Exhibit B

Refugee

Supplemental Guidance

January 3, 2022

U.S. Citizenship and Immigration Services

Processing Acronym Legend

WIF = Withhold in Full
RIF = Refer in Full
OOS = Out of Scope

The Transportation Company and Transportation Security Administration

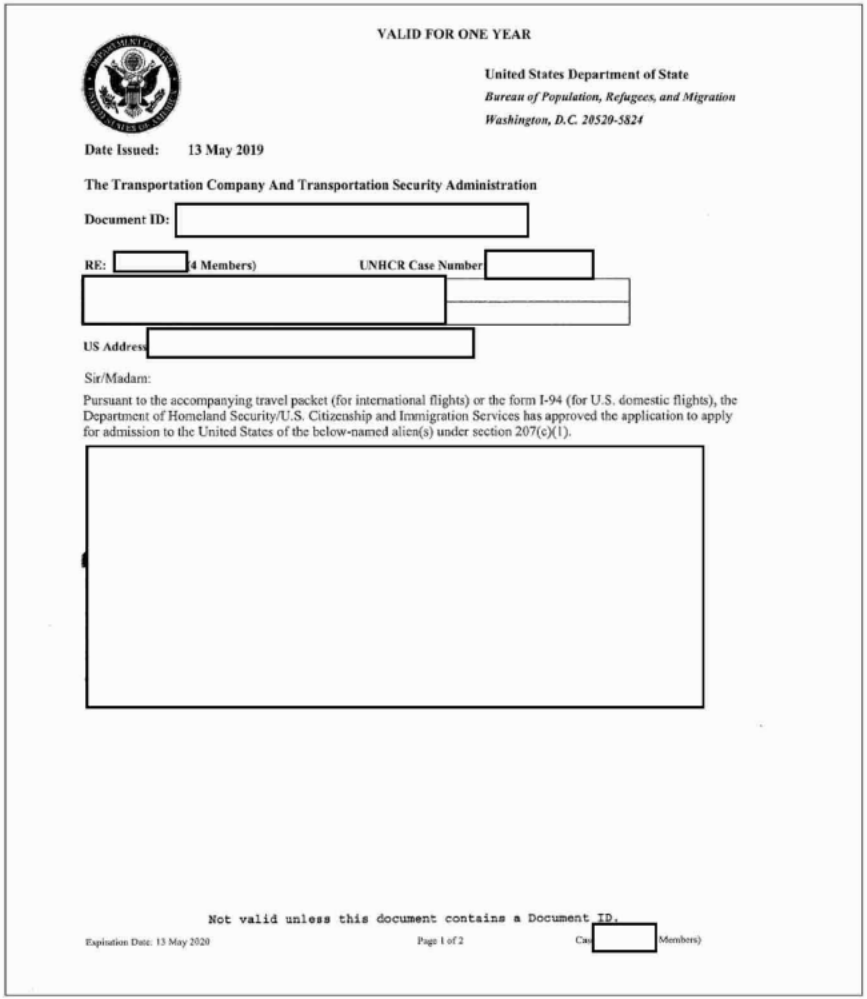
Travel Authorization Letter

(b)(6)

- Redact third party PII, (b)(6).

Example: [redacted] is the subject; therefore, [redacted] and [redacted] information should be redacted.

Note: Follow the same guidance if [redacted] were the subject.



VALID FOR ONE YEAR

United States Department of State
Bureau of Population, Refugees, and Migration
Washington, D.C. 20520-5824

Date Issued: 13 May 2019

The Transportation Company And Transportation Security Administration

Document ID: [redacted]

RE: [redacted] **4 Members)** **UNHCR Case Number** [redacted]

[redacted]

US Address [redacted]

Sir/Madam:

Pursuant to the accompanying travel packet (for international flights) or the form I-94 (for U.S. domestic flights), the Department of Homeland Security/U.S. Citizenship and Immigration Services has approved the application to apply for admission to the United States of the below-named alien(s) under section 207(c)(1).

[redacted]

Not valid unless this document contains a Document ID.

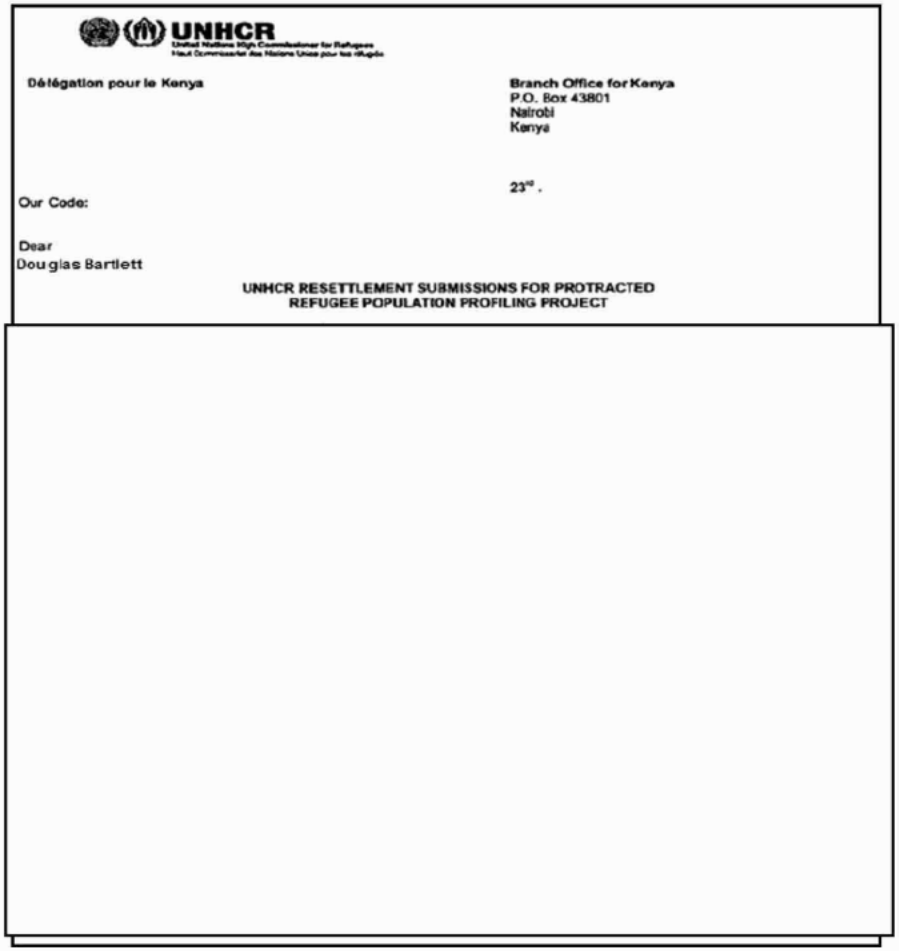
Expiration Date: 13 May 2020 Page 1 of 2 Cas[redacted] Members)

U.S. Citizenship and Immigration Services

UNHCR Resettlement Submissions for Protracted Refugee Population Project

WIF (b)(3), 8 U.S.C. 1202(f) and (b)(5), add (d)(5) if a PA case.

(b)(3)



UNHCR
United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

Délégation pour le Kenya

Branch Office for Kenya
P.O. Box 43801
Nairobi
Kenya

23rd .

Our Code:

Dear
Douglas Bartlett

UNHCR RESETTLEMENT SUBMISSIONS FOR PROTRACTED REFUGEE POPULATION PROFILING PROJECT

U.S. Citizenship and Immigration Services

UNHCR Resettlement Registration Form

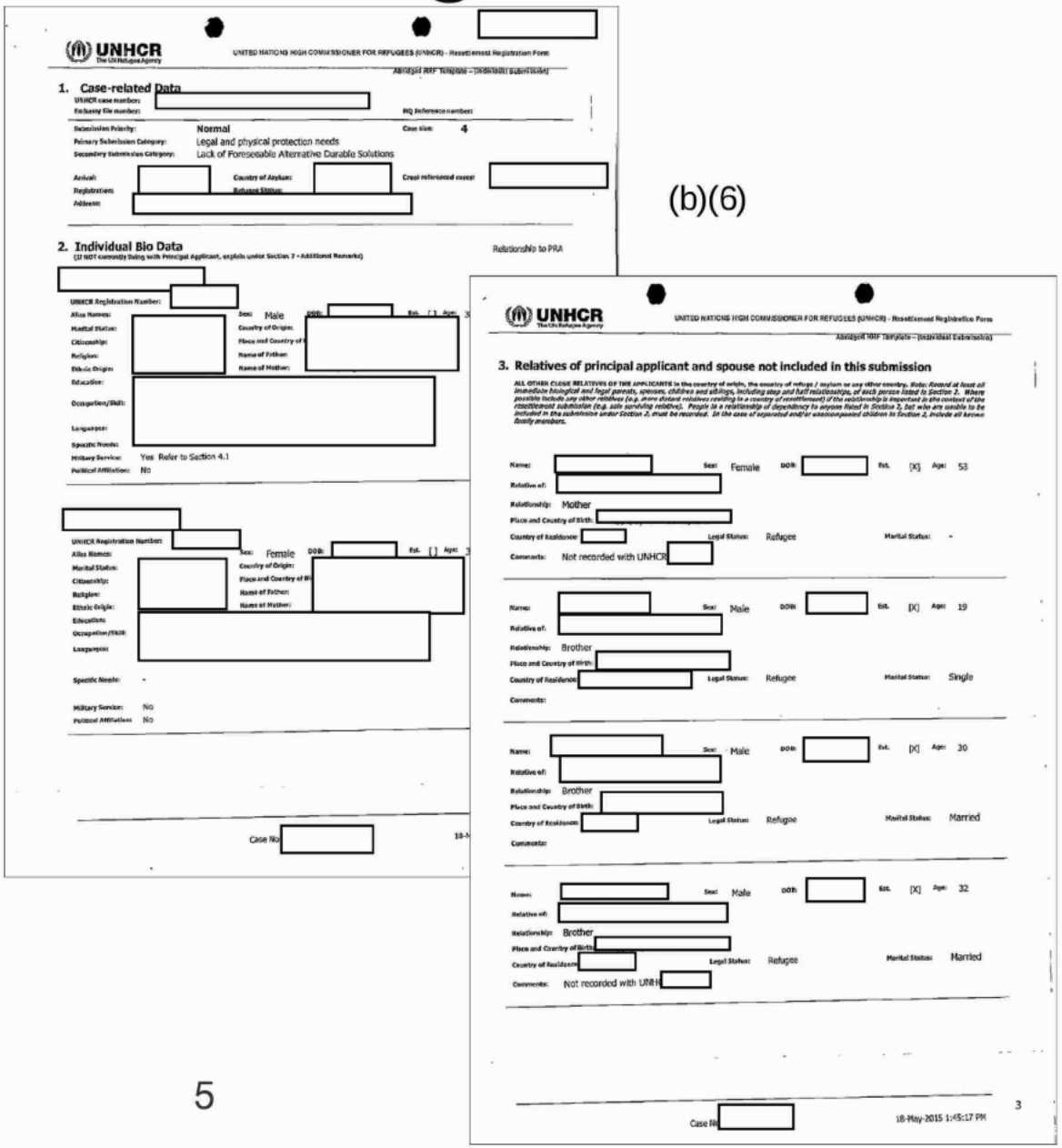
Sect. 1,2 & 3

This form is used by the UNHCR to document facts and to analyze the refugee claim.

Sections 1 and 2 can be released with proper VOI.

Section 3 contains PII on subject/spouse' relatives.

- Redact third party PII, (b)(6).



