

DIOCESE OF THE ARMENIAN
CHURCH OF AMERICA

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301-2001

August 27, 2001

Premium Processing
Immigration and Naturalization Service
Vermont Service Center
30 Houghton Street
St. Albans, VT 05478-2399

**Re: P-3 visa petition of the Diocese of the Armenian Church
on behalf of the Komitas Chamber Choir, Hovhannes
Mirzoyan, Conductor and choir members**

Dear Sir or Madam:

We write this letter in support of our petition to sponsor the Komitas Chamber Choir to perform in October 2001 in New York City, Providence, Boston, Chicago and Michigan in celebration of 1700 years of Christianity celebration in Armenia. The Komitas Chamber Choir will perform a program of culturally unique Armenian liturgical music.

1. Background of the Petitioner

The Armenian Church is an independent Christian church, also known as the Armenian Apostolic Orthodox Church. Its head is the Supreme Patriarch and Catholicos, who resides in Holy Etchmiadzin, near Yerevan, the capital of Armenia.

It was in the middle of the 1st Century that two of Jesus Christ's original apostles, Sts. Thaddeus and Bartholomew, introduced Christianity to Armenia. Repeated persecutions failed to stem the rapid growth of the new faith, and Christianity was declared the state religion of Armenia in A.D. 301. Armenia thus became the first nation to adopt Christianity as a state religion.

Holy Etchmiadzin remains the central spiritual authority for millions of Armenian Christians living in diaspora communities around the globe.

The Armenian Church was established in the United States in Worcester, Massachusetts in 1891 and the Diocese of the Armenian Church of America was formed in 1898.

The Diocese of the Armenian Church, also known as the Eastern Diocese, has jurisdiction extending over all parishes of the states East of the Mississippi, in addition to the states of Texas, Oklahoma and New Mexico. There are a total of 42 fully organized parishes and 21 Mission parishes and approximately 400,000 individuals under the jurisdiction of the Diocese.

2. The Komitas Chamber Choir

Founded in 1986, the Komitas Chamber Choir of the Komitas State Conservatory of Armenia is a preeminent choir that performs various types of choral music with a unique expertise in Armenian spiritual music.

Hovhannes Mirzoyan, artistic director and principal conductor of the Komitas Chamber Choir, was born in Yerevan to an artistic family. A graduate of Armenia's Komitas State Conservatory, he began his career in 1975 as choirmaster at the Armenian Choral Society. Since that time, he has taught as a professor in the conservatory's choral and conducting department.

After founding the Komitas Chamber Choir in 1986, Maestro Mirzoyan also became the artistic director of the Conservatory Opera Studio in 1992. The conductor and all 30 performers have been members of the choir for over one year as indicated on form I-129 Supplement 1.

Maestro Mirzoyan has conducted in the major cities of Spain, France, Greece, Bulgaria, Turkey, and the former Soviet Union. He has staged operas and has premiered several choral works with the Komitas Chamber choir. He records for the Albany and Melodiya labels, as well as for the Armenian RTV.

4. The Culturally Unique Program

The Program for this culturally unique American concert tour will begin and conclude with the Hayr Mer (the Lord's Prayer), its classic Armenian text, in the ancient Armenian liturgical language, set to music by various composers including the familiar Yekmalian and Komitas, as well the new versions by Amy Abcar, Bartevian, Hayrapetyan, Mekanejian and Manas. The body of the concert will consist of polyphonic settings of Armenian liturgical chants, among them "Der Vorghormya" (Lord have mercy] from the Service for the Repose of the Soul and Psalms.

Two instrumental interludes will also be featured; performances of Richard Yardumian's "*Ee kerezman*" for organ, and Sargis Zakjarian's "Legend" for flute and percussion, the latter was commissioned especially for this occasion. The 80-minute program will be presented without intermission.

The performances will be held this Fall in New York City at the following locations: St Vartan's Armenian Cathedral on October 19 at 8 pm; Providence, RI at the Cathedral of Sts. Peter and Paul on October 20 at 8.30 pm; Boston, MA at the Cathedral of the Holy Cross on October 21 at 5 pm; Southfield, MI at St. John Armenian Church on October 26 at 8 pm; and Chicago, IL at Queen of All Saints Basilica on October 28 at 4 pm.

