange Home Stay Program in 1992 and it is an active, informative Program. The City of Naganohara has also sent Cultural and Business Exchange Groups to Livingston. A Livingston resident has served as consultant and state-side buyer for the development of a campground at Naganohara.

The City of Livingston has had, during the first six years of our relationship, a Japanese Exchange Teacher or Cultural Information Officer living in Naganohara and paid by the Japanese Government.

Naganohara made the decision to change this phase of our relationship to where they will have a Coordinator of International Relations living in Livingston for two years. This relationship will enable Naganohara to learn much more of our culture, city structure, personal interactions etc.

Naganohara, from a pool of five applicants, selected Kazunori Yoshizaki to fill this very important position.

Mr. Yoshizaki is to arrive in Livingston, with the Japanese Exchange Students, on August 5th.



The Form I-129 N was completed to the best of our abilities. We would be happy to provide any other information that you might need.

Sincerely,

Steve Golnar
City Manager

Atchs:

1. Form I-129 N
2. Resolution No. 2272
3. City Check for \$75.00

START HERE - Please Type or Print

Part 1. Information about the employer filing this petition.
If the employer is an individual, use the top name line. Organizations should use the second line.

Family Name	Yoshizaki	Given Name	Kazunori	Middle Initial	
Company or Organization Name	City of Livingston, Montana				
Address - Attn:	City Manager Golnar				
Street Number and Name	414 E. Callender	Apt. #			
City	Livingston	State or Province	Montana		
Country	U.S.A.	ZIP/Postal Code	59047		
IRS Tax #	81-6001286				

Part 2. Information about this Petition.
(See instructions to determine the fee.)

- Requested Nonimmigrant Classification:
(write classification symbol at right) L-1
- Basis for Classification (check one)
 - New employment
 - Continuation of previously approved employment without change
 - Change in previously approved employment
 - New concurrent employment
- Prior petition. If you checked other than "New Employment" in item 2. (above) give the most recent prior petition number for the worker(s): _____
- Requested Action: (check one)
 - Notify the office in Part 4 so the person(s) can obtain a visa or be admitted (NOTE: a petition is not required for an E-1, E-2, or R visa).
 - Change the person(s) status and extend their stay since they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in item 2, above.
 - Extend or amend the stay of the person(s) since they now hold this status.
- Total number of workers in petition: _____
(See instructions for where more than one worker can be included.)

Part 3. Information about the person(s) you are filing for.
Complete the blocks below. Use the continuation sheet to name each person included in this petition.

If an entertainment group, give their group name.

Family Name	Yoshizaki	Given Name	Kazunori	Middle Initial	
Date of Birth (Month/Day/Year)	6/25/69	Country of Birth	Japan		
Social Security #	A #				
If in the United States, complete the following:					
Date of Arrival (Month/Day/Year)	August 4, 1997	I-94 #			
Current Nonimmigrant Status	Expires (Month/Day/Year)				

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Interviewed	
<input type="checkbox"/> Petitioner	
<input type="checkbox"/> Beneficiary	

Class: _____
of Workers: _____
Priority Number: _____
Validity Dates: From _____ To _____

Classification Approved
 Consulate/POE/PFI Notified

At: _____
 Extension Granted
 COS/Extension Granted

Partial Approval (explain)

Action Block

To Be Completed by Attorney or Representative, If any

Fill in box if G-28 is attached to represent the applicant

VOLAG# _____
ATTY State License # _____

Part 4. Processing Information.