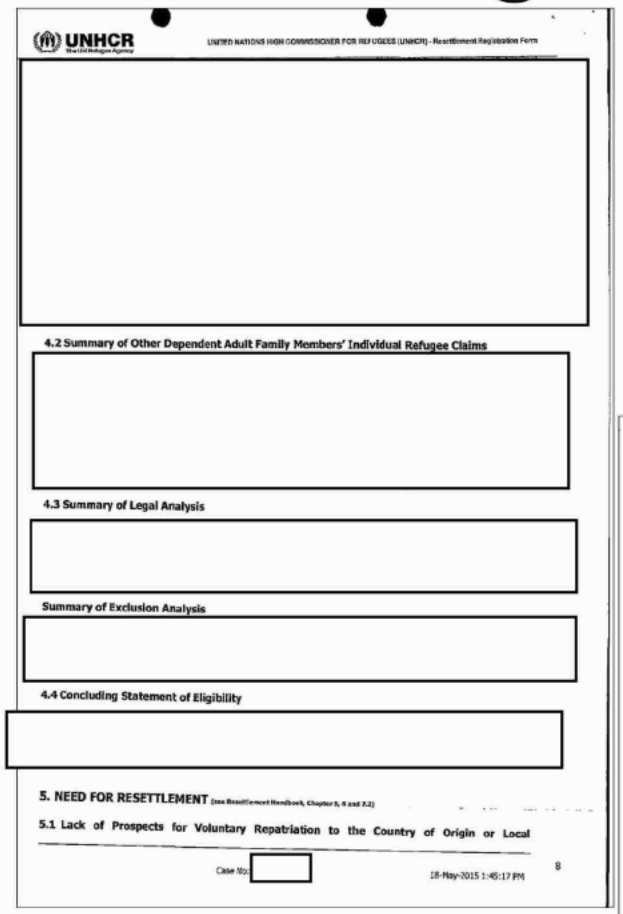
(b)(6)

U.S. Citizenship and Immigration Services

UNHCR Resettlement Registration Form

Sect. 4.2, 4.3, 4.4 & 5

- Sections 4.2, 4.3, 4.4 and 5 contain deliberative information, redact (b)(5), add (d)(5) if a PA case.
- If third party PII, add (b)(6).


UNHCR

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) - Resettlement Registration Form

4.2 Summary of Other Dependent Adult Family Members' Individual Refugee Claims

4.3 Summary of Legal Analysis

Summary of Exclusion Analysis

4.4 Concluding Statement of Eligibility

5. NEED FOR RESETTLEMENT

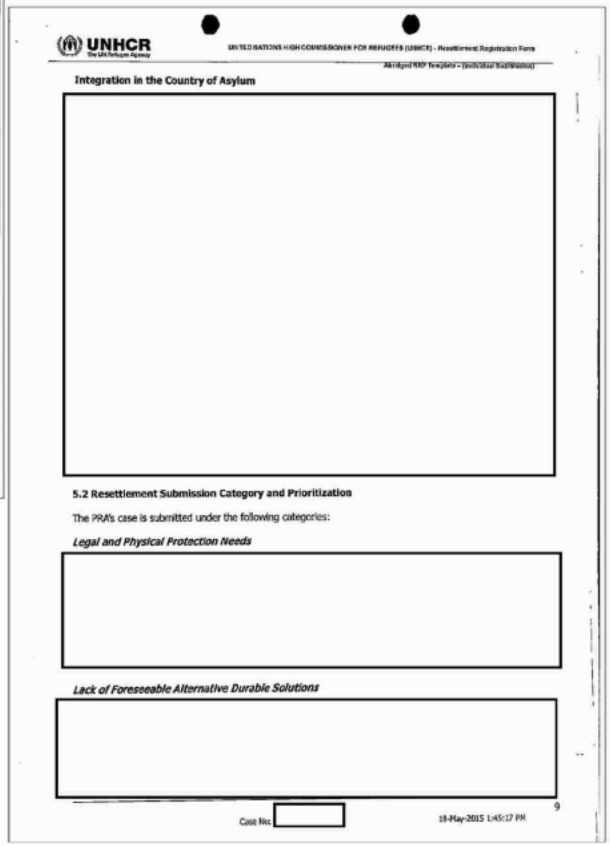
5.1 Lack of Prospects for Voluntary Repatriation to the Country of Origin or Local

Case No:

18-May-2015 1:45:17 PM

8

(b)(5) (b)(6)


UNHCR

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) - Resettlement Registration Form

Integration in the Country of Asylum

5.2 Resettlement Submission Category and Prioritization

The PRA's case is submitted under the following categories:

Legal and Physical Protection Needs

Lack of Foreseeable Alternative Durable Solutions

Case No:

18-May-2015 1:45:17 PM

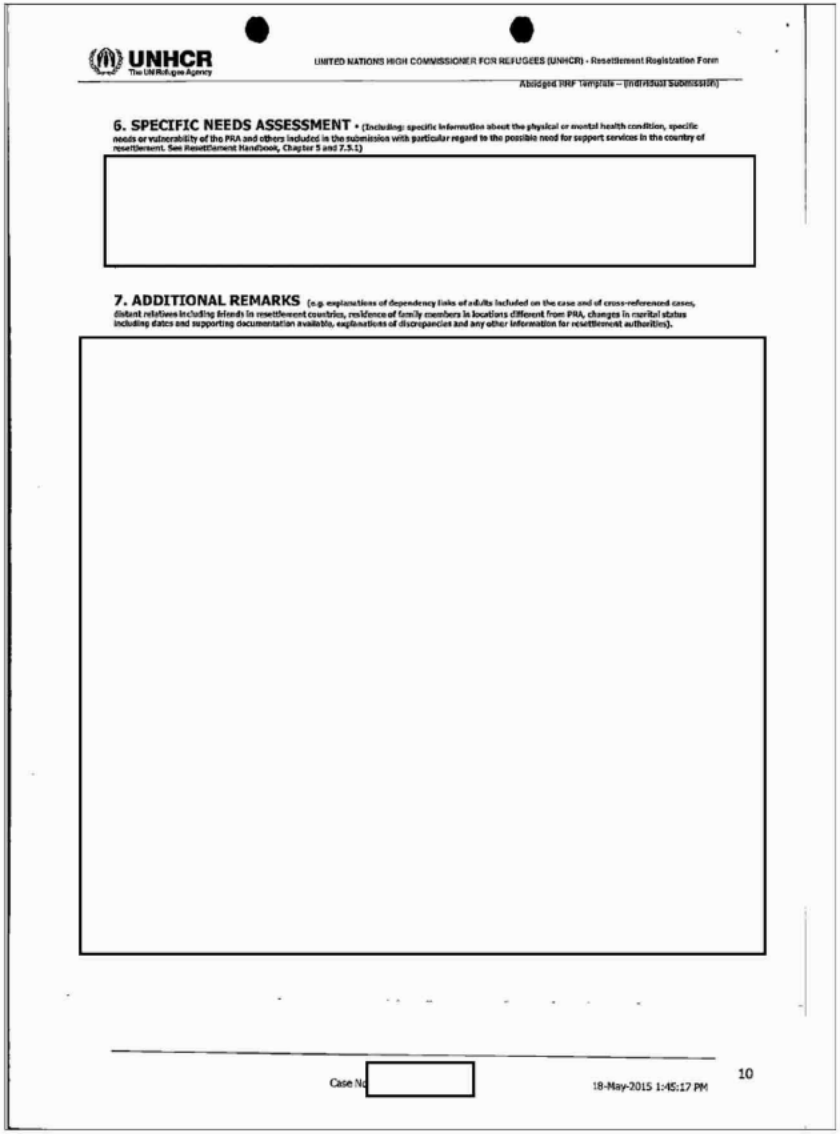
9

U.S. Citizenship and Immigration Services

UNHCR Resettlement Registration Form

(b)(5) (b)(6)

- Sections 6 and 7 (if there are any comments) contain deliberative information, redact (b)(5), add (d)(5) if a PA case.
- If third party PII, add (b)(6).



UNHCR
The UN Refugee Agency

LIMITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR) - Resettlement Registration Form

Abridged RRF Template – (Individual Submission)

6. SPECIFIC NEEDS ASSESSMENT - (Including: specific information about the physical or mental health condition, specific needs or vulnerability of the PRA and others included in the submission with particular regard to the possible need for support services in the country of resettlement. See Resettlement Handbook, Chapter 5 and 7.5.1)

7. ADDITIONAL REMARKS (e.g. explanations of dependency links of adults included on the case and of cross-referenced cases, distant relatives including friends in resettlement countries, residence of family members in locations different from PRA, changes in marital status including dates and supporting documentation available, explanations of discrepancies and any other information for resettlement authorities).

Case No.

18-May-2015 1:45:17 PM

10

U.S. Citizenship and Immigration Services

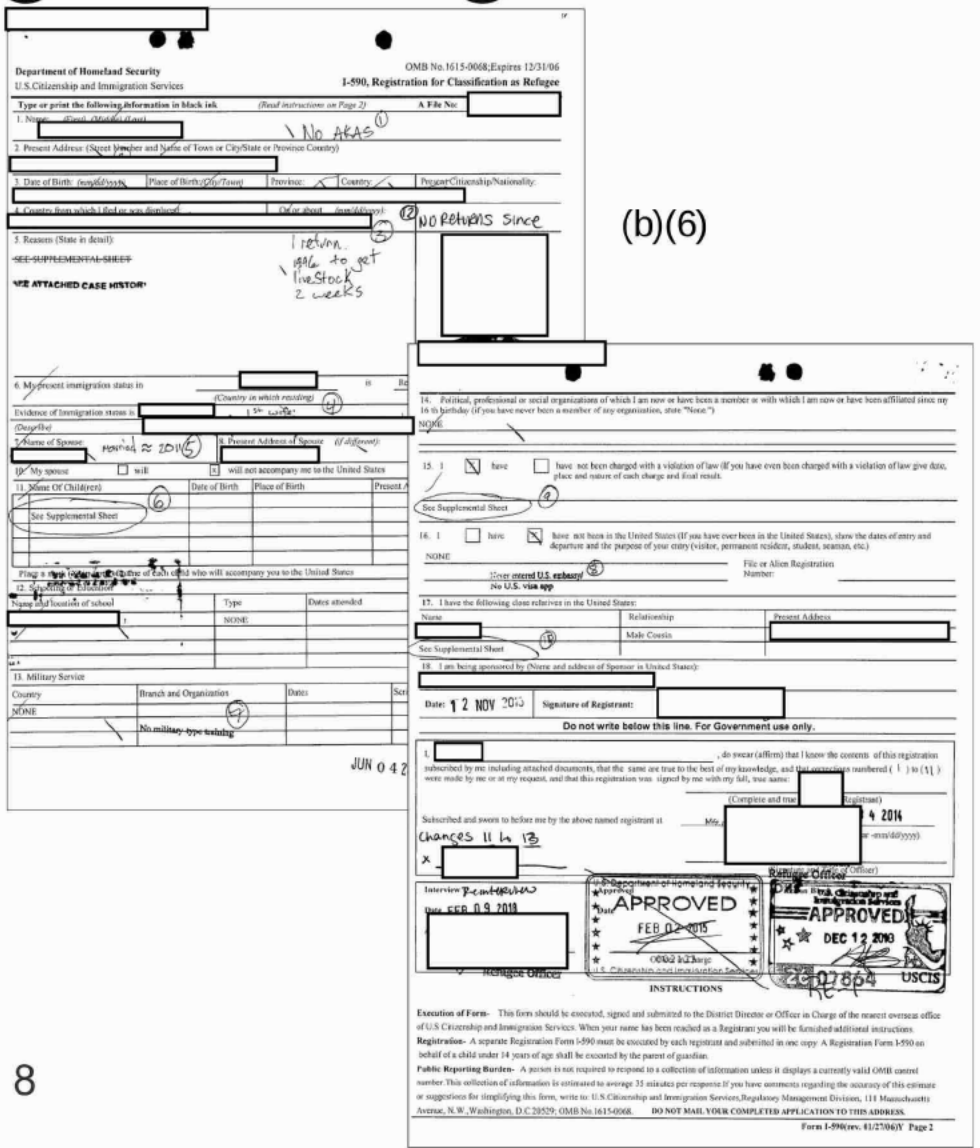
Form I-590, Registration for Classification as Refugee and its Signature Page

Release to first party requestors except for:

- Redact the names of overseas employees (Refugee Officers, Interpreters, etc.), (b)(6).