Although the conductor and choir are well known throughout Armenia, very few people in the US have had the opportunity to hear this culturally unique music.


We have invited religious dignitaries from all major faiths to join us in this celebration of 1700 years of Christianity in Armenia. In addition we expect political leaders throughout the region to attend this culturally unique event.

Since this is a non-profit endeavor, the Diocese of the Armenian Church will look after the Komitas Chamber Choir's stay in New York, and pay for all expenses including plane fare, food, lodging and incidental expenses.

The annexed publicity material shows that the concerts consist of culturally unique Armenian spiritual music.

The foregoing clearly establishes our eligibility to sponsor the Komitas Chamber Choir, Hovhannes Mirzoyan and other choir members under the P-3 visa classification. Please approve the case expeditiously.

With prayers,


Archbishop Khajag Barsamian,
Primate

Encl.

Notice of Entry of Appearance as Attorney or Representative

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re: Diocese of the Armenian Church Komitas Chamber Choir	Date: File No.
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I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name: Diocese of the Armenian Church	<input checked="" type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
<input type="checkbox"/> Beneficiary		
Address: (Apt. No.) (Number & Street) (City) (State) (Zip Code) 630 Second Avenue New York NY 10016		
Name: Komitas Chamber Choir	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
<input checked="" type="checkbox"/> Beneficiary		
Address: (Apt. No.) (Number & Street) (City) (State) (Zip Code)		

Check Applicable Item(s) below:

<input checked="" type="checkbox"/>	1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia New York Court of Appeals and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/>	2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/>	3. I am associated with _____ the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/>	4. Others (Explain Fully.)

SIGNATURE	COMPLETE ADDRESS Law Offices of Cyrus D Mehta 1170 Broadway Suite 606, New York, New York-10001
NAME (Type or Print) Jacqueline Baronian	TELEPHONE NUMBER 212-686-1581 Fax Number: 212-686-2665

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:
Jacqueline Baronian
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:
 All immigration matters

Name of Person Consenting Archbishop Khajag Barsamian, Primate	Signature of Person Consenting <i>X Abp. K. Barsamian</i>	Date 8/29/01
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(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

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	Given Name	Middle Initial
Company or Organization Name Diocese of the Armenian Church		
Address - Attn:		
Street Number and Name	630 Second Avenue	Apt. #
City	New York	State or Province NY
Country	USA	Zip/Postal Code 10016
IRS Tax #	131628202	

Part 2. Information about this Petition.

(See instructions to determine the fee)

- Requested Nonimmigrant classification:**
(write classification symbol at right) P-3
- 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 numbers 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:** _____ 31
(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. Komitas Chamber Choir

Family Name	MIRZOYAN	Given Name	Hovhannes	Middle Initial
Date of Birth (Month/Day/Year)	1/1/49	Country of Birth	Armenia	
Social Security #	None	A #	None	
If in the United States, complete the following:				
Date of Arrival (Month/Day/Year)		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 _____	
<input type="checkbox"/> Classification Approved	
<input type="checkbox"/> Consulate/POE/PFI Notified	
At: _____	
<input type="checkbox"/> Extension Granted	
<input type="checkbox"/> COS/Extension Granted	
Partial Approval (explain)	
Action Block	
To be Completed by Attorney or Representative, if any	
<input checked="" type="checkbox"/> 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 to be notified if this petition is approved.

Type of Office (check one): <input checked="" type="checkbox"/> Consulate	<input type="checkbox"/> Pre-flight inspection	<input type="checkbox"/> Port of Entry
Office Address (City) Yerevan	U.S. State or Foreign Country Armenia	
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 seven 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 Title Choir	Nontechnical Description of Job Sing
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Address where the person(s) will work

if different from the address in Part 1.

Is this a full-time position?