- a. If the person named in Part 3 is outside the U.S. or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (check one): <input type="checkbox"/> Consulate	<input type="checkbox"/> Pre-flight inspection	<input type="checkbox"/> Port of Entry
Office Address (City)	U.S. State or Foreign Country	
Person's Foreign Address		

- b. Does each person in this petition have a valid passport? Not required to have passport No - explain on separate paper Yes
- c. Are you filing any other petitions with this one? No Yes - How many? _____
- d. Are applications for replacement/Initial I-94's being filed with this petition? No Yes - How many? _____
- e. Are applications by dependents being filed with this petition? No Yes - How many? _____
- f. Is any person in this petition in exclusion or deportation proceedings? No Yes - explain on separate paper
- g. Have you ever filed an immigrant petition for any person in this petition? No Yes - explain on separate paper
- h. If you indicated you were filing a new petition in Part 2, within the past 7 years has any person in this petition:
- 1) ever been given the classification you are now requesting? No Yes - explain on separate paper
- 2) ever been denied the classification you are now requesting? No Yes - explain on separate paper
- i. If you are filing for an entertainment group, has any person in this petition not been with the group for at least 1 year? No Yes - explain on separate paper

Part 5. Basic Information about the proposed employment and employer.

Attach the supplement relating to the classification you are requesting.

Job	Nontechnical Description	
Title	Coordinator of International Relations of Job Sister City Liaison Officer	
Address where the person(s) will work if different from the address in Part 1.		
Is this a full-time position?	<input type="checkbox"/> No - Hours per week	<input checked="" type="checkbox"/> Yes
Other Compensation (Explain)	Value per week or per year	Wages per week or per year \$25,640
Dates of intended employment From: Aug '97 To: Aug '99		
Type of Petitioner - check one:	<input type="checkbox"/> U.S. citizen or permanent resident	<input checked="" type="checkbox"/> Organization <input type="checkbox"/> Other - explain on separate paper
Type of business:	Sister City Program	Year established: 1991
Current Number of Employees	1	Gross Annual Income
		Net Annual Income

Part 6. Signature.

Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature and title	Print Name	Date
City Manager	Steve Golnar	June 3, 1997

Please Note: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for the requested benefit, and this petition may be denied.

Part 7. Signature of person preparing form if other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature	Print Name	Date
Firm Name and Address		

Supplement-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the form).

Family Name		Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth		Social Security No.		A#
IF	Date of Arrival (month/day/year)		I-94#	
IN				
THE	Current Nonimmigrant Status:		Expires on (month/day/year)	
U.S.				
Country where passport issued		Expiration Date (month/day/year)		Date Started with group
Family Name		Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth		Social Security No.		A#
IF	Date of Arrival (month/day/year)		I-94#	
IN				
THE	Current Nonimmigrant Status:		Expires on (month/day/year)	
U.S.				
Country where passport issued		Expiration Date (month/day/year)		Date Started with group
Family Name		Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth		Social Security No.		A#
IF	Date of Arrival (month/day/year)		I-94#	
IN				
THE	Current Nonimmigrant Status:		Expires on (month/day/year)	
U.S.				
Country where passport issued		Expiration Date (month/day/year)		Date Started with group
Family Name		Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth		Social Security No.		A#
IF	Date of Arrival (month/day/year)		I-94#	
IN				
THE	Current Nonimmigrant Status:		Expires on (month/day/year)	
U.S.				
Country where passport issued		Expiration Date (month/day/year)		Date Started with group
Family Name		Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth		Social Security No.		A#
IF	Date of Arrival (month/day/year)		I-94#	
IN				
THE	Current Nonimmigrant Status:		Expires on (month/day/year)	
U.S.				
Country where passport issued		Expiration Date (month/day/year)		Date Started with group

Continued on back

Supplement-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the form).

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status:	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	

Name of person or organization filing petition:

Name of person you are filing for:

Section 1. Complete this section if you are filing for a Q international cultural exchange alien.

I hereby certify that the participant(s) in this international cultural exchange program:

- is at least 18 years of age,
- has the ability to communicate effectively about the cultural attributes of his or her country of nationality to the American public, and
- has not previously been in the United States as a Q nonimmigrant unless he/she has resided and been physically present outside the U.S. for the immediate prior year.

I also certify that the same wages and working conditions are accorded the participants as are provided to similarly employed U.S. workers.