Note: The Location line in the middle of the page can help in determining if the names should be held.

- If names of systems checked/results (IBIS: NEG etc.) redact (b)(7)(E), add (k)(2) and/or (j)(2) if a PA case.
- If deliberative notes redact (b)(5), add (d)(5) if a PA case.



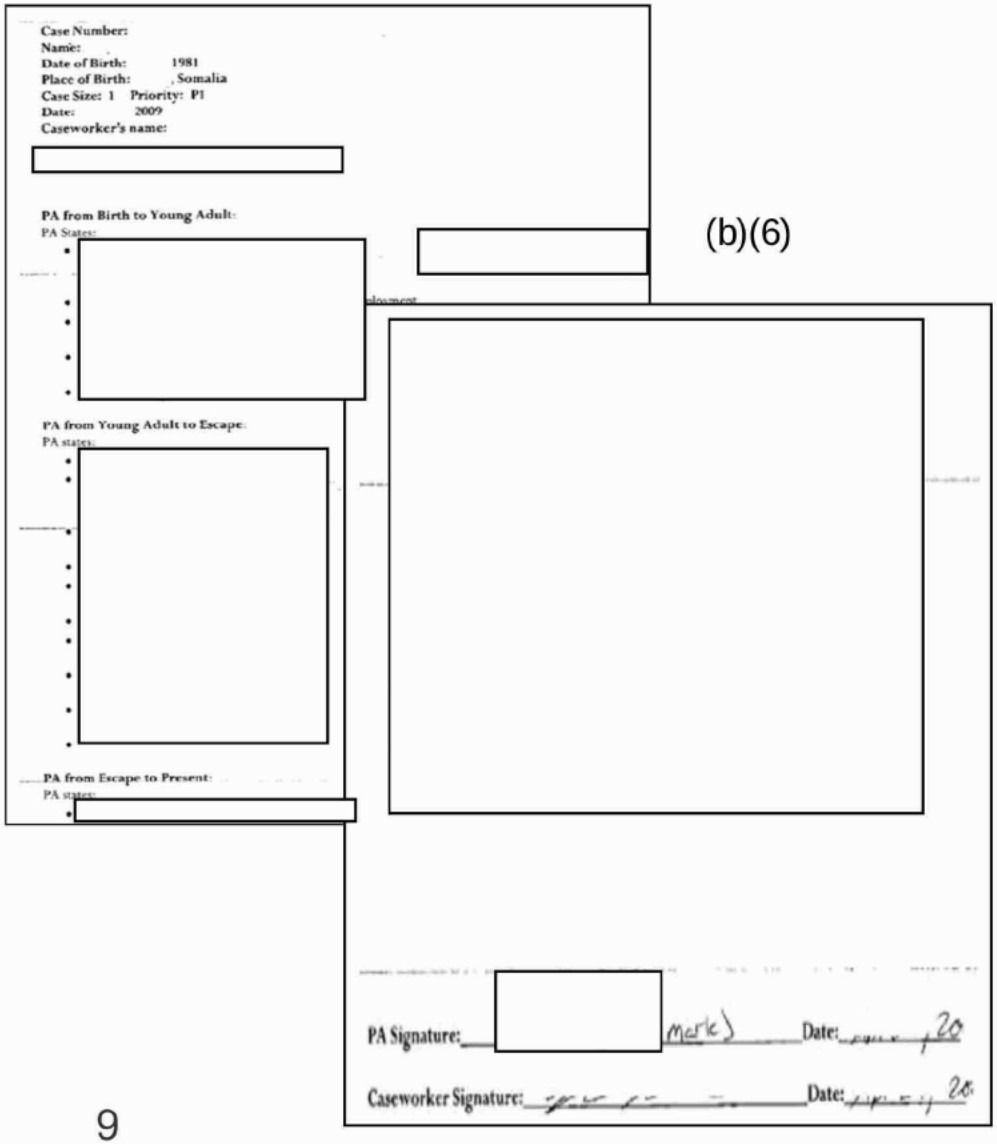
Refugee Interview

Page 1 and 2

Release to first party requestors.

- If Present, redact deliberative notes (b)(5), add (d)(5) if a PA case.

Note: 25 year Sunset Provision applies to any deliberative notes.

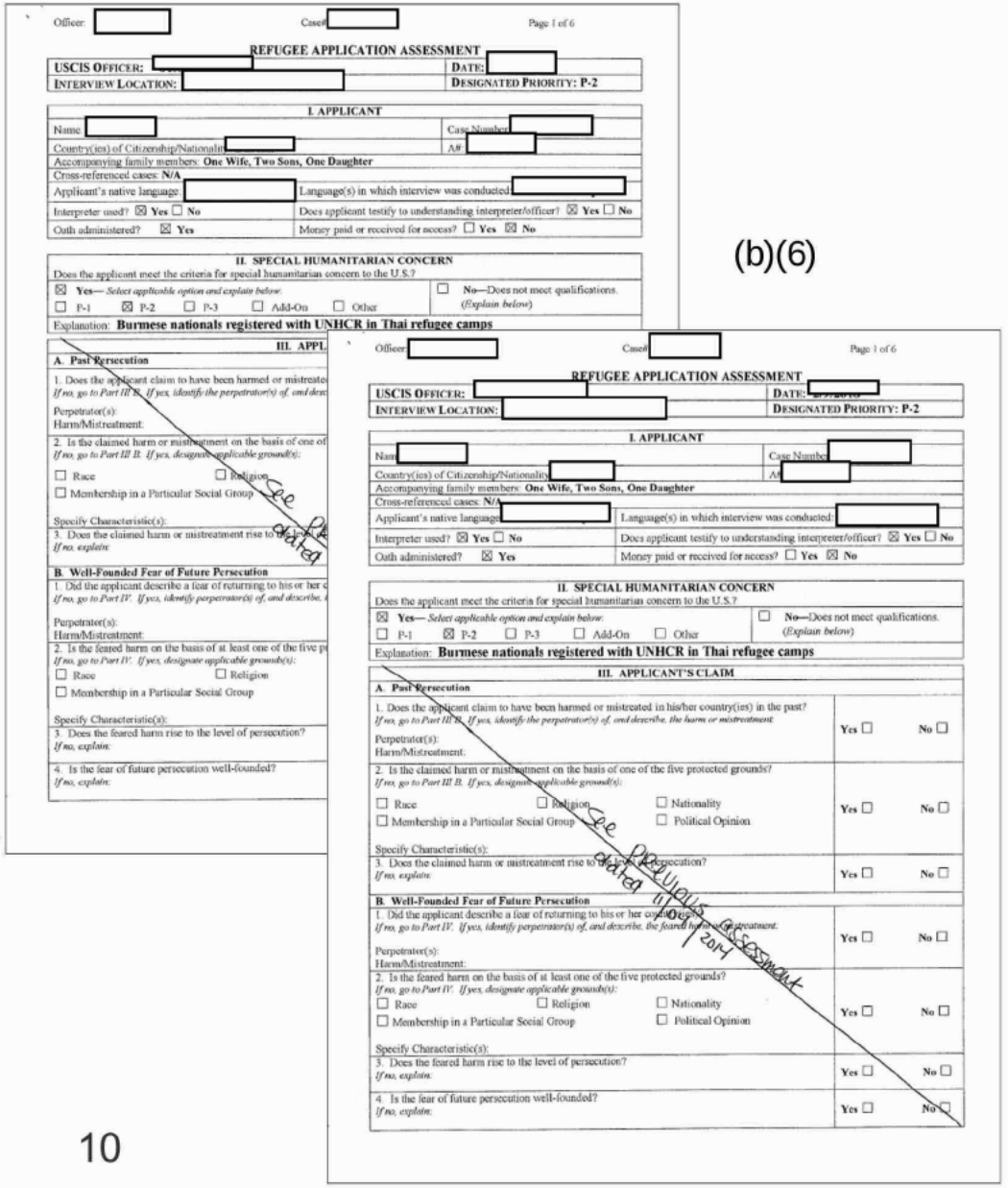


Refugee Application Assessment

Multi page document used by USCIS to record consistencies, discrepancies, national security concerns and other information relating to a case.

- Redact, overseas Asylum/Refugee Officer names, (b)(6).
- Sections III – V contain deliberative information, redact (b)(5), add (d)(5) if a PA case.
- Section VI, even if blank, (b)(7)(E).
- Lower section of VI redact (b)(5) if subject is not aware of decision, add (d)(5) if a PA case.
- Redact, Refugee Officer notes and any names of systems checked and results, (b)(7)(E), add (k)(2) and/or (j)(2) if a PA case.

Note: 25 year Sunset Provision applies.

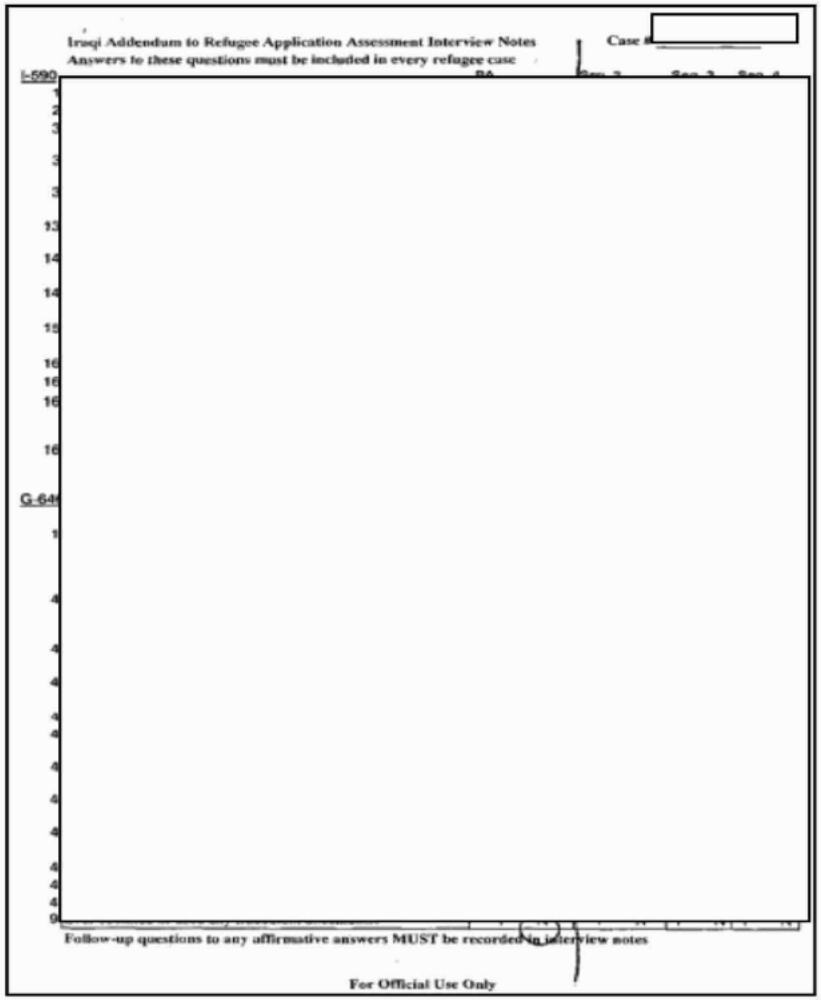


U.S. Citizenship and Immigration Services

Addendum to Refugee Application Assessment Interview Notes

(b)(6) (b)(7)(e)

- WIF (b)(7)(e), add (k)(2) if a PA case.
- If Refugee Officer is working overseas, add (b)(6).