No - Hours per week Yes

Wages per week or per year None

Other Compensation (Explain)	Value per week or per year	Dates of Intended employment From: 10/7/01 To: 11/9/01
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Type of petitioner - check one U.S. citizen or permanent resident Organization Other - explain on separate paper

Type of business Church	Year established 1898
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Current number of employees	Gross Annual Income Non-profit	Net Annual Income Non-profit
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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 petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature and title Primate <i>Abp. K. Barsamian</i>	Print Name Archbishop Khajag Barsamian	Date 8/29/01
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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 application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Name Jacqueline Baronian	Date
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Firm Name and Address Law Offices of Cyrus D Mehta 1170 Broadway Suite 606, New York, New York-10001	Tel : 212-686-1581 Fax : 212-686-2665
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Request for Premium Processing Service

START HERE - Please Type or Print

FOR INS USE ONLY

Part 1. Information about you. (Person or business filing this request.)

If filed on your own behalf: Individual Named in the Related Case

Family Name (Last Name)	Given Name (First Name)	Full Middle Name

If filed on behalf of a company: Company or Business Named in the Related Case

Diocese of the Armenian Church

Mailing Address: Street Number and Name / P.O. Box Number

630 Second Avenue

Name of Company Contact	Title/Position
Mary Berberian	Executive Assistant

City	State/Province	Zip/Postal Code
New York	NY	10016

IRS Tax # (if any)

131628202

You (the person submitting this request):

- Are the person named in the relating petition/application.
- Work for company/business named in the relating petition or application.
- Are an attorney/representative.

Your Preferred Form of Communication: Mail Phone Fax e:Mail

Phone Number (Area/Country Code)	Fax Number (Area/Country Code)	e:Mail Address
212-686-1581	212-686-2665	jbaronian@cyrusmehta.com

Request Physically Received by INS	Receipt
Date	
Date	
Returned	
Date	
Date	
Resubmitted	
Date	
Date	

To Be Completed By
Attorney or Representative, if any.
Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

Part 2. Information about request.

1. Form number of related petition or application.	2. Classification type being requested
I-129	P-3
3. Petitioner on the relating case	4. Beneficiary on the relating case
Diocese of the Armenian Church	Komitas Chamber Choir/Hovhannes Mirzoyan

Part 3. Signature. (Read the information on penalties in the instructions before completing this section.)

It is understood that if the Immigration and Naturalization Service (INS) does not issue a notice or make a request for additional evidence within 15 calendar days after this request has been physically received in the appropriate INS office, a full refund will be given to the addressee shown in Part 1 of this request.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit being sought.

Signature	Title (if applicable)
<i>Abg. K. Barsamian</i>	Primate
Print Your Name	Date (MM/DD/YYYY)
Archbishop Khajag Barsamian	8/29/01

Part 4. Signature of person preparing form if other than above. (Sign below.)

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

Signature	Print Your Name	Date
	Jacqueline Baronian	
Firm Name and Address	Daytime Phone Number (Area Code and Number)	
Law Offices of Cyrus D Mehta 1170 Broadway Suite 606, New York, New York-10001	Fax : 212-686-2665	212-686-1581

U.S. Department of Justice
Immigration and Naturalization Service

O and P Classification
Supplement to Form I-129

Name of person or organization filing petition:

Diocese of the Armenian Church

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

Komitas Chamber Choir

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
- P-3 *Culturally Unique Entertainers*

Explain the nature of the event

The Komitas Chamber Choir will sing Armenian spiritual music to celebrate 1700 years of Christianity in Armenia.

Describe the duties to be performed

The Choir will sing Armenian spiritual music at five Armenian Churches.

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

Have you obtained the required written consultation(s)? Yes - attached No - Copy of request attached
 If not, give the following information about the organization(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

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 ADAMYAN		Given Name Artur	Middle Initial	Date of Birth (month/day/year) 10/7/46
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 3/26/06	Date Started with group 7/3/01	
Family Name AREVYAN		Given Name Marine	Middle Initial	Date of Birth (month/day/year) 2/15/72
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 10/09/09	Date Started with group 4/12/90	
Family Name BABAYAN		Given Name Garegin	Middle Initial	Date of Birth (month/day/year) 6/9/55
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/27/06	Date Started with group 4/12/97	
Family Name DARBINYAN		Given Name Shushan	Middle Initial	Date of Birth (month/day/year) 8/22/71
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 1/8/09	Date Started with group 9/17/92	
Family Name EJURYAN		Given Name Ghevond	Middle Initial	Date of Birth (month/day/year) 3/19/54
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 11/10/06	Date Started with group 5/9/99	