Petitioner's signature

Date

Section 2. Complete this section if you are filing for an R religious worker.

List the alien's, and any dependent family members, prior periods of stay in R classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an R classification.

Describe the alien's proposed duties in the U.S.

Describe the alien's qualifications for the vocation or occupation

Description of the relationship between the U.S. religious organization and the organization abroad of which the alien was a member.

U.S. Department of Justice
Immigration and Naturalization Service

O and P Classifications
Supplement to Form I-129

Name of person or organization filing petition:

Name of person or group or total number of workers you are filing for:

Classification sought (check one):

- O-1 Alien of extraordinary ability in sciences, art, education, or business.
- P-2 Artist or entertainer for reciprocal exchange program
- P-2S Essential Support Personnel for P-2

Explain the nature of the event

Describe the duties to be performed

If filing for O-2 or P support alien, dates of the alien's prior experience with the O-1 or P alien.

Have you obtained the required written consultations(s)? Yes - attached No - Copy of request attached
If not, give the following information about the organizations(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary ability

Name of recognized peer group

Phone #

Address

Date sent

O-1 Extraordinary achievement in motion pictures or television

Name of labor organization

Phone #

Address

Date sent

Name of management organization

Phone #

Address

Date sent

O-2 or P alien

Name of labor organization

Phone #

Address

Date sent

**U.S. Department of Justice
Immigration and Naturalization Service**

**E Classification
Supplement to Form I-129**

Name of person or organization filing petition:

Name of person you are filing for:

Classification sought (check one):

Name of country signatory to treaty with U.S.

E-1 Treaty trader E-2 Treaty investor

Section 1. Information about the Employer Outside the U.S. (if any)

Name

Address

Alien's Position - Title, duties and number of years employed

Principal Product, merchandise or service

Total Number of Employees

Section 2. Additional Information about the U.S. Employer.

The U.S. company is, to the company outside the U.S. (check one):

Parent Branch Subsidiary Affiliate Joint Venture

Date and Place of Incorporation or establishment in the U.S.

Nationality of Ownership (Individual or Corporate)

Name	Nationality	Immigration Status	% Ownership
.....
.....
.....
.....
.....

Assets

Net Worth

Total Annual Income

Staff in the U.S.

Executive/Manager

Specialized Qualifications or Knowledge

Nationals of Treaty Country in E or L Status

Total number of employees in the U.S.

Total number of employees the alien would supervise; or describe the nature of the specialized skills essential to the U.S. company.

Section 3. Complete if filing for an E-1 Treaty Trader

Total Annual Gross Trade/Business of the U.S. company

For Year Ending

\$

Percent of total gross trade which is between the U.S. and the country of which the treaty trader organization is a national.

Section 4. Complete if filing for an E-2 Treaty Investor

Total Investment:

Cash

Equipment

Other

\$

\$

\$

Inventory

Premises

Total

\$

\$

\$

Name of person or organization filing petition:
City of Livingston, Montana

Name of person you are filing for:
Kazunori Yoshizaki

This petition is (check one): An individual petition

A blanket petition

Section 1. Complete this section if filing an individual petition.

Classification sought (check one): L-1A manager or executive

L-1B specialized knowledge

List the alien's, and any dependent family members' prior periods of stay in an L classification in the U.S. for the last seven years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an L classification.

Name and address of employer abroad

Dates of alien's employment with this employer. Explain any interruptions in employment.

Description of the alien's duties for the past 3 years.

Description of alien's proposed duties in the U.S.

Will coordinate student, business and cultural Exchanges of residents between Livingston and Naganohara, Japan. Serve as Liaison Officer for City.

Summarize the alien's education and work experience.

Yoshizaki lived and studied at a two year college in Georgian majoring in business and economics.

The U.S. company is, to the company abroad: (check one)

Parent

Branch

Subsidiary

Affiliate

Joint Venture

Describe the stock ownership and managerial control of each company.