Iraqi Addendum to Refugee Application Assessment Interview Notes
Answers to these questions must be included in every refugee case
Case #
I-590
G-64
Follow-up questions to any affirmative answers MUST be recorded in interview notes
For Official Use Only

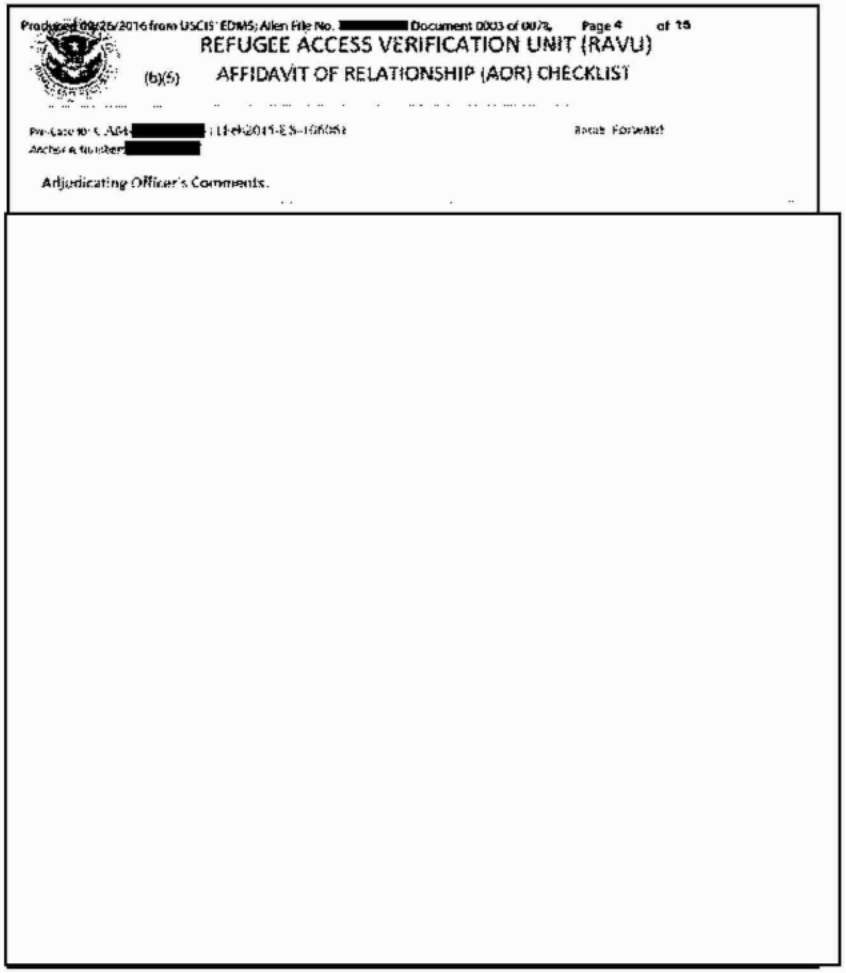
U.S. Citizenship and Immigration Services

Refugee Access Verification Unit (RAVU) Affidavit of Relationship (AOR) Checklist

(b)(5) (b)(6)

This form is used to confirm the validity of a petitioner in the U.S. who has petitioned for a refugee.

- WIF (b)(5), add (d)(5) if a PA case.
- If officer is working overseas and/or for third party PII, add (b)(6).
- If law enforcement information and/or protected results are present, add (b)(7)(C) and/or (b)(7)(E), add (k)(2) and/or (j)(2) if a PA case.



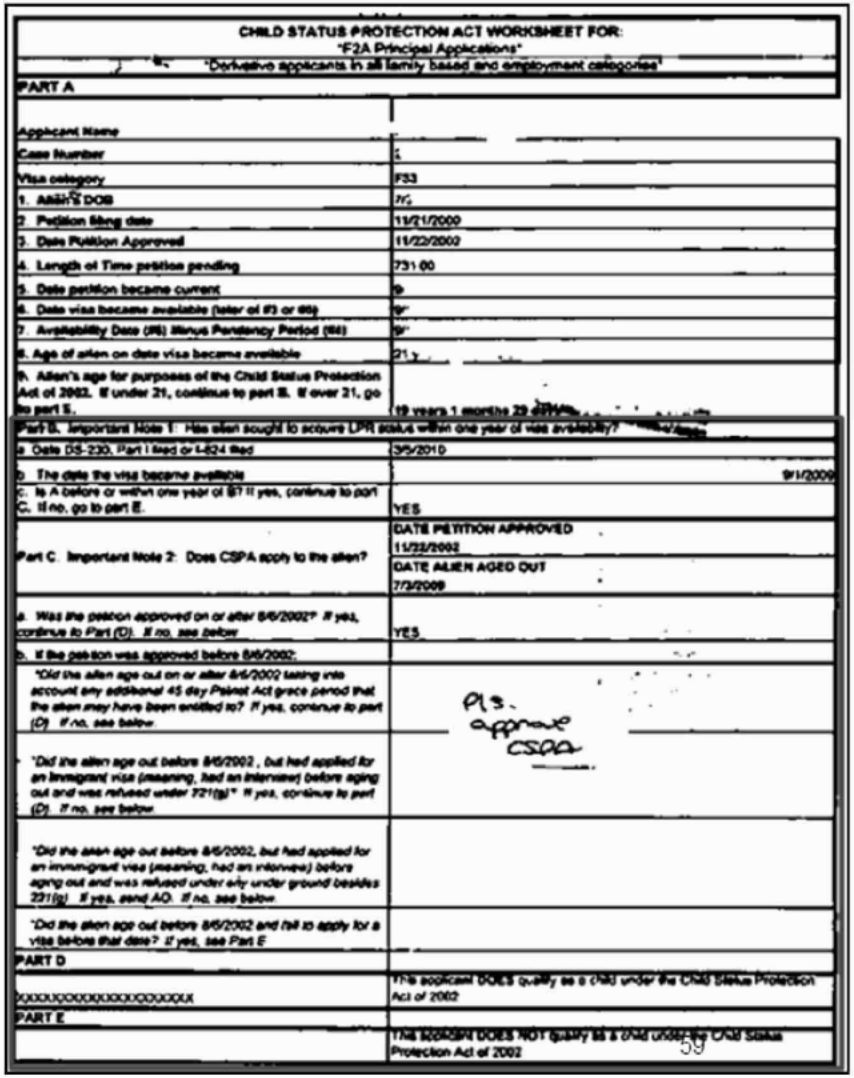
U.S. Citizenship and Immigration Services

Child Status Protection Act (CSPA) Worksheet

On August 6, 2002, President Bush signed legislation that addressed the problem of minor children losing their eligibility for certain immigration benefits as a result of administrative delays.

For more information visit: https://www.uscis.gov/greencard/childstatus-protection-act

- Part A - release to a first party.
- Parts B, C, D, and E - contain deliberative information, redact (b)(5), add (d)(5) if a PA case.



CHILD STATUS PROTECTION ACT WORKSHEET FOR:
"F2A Principal Applications"
"Derivative applicants in all family based and employment categories"

PART A	
Applicant Name	
Case Number	
Visa category	F2A
1. Alien's DOB	
2. Petition filing date	11/21/2000
3. Date Petition Approved	11/22/2000
4. Length of Time petition pending	731.00
5. Date petition became current	
6. Date visa became available (later of #3 or #5)	
7. Availability Date (#6) Minus Pendency Period (#4)	
8. Age of alien on date visa became available	21 y
9. Alien's age for purposes of the Child Status Protection Act of 2002. If under 21, continue to part B. If over 21, go to part E.	19 years 1 months 29 days
Part B. Important Note 1: Has alien sought to acquire LPR status within one year of visa availability?	
a. Date DS-230, Part I filed or I-824 filed	3/5/2010
b. The date the visa became available	9/1/2009
c. Is A before or within one year of B? If yes, continue to part C. If no, go to part E.	YES
Part C. Important Note 2: Does CSPA apply to the alien?	DATE PETITION APPROVED 11/22/2002 DATE ALIEN AGED OUT 7/3/2009
a. Was the petition approved on or after 8/6/2002? If yes, continue to Part (D). If no, see below	YES
b. If the petition was approved before 8/6/2002:	
*Did the alien age out on or after 8/6/2002 taking into account any additional 45 day Patriot Act grace period that the alien may have been entitled to? If yes, continue to part (D). If no, see below	9/3. approve CSPA
*Did the alien age out before 8/6/2002, but had applied for an immigrant visa (meaning, had an interview) before aging out and was refused under 221(g)? If yes, continue to part (D). If no, see below	
*Did the alien age out before 8/6/2002, but had applied for an immigrant visa (meaning, had an interview) before aging out and was refused under any under ground besides 221(g). If yes, send AO. If no, see below	
*Did the alien age out before 8/6/2002 and fail to apply for a visa before that date? If yes, see Part E	
PART D	
XXXXXXXXXXXXXXXXXX	The applicant DOES qualify as a child under the Child Status Protection Act of 2002
PART E	
	The applicant DOES NOT qualify as a child under the Child Status Protection Act of 2002

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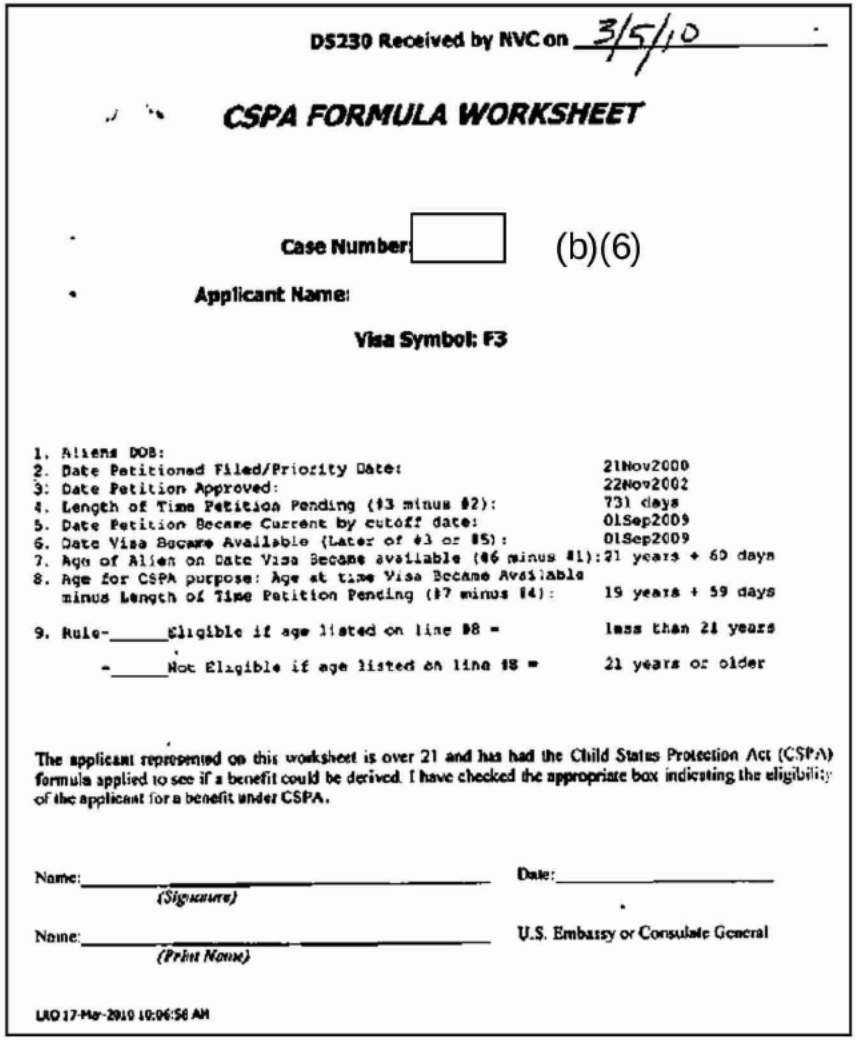
U.S. Citizenship and Immigration Services

Child Status Protection Act (CSPA) Formula Worksheet

- Release to a first party requestor.
- Exception. If there are deliberative notes, redact (b)(5), add (d)(5) if a PA case.