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 GALSTYAN		Given Name Aram	Middle Initial	Date of Birth 4/4/77 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/19/06	Date Started with group 9/10/99	
Family Name HAKOBYAN		Given Name Boris	Middle Initial	Date of Birth 2/3/47 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/12/11	Date Started with group 10/1/96	
Family Name HAKOBYAN		Given Name Serzh	Middle Initial	Date of Birth 9/10/53 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/2/06	Date Started with group 9/13/90	
Family Name HARUTYUNYAN		Given Name Gor	Middle Initial	Date of Birth 11/1/72 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 3/19/07	Date Started with group 10/10/96	
Family Name HOVSEPYAN		Given Name Era	Middle Initial	Date of Birth 11/12/81 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/13/08	Date Started with group 1998	

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 HOVSEPYAN		Given Name Roza	Middle Initial	Date of Birth 5/15/61 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/9/06	Date Started with group 4/20/89	
Family Name KHOOYETSYAN		Given Name Gayane	Middle Initial	Date of Birth 10/28/81 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 1/28/08	Date Started with group 9/15/99	
Family Name KHUMARYAN		Given Name Hrachuhi	Middle Initial	Date of Birth 7/30/79 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/11/06	Date Started with group 10.10/97	
Family Name MAKVETSYAN		Given Name Vagan	Middle Initial	Date of Birth 2/15/61 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Russia		Expiration Date (month/day/year) 9/28/05	Date Started with group 9/10/88	
Family Name MANUKYAN		Given Name Gegham	Middle Initial	Date of Birth 1/1/63 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 5/31/07	Date Started with group 3/2/97	

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 MELIKSEYAN		Given Name Lusine	Middle Initial	Date of Birth (month/day/year) 6/13/75
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 1/20/07	Date Started with group 9/14/95	
Family Name MIRAKYAN		Given Name Nektar	Middle Initial	Date of Birth (month/day/year) 5/16/63
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 12/8/05	Date Started with group 10/12/88	
Family Name MIRZOYAN		Given Name Karen	Middle Initial	Date of Birth (month/day/year) 6/20/60
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 12/27/05	Date Started with group 12/1/88	
Family Name MKRTCHYAN		Given Name Marine	Middle Initial	Date of Birth (month/day/year) 10/17/69
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/14/05	Date Started with group 10/12/90	
Family Name NURIJANYAN		Given Name Rubik	Middle Initial	Date of Birth (month/day/year) 11/13/57
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/31/06	Date Started with group 9/20/96	

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 OJAKHYAN		Given Name Narine	Middle Initial	Date of Birth 5/26/81 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/11/08	Date Started with group 10/7/98	
Family Name PARONYAN		Given Name Nerses	Middle Initial	Date of Birth 12/4/61 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 6/24/06	Date Started with group 9/14/95	
Family Name SARGSYAN		Given Name Sargis	Middle Initial	Date of Birth 7/1/50 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 2/28/07	Date Started with group 3/5/95	
Family Name SAYADYAN		Given Name Sofya	Middle Initial	Date of Birth 6/28/81 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/31/07	Date Started with group 3/12/98	
Family Name SHROYAN		Given Name Anna	Middle Initial	Date of Birth 8/20/74 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 1/28/09	Date Started with group 5/13/98	

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 SIRUNYAN		Given Name Alina	Middle Initial	Date of Birth 4/28/73 (month/day/year)
Country of Birth Armeina		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 4/8/06	Date Started with group 3/20/90	
Family Name YEDIGARYAN		Given Name Lilit	Middle Initial	Date of Birth 7/26/77 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 2/10/06	Date Started with group 11/2/96	
Family Name ZHAMKOCHYAN		Given Name Susanna	Middle Initial	Date of Birth 10/25/73 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 12/06/06	Date Started with group 4/28/96	
Family Name ZURABYAN		Given Name Suren	Middle Initial	Date of Birth 3/9/64 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/29/07	Date Started with group 9/10/97	
Family Name GASPARYAN		Given Name Arshak	Middle Initial	Date of Birth 3/10/82 (month/day/year)
Country of Birth Armenia		Social Security No. None		A# None
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 Armenia		Expiration Date (month/day/year) 7/10/08	Date Started with group 9/15/99	