Sister City Relationship between Livingston, MT & Naganohara, Japan.

Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad? Yes No (attach explanation)

Is the alien coming to the U.S. to open a new office?

Yes (explain in detail on separate paper)

No

Section 2. Complete this section if filing a Blanket Petition.

List all U.S. and foreign parent, branches, subsidiaries and affiliates included in this petition. (Attach a separate paper if additional space is needed.)

Name and Address

Relationship

Explain in detail on separate paper.

Name of person or organization filing petition:

Name of person or total number of workers or trainees you are filing for:

List the alien's and any dependent family members; prior periods of stay in H classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an H classification. If more space is needed, attach an additional sheet.

Classification sought (check one):

- H-1A Registered Professional nurse
- H-1B1 Specialty occupation
- H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense
- H-1B3 Artist, entertainer or fashion model of national or international acclaim

- H-1B4 Artist or entertainer in unique or traditional art form
- H-1B5 Athlete
- H-1BS Essential Support Personnel for H-1B entertainer or athlete
- H-2A Agricultural worker
- H-2B Nonagricultural worker
- H-3 Trainee
- H-3 Special education exchange visitor program

Section 1. Complete this section if filing for H-1A or H-1B classification.

Describe the proposed duties

Alien's present occupation and summary of prior work experience

Statement for H-1B specialty occupations only:

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.

Petitioner's Signature

Date

Statement for H-1B specialty occupations and DOD projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of authorized official of employer

Date

Statement for H-1B DOD projects only:

I certify that the alien will be working on a cooperative research and development project or a coproduction project under a reciprocal Government-to-Government agreement administered by the Department of Defense.

DOD project manager's signature

Date

Section 2. Complete this section if filing for H-2A or H-2B classification.

- Employment is: (check one)
- Seasonal
 - Peakload
 - Intermittent
 - One-time occurrence

- Temporary need is: (check one)
- Unpredictable
 - Periodic
 - Recurrent annually

Explain your temporary need for the alien's services (attach a separate paper if additional space is needed).

Section 3. Complete this section if filing for H-2A classification.

The petitioner and each employer consent to allow government access to the site where the labor is being performed for the purpose of determining compliance with H-2A requirements. The petitioner further agrees to notify the Service in the manner and within the time frame specified if an H-2A worker absconds or if the authorized employment ends more than five days before the relating certification document expires, and pay liquidated damages of ten dollars for each instance where it cannot demonstrate compliance with this notification requirement. The petitioner also agrees to pay liquidated damages of two hundred dollars for each instance where it cannot be demonstrated that the H-2A worker either departed the United States or obtained authorized status during the period of admission or within five days of early termination, whichever comes first.

The petitioner must execute Part A. If the petitioner is the employer's agent, the employer must execute Part B. If there are joint employers, they must each execute Part C.

Part A. Petitioner:

By filing this petition, I agree to the conditions of H-2A employment, and agree to the notice requirements and limited liabilities defined in 8 CFR 214.2 (h) (3) (vi).

Petitioner's signature

Date

Part B. Employer who is not petitioner:

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf, and agree to the conditions of H-2A eligibility.

Employer's signature

Date

Part C. Joint Employers:

I agree to the conditions of H-2A eligibility.

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Section 4. Complete this section if filing for H-3 classification.

If you answer "yes" to any of the following questions, attach a full explanation.

- | | | |
|--|-----------------------------|------------------------------|
| a. Is the training you intend to provide, or similar training, available in the alien's country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Will the training benefit the alien in pursuing a career abroad? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Does the training involve productive employment incidental to training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Does the alien already have skills related to the training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Is this training an effort to overcome a labor shortage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Do you intend to employ the alien abroad at the end of this training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you do not intend to employ this person abroad at the end of this training, explain why you wish to incur the cost of providing this training, and your expected return from this training.