DS230 Received by NVC on 3/5/10

CSPA FORMULA WORKSHEET

Case Number: [redacted] (b)(6)

Applicant Name:

Visa Symbol: F3

1.	Aliens DOB:	21Nov2000
2.	Date Petitioned Filed/Priority Date:	22Nov2002
3.	Date Petition Approved:	731 days
4.	Length of Time Petition Pending (#3 minus #2):	01Sep2009
5.	Date Petition Became Current by cutoff date:	01Sep2009
6.	Date Visa Became Available (Later of #3 or #5):	21 years + 60 days
7.	Age of Alien on Date Visa Became available (#6 minus #1):	19 years + 59 days
8.	Age for CSPA purpose: Age at time Visa Became Available minus Length of Time Petition Pending (#7 minus #4):	
9.	Rule-_____Eligible if age listed on line #8 =	less than 21 years
	-_____Not Eligible if age listed on line #8 =	21 years or older

The applicant represented on this worksheet is over 21 and has had the Child Status Protection Act (CSPA) formula applied to see if a benefit could be derived. I have checked the appropriate box indicating the eligibility of the applicant for a benefit under CSPA.

Name:_____ Date:_____
(Signature)

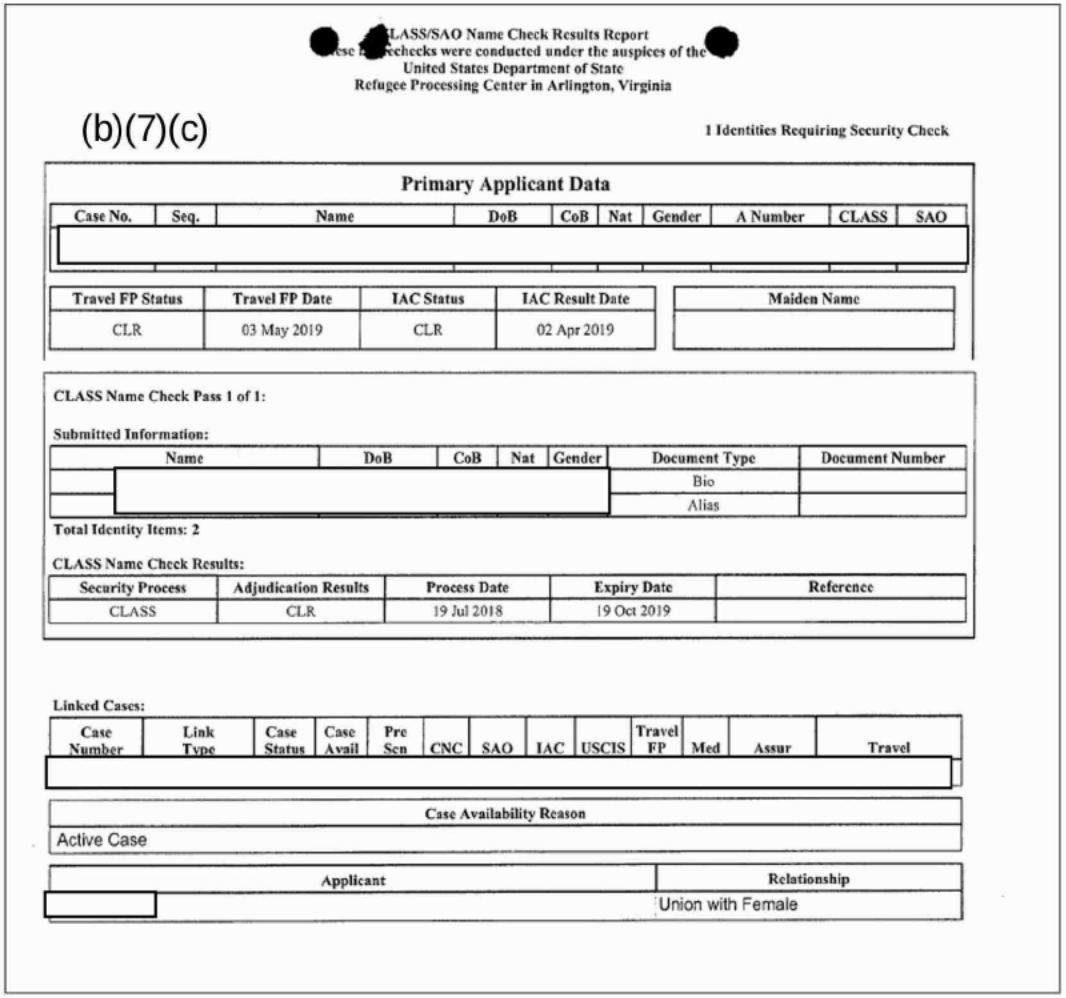
Name:_____ U.S. Embassy or Consulate General
(Print Name)

LAO 17-Mar-2010 10:06:56 AM

U.S. Citizenship and Immigration Services

CLASS/SAO Name Check Results Report (SAO) Security Advisory Opinion

- Release the primary applicant's information with proper VOI
- Redact third party PII (b)(7)(C), add (k)(2) if a PA case
- Redact, any CLASS and SAO results (b)(7)(E), add (k)(2) if a PA case
- Redact Travel FP Status results (b)(7)(E), add (j)(2) if PA case
- Redact IAC Status results (b)(7)(E), add (k)(2) if PA case



[redacted]LASS/SAO Name Check Results Report
[redacted]hecks were conducted under the auspices of the
United States Department of State
Refugee Processing Center in Arlington, Virginia

(b)(7)(c)

1 Identities Requiring Security Check

Primary Applicant Data

Case No.	Seq.	Name	DoB	CoB	Nat	Gender	A Number	CLASS	SAO

Travel FP Status	Travel FP Date	IAC Status	IAC Result Date	Maiden Name
CLR	03 May 2019	CLR	02 Apr 2019	

CLASS Name Check Pass 1 of 1:

Submitted Information:

Name	DoB	CoB	Nat	Gender	Document Type	Document Number
					Bio	
					Alias	

Total Identity Items: 2

CLASS Name Check Results:

Security Process	Adjudication Results	Process Date	Expiry Date	Reference
CLASS	CLR	19 Jul 2018	19 Oct 2019	

Linked Cases:

Case Number	Link Type	Case Status	Case Avail	Pre Sen	CNC	SAO	IAC	USCIS	Travel FP	Med	Assur	Travel

Case Availability Reason
Active Case

Applicant	Relationship
	Union with Female

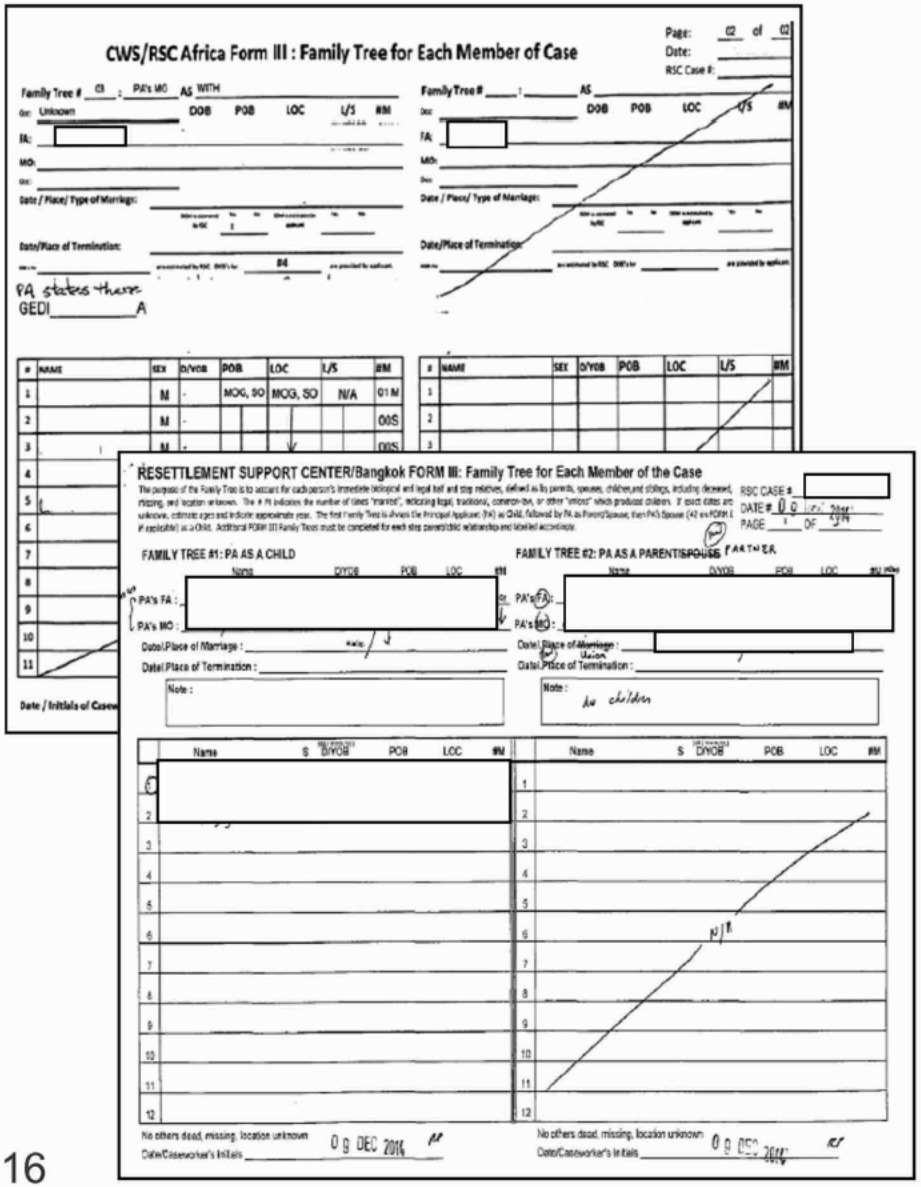
U.S. Citizenship and Immigration Services

Form III: Family Tree for Each Member of Case

Example I & II (b)(6)

- Redact third party information (b)(6), under FOIA.
- This also applies to Form I: Joint Voluntary Agency, Bio Information & Form II: Joint Voluntary Agency, Additional Resettlement Information.

Note: There will often be an untranslated and translated version and this form may come from other countries.

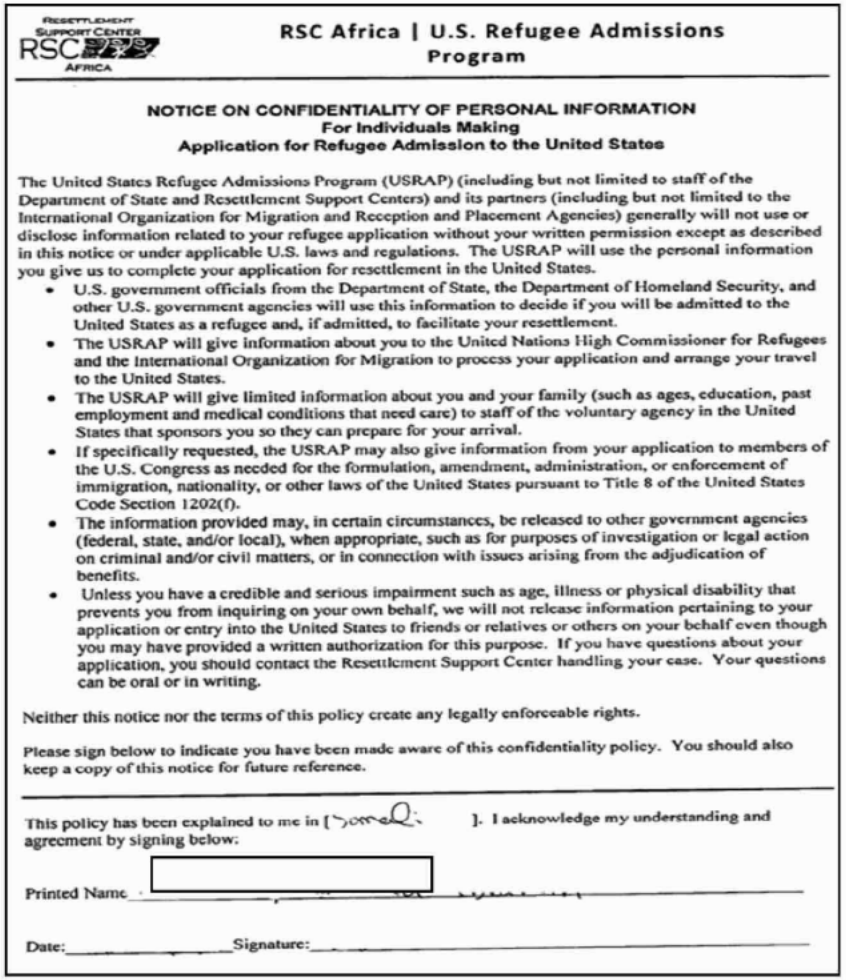


U.S. Citizenship and Immigration Services

U.S. Refugee Admission Program (RSC) Resettlement Support Center

This Notice of confidentiality is given to the subject of record.

- Release with proper VOI.
- WIF (b)(6) if third party.



RSC AFRICA — RSC Africa | U.S. Refugee Admissions Program

NOTICE ON CONFIDENTIALITY OF PERSONAL INFORMATION
For Individuals Making
Application for Refugee Admission to the United States

The United States Refugee Admissions Program (USRAP) (including but not limited to staff of the Department of State and Resettlement Support Centers) and its partners (including but not limited to the International Organization for Migration and Reception and Placement Agencies) generally will not use or disclose information related to your refugee application without your written permission except as described in this notice or under applicable U.S. laws and regulations. The USRAP will use the personal information you give us to complete your application for resettlement in the United States.

- U.S. government officials from the Department of State, the Department of Homeland Security, and other U.S. government agencies will use this information to decide if you will be admitted to the United States as a refugee and, if admitted, to facilitate your resettlement.
- The USRAP will give information about you to the United Nations High Commissioner for Refugees and the International Organization for Migration to process your application and arrange your travel to the United States.
- The USRAP will give limited information about you and your family (such as ages, education, past employment and medical conditions that need care) to staff of the voluntary agency in the United States that sponsors you so they can prepare for your arrival.
- If specifically requested, the USRAP may also give information from your application to members of the U.S. Congress as needed for the formulation, amendment, administration, or enforcement of immigration, nationality, or other laws of the United States pursuant to Title 8 of the United States Code Section 1202(f).
- The information provided may, in certain circumstances, be released to other government agencies (federal, state, and/or local), when appropriate, such as for purposes of investigation or legal action on criminal and/or civil matters, or in connection with issues arising from the adjudication of benefits.
- Unless you have a credible and serious impairment such as age, illness or physical disability that prevents you from inquiring on your own behalf, we will not release information pertaining to your application or entry into the United States to friends or relatives or others on your behalf even though you may have provided a written authorization for this purpose. If you have questions about your application, you should contact the Resettlement Support Center handling your case. Your questions can be oral or in writing.

Neither this notice nor the terms of this policy create any legally enforceable rights.

Please sign below to indicate you have been made aware of this confidentiality policy. You should also keep a copy of this notice for future reference.

This policy has been explained to me in [ ]. I acknowledge my understanding and agreement by signing below:

(b)(6)

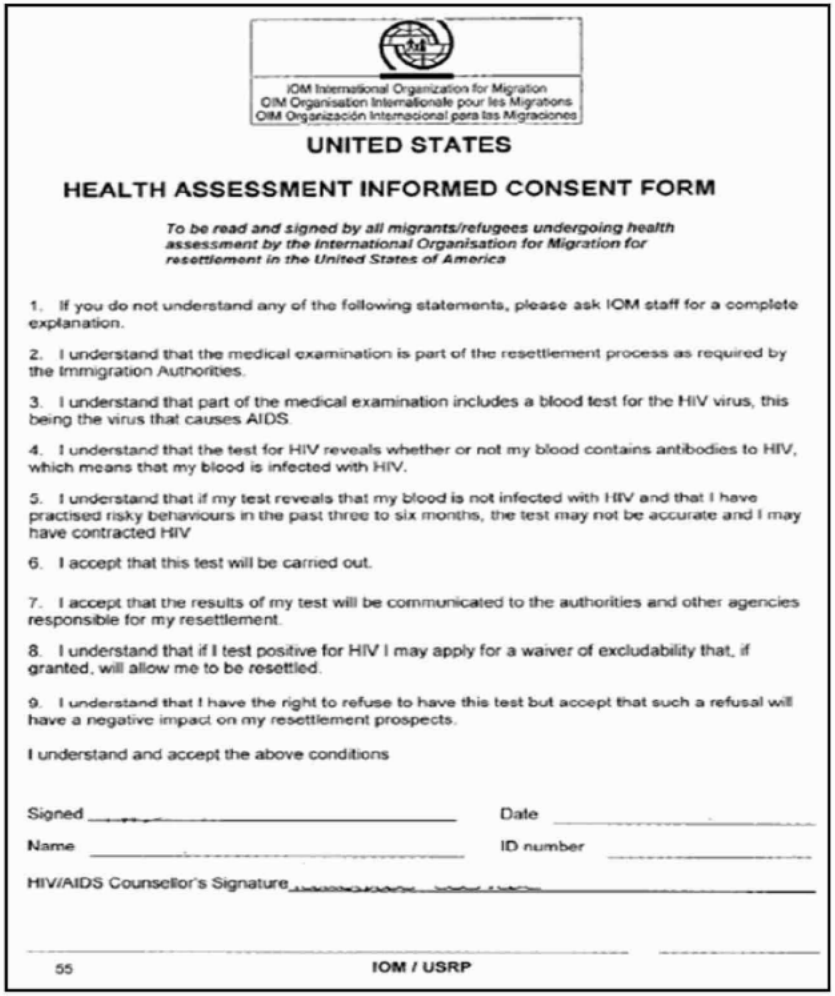
Printed Name: _____

Date: _____ Signature: _____

U.S. Citizenship and Immigration Services

Health Assessment Informed Consent Form (IOM) International Organization for Migration

- Release with proper VOI.
- WIF (b)(6) if third party.



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

UNITED STATES

HEALTH ASSESSMENT INFORMED CONSENT FORM

To be read and signed by all migrants/refugees undergoing health assessment by the International Organisation for Migration for resettlement in the United States of America

1. If you do not understand any of the following statements, please ask IOM staff for a complete explanation.
2. I understand that the medical examination is part of the resettlement process as required by the Immigration Authorities.
3. I understand that part of the medical examination includes a blood test for the HIV virus, this being the virus that causes AIDS.
4. I understand that the test for HIV reveals whether or not my blood contains antibodies to HIV, which means that my blood is infected with HIV.
5. I understand that if my test reveals that my blood is not infected with HIV and that I have practised risky behaviours in the past three to six months, the test may not be accurate and I may have contracted HIV
6. I accept that this test will be carried out.
7. I accept that the results of my test will be communicated to the authorities and other agencies responsible for my resettlement.
8. I understand that if I test positive for HIV I may apply for a waiver of excludability that, if granted, will allow me to be resettled.
9. I understand that I have the right to refuse to have this test but accept that such a refusal will have a negative impact on my resettlement prospects.

I understand and accept the above conditions

Signed _____ Date _____

Name _____ ID number _____

HIV/AIDS Counsellor's Signature _____

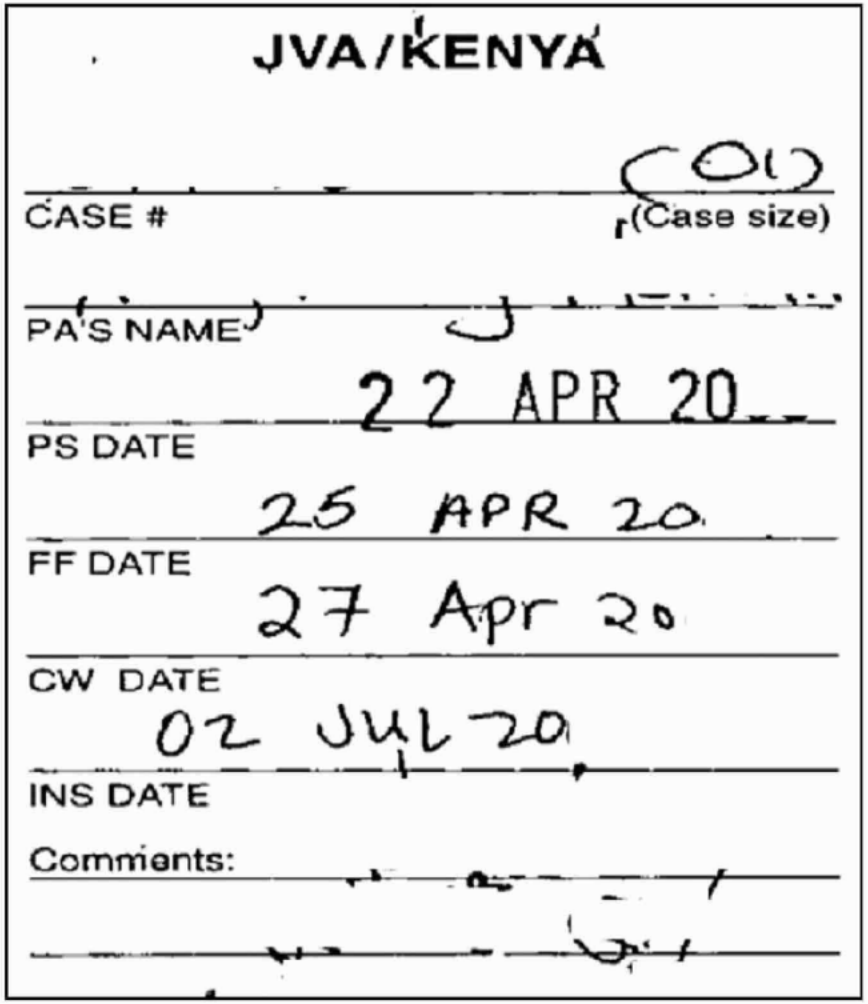
55 **IOM / USRP**

U.S. Citizenship and Immigration Services

Joint Voluntary Agency (JVA)

Review the Comments section.

- Redact deliberative notes (b)(5), add (d)(5) if a PA case.
- Redact references to fraud (b)(7)(C) and/or (b)(7)(E), add (k)(2) if a PA case.



JVA/KENYA

CASE # C01 (Case size)

PA'S NAME

PS DATE 22 APR 20

FF DATE 25 APR 20

CW DATE 27 Apr 20

INS DATE 02 JUL 20

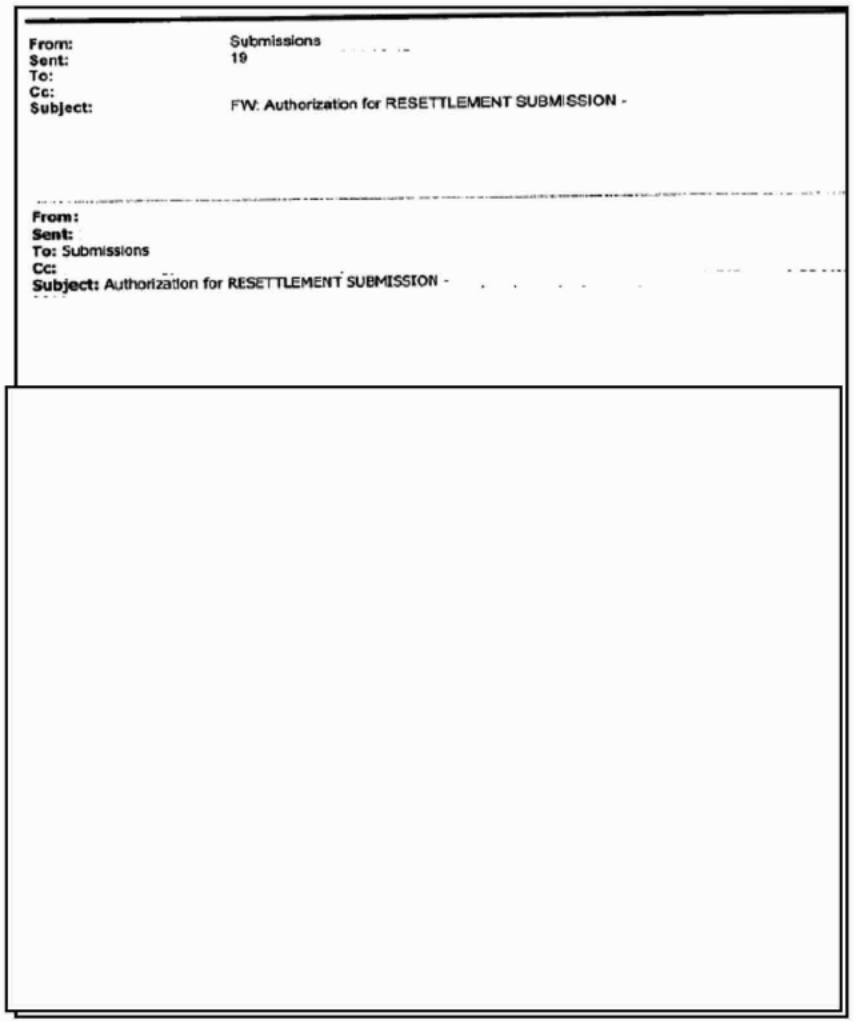
Comments:

U.S. Citizenship and Immigration Services

Multi-Agency Documents

E-Mails Discussing Refugee Operations

- WIF (b)(3), 8 U.S.C. 1202(f)
- If a Refugee Officer's (b)(3) name, phone number, email address or other personal identifiers are present, add (b)(6) if FOIA.



From: Submissions
Sent: 19
To:
Cc:
Subject: FW: Authorization for RESETTLEMENT SUBMISSION -

From:
Sent:
To: Submissions
Cc:
Subject: Authorization for RESETTLEMENT SUBMISSION -

U.S. Citizenship and Immigration Services

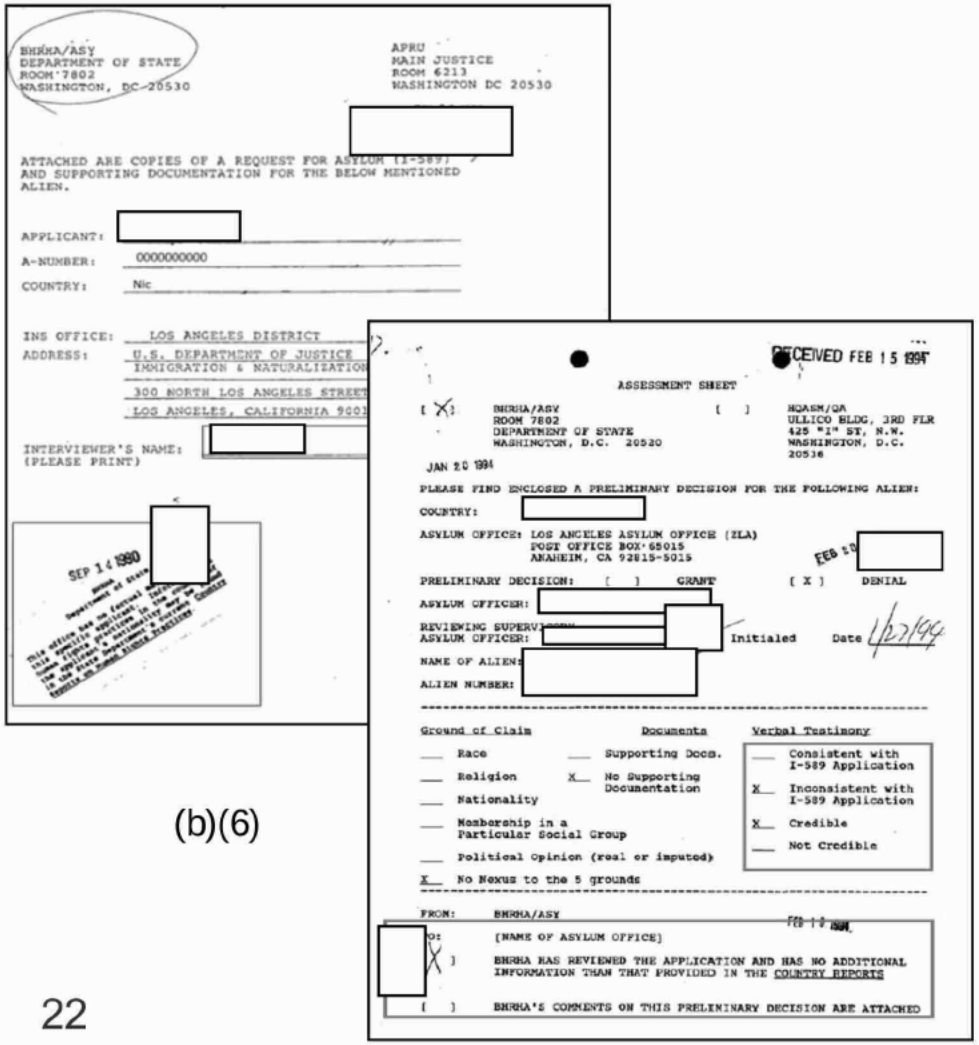
Bureau of Human Rights and Humanitarian Affairs (BHRHA)

In 1994 the Bureau of Human Rights and Humanitarian Affairs was reorganized and renamed the Bureau of Democracy, Human Rights and Labor a bureau of DOS.

- Example 1 (top): Redact, the interviewer if they are a law enforcement officer (b)(7)(C) under the FOIA, add (k)(2) if a PA case.
- Redact, the BHRHA stamp (b)(3), 8 U.S.C. 1202(f).
- Example 2 (bottom): Redact, the Verbal Testimony (b)(5) under the FOIA, add (d)(5) if a PA case.

Note: if it is deliberative, 25 year sunset applies.

- Redact, the "To:" area directly below the BHRHA/ASY (b)(3), 8 U.S.C. 1202(f). Release if not completed.



U.S. Citizenship and Immigration Services

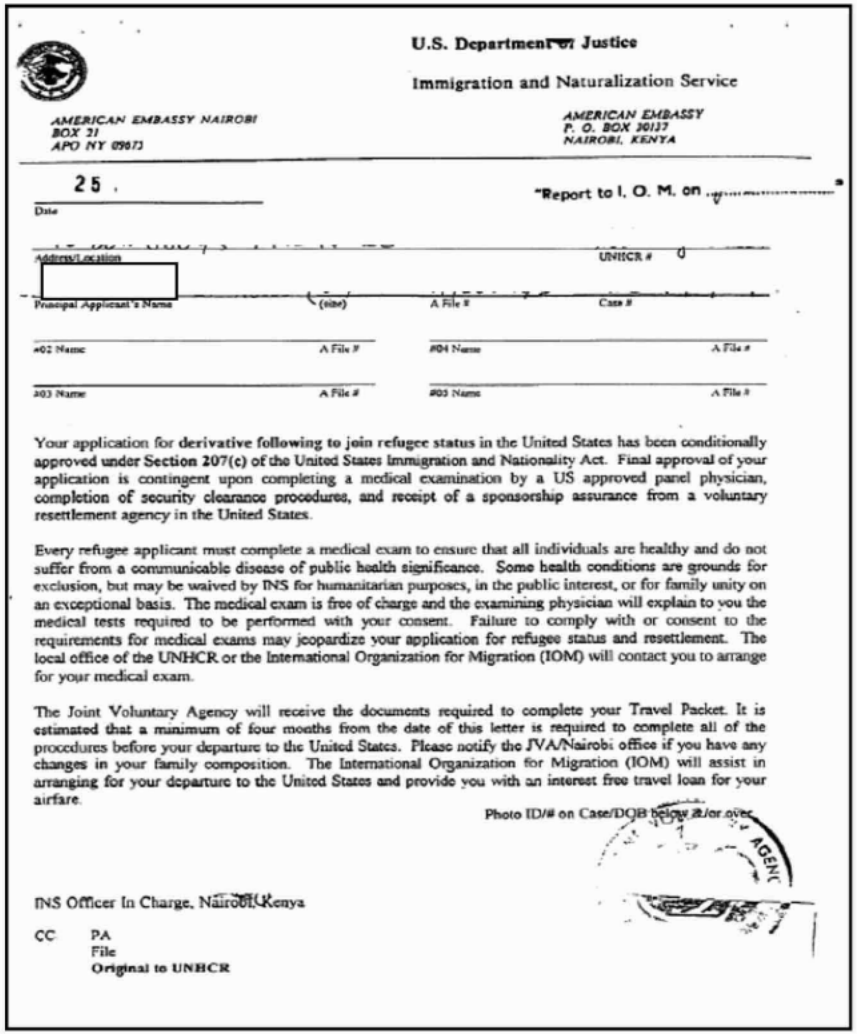
Department of State Letters

Letters and documents mailed to and served on the subject of record.

(b)(6)

- If a FOIA case, redact overseas officer name, (b)(6).

Note: release Field Office Director or District Director names/signatures.



U.S. Department of Justice

Immigration and Naturalization Service

AMERICAN EMBASSY NAIROBI
BOX 31
APO NY 09673

AMERICAN EMBASSY
P. O. BOX 30137
NAIROBI, KENYA

25 .
Date

"Report to I. O. M. on .....

Address/Location

UNHCR # 0

Principal Applicant's Name (size) A File # Case #

#02 Name A File #

#04 Name A File #

#03 Name A File #

#05 Name A File #

Your application for derivative following to join refugee status in the United States has been conditionally approved under Section 207(c) of the United States Immigration and Nationality Act. Final approval of your application is contingent upon completing a medical examination by a US approved panel physician, completion of security clearance procedures, and receipt of a sponsorship assurance from a voluntary resettlement agency in the United States.

Every refugee applicant must complete a medical exam to ensure that all individuals are healthy and do not suffer from a communicable disease of public health significance. Some health conditions are grounds for exclusion, but may be waived by INS for humanitarian purposes, in the public interest, or for family unity on an exceptional basis. The medical exam is free of charge and the examining physician will explain to you the medical tests required to be performed with your consent. Failure to comply with or consent to the requirements for medical exams may jeopardize your application for refugee status and resettlement. The local office of the UNHCR or the International Organization for Migration (IOM) will contact you to arrange for your medical exam.

The Joint Voluntary Agency will receive the documents required to complete your Travel Packet. It is estimated that a minimum of four months from the date of this letter is required to complete all of the procedures before your departure to the United States. Please notify the JVA/Nairobi office if you have any changes in your family composition. The International Organization for Migration (IOM) will assist in arranging for your departure to the United States and provide you with an interest free travel loan for your airfare.

Photo ID/# on Case/DOB below at/or over

INS Officer In Charge, Nairobi, Kenya

CC PA
File
Original to UNHCR

U.S. Citizenship and Immigration Services

Sworn Statements

(b)(6)

- If a FOIA case, redact overseas officer name, (b)(6).

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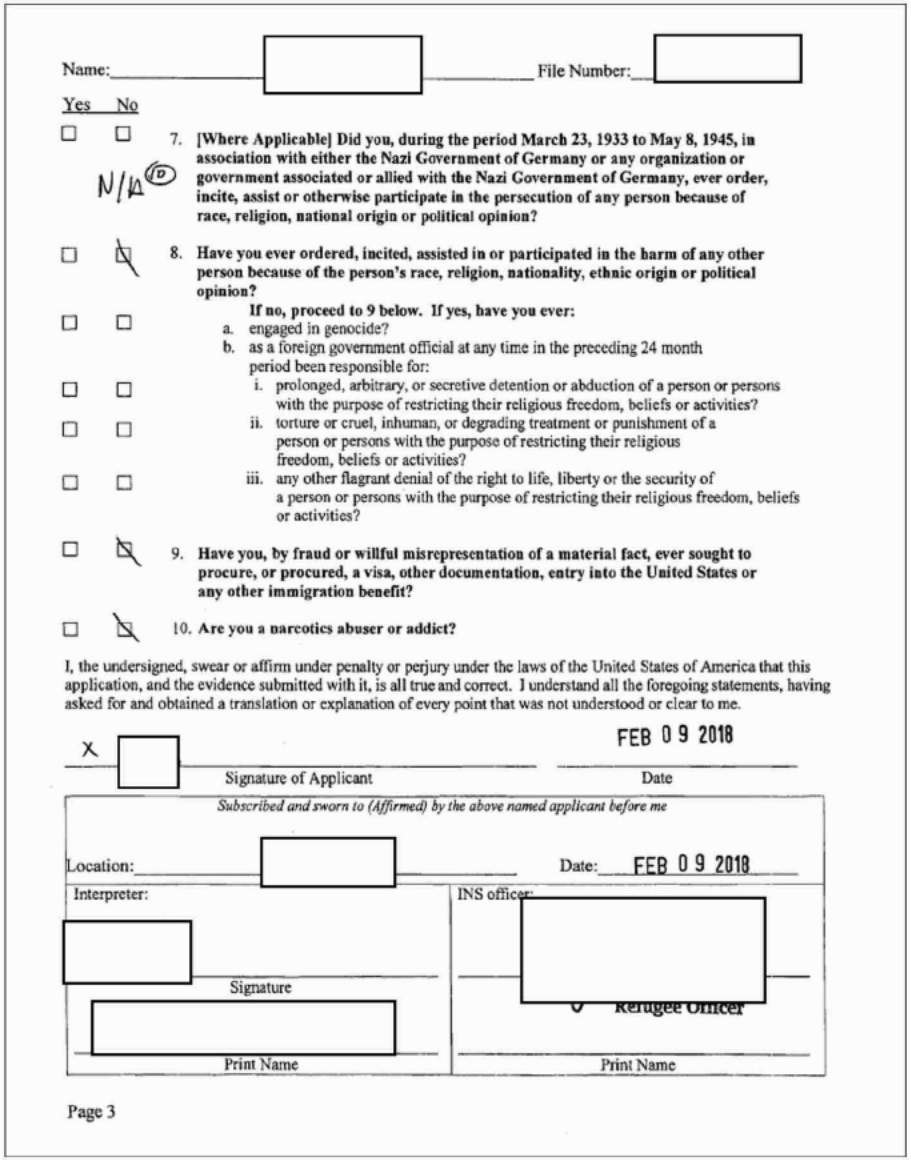


Name: [redacted] File Number: [redacted]

Yes	No	
☐	☐	7. **[Where Applicable] Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?** N/A (b)(6)
☐	☒	8. **Have you ever ordered, incited, assisted in or participated in the harm of any other person because of the person's race, religion, nationality, ethnic origin or political opinion?**
☐	☐	**If no, proceed to 9 below. If yes, have you ever:** a. engaged in genocide?
☐	☐	b. as a foreign government official at any time in the preceding 24 month period been responsible for: i. prolonged, arbitrary, or secretive detention or abduction of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?
☐	☐	ii. torture or cruel, inhuman, or degrading treatment or punishment of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?
☐	☐	iii. any other flagrant denial of the right to life, liberty or the security of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?
☐	☒	9. **Have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any other immigration benefit?**
☐	☒	10. **Are you a narcotics abuser or addict?**

I, the undersigned, swear or affirm under penalty or perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I understand all the foregoing statements, having asked for and obtained a translation or explanation of every point that was not understood or clear to me.

X [redacted] Signature of Applicant — FEB 09 2018 Date

Subscribed and sworn to (Affirmed) by the above named applicant before me

Location: [redacted] Date: FEB 09 2018

Interpreter: [redacted] Signature [redacted] Print Name

INS officer: [redacted] Refugee Officer Print Name

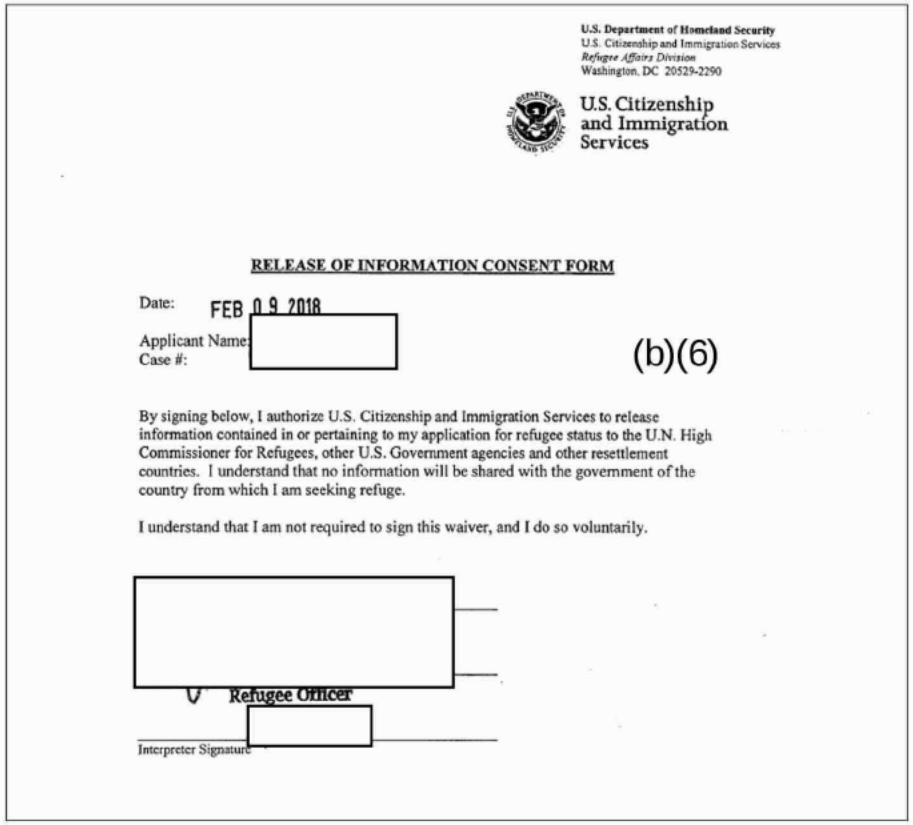
Page 3

U.S. Citizenship and Immigration Services

Release of Information Consent Form

- If a FOIA case, redact overseas officer name, (b)(6).

Note: release Field Office Director or District Director names/signatures.



U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Refugee Affairs Division
Washington, DC 20529-2290

U.S. Citizenship and Immigration Services

RELEASE OF INFORMATION CONSENT FORM

Date: FEB 09 2018

Applicant Name: [redacted] (b)(6)
Case #:

By signing below, I authorize U.S. Citizenship and Immigration Services to release information contained in or pertaining to my application for refugee status to the U.N. High Commissioner for Refugees, other U.S. Government agencies and other resettlement countries. I understand that no information will be shared with the government of the country from which I am seeking refuge.

I understand that I am not required to sign this waiver, and I do so voluntarily.

[redacted]
Refugee Officer

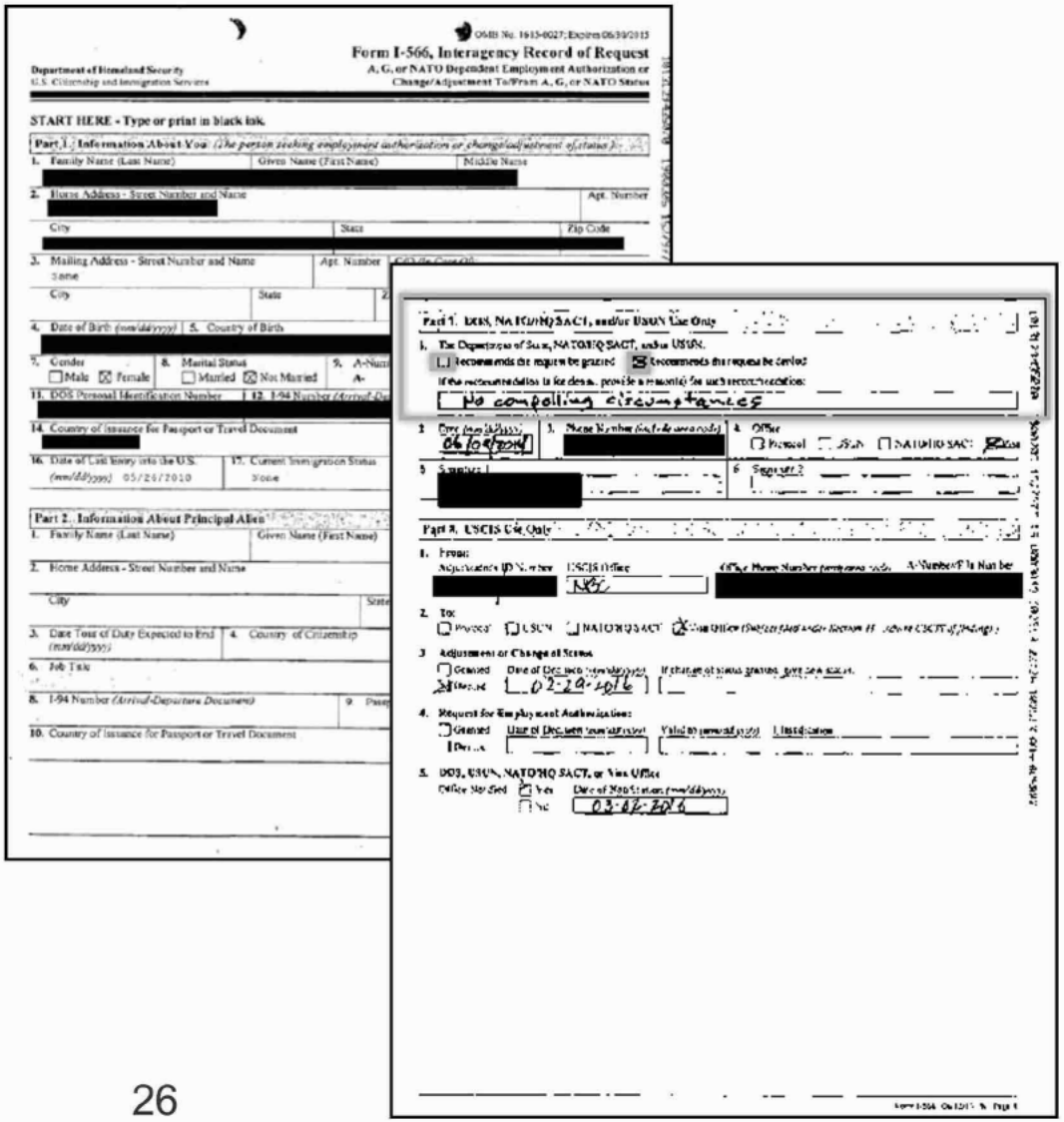
[redacted]
Interpreter Signature

U.S. Citizenship and Immigration Services

Form I-566 with DOS Recommendation

Part 7:

- If one of the boxes is checked, and/or a recommendation is listed, redact (b)(3), 8 U.S.C. 1202(f).



U.S. Citizenship and Immigration Services