

RE-POSTING LABOR CONDITION APPLICATION(S)
NEW WORK LOCATION(S) IN SAME METROPOLITAN STATISTICAL AREA

The attached Labor Condition Application filed by Medical Management International, Inc. (dba Banfield Pet Hospital) for the full-time position of Associate Veterinarian is being re-posted on <https://jobs.banfield.com/>. The H-1B employee will be working at the location listed below on or after December 22, 2017 within the same area of intended employment. Specifically, the H-1B employee will provide as-needed coverage at the following hospital in the same metropolitan statistical area as the work location listed on the attached certified Labor Condition Application:

- Banfield Pet Hospital #5079 – Carrollwood Village Center, 13112 N. Dale Mabry Hwy., Tampa, FL 33618 (new as-needed work location; located in Hillsborough County, Tampa-St. Petersburg-Clearwater, FL metropolitan statistical area)

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



**Electronic Filing of Labor Condition Applications
For The H-1B Nonimmigrant Visa Program**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

- A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:
- print and sign a hardcopy of the electronically filed and certified LCA;
 - maintain a signed hardcopy of this LCA in my public access files;
 - submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
 - provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

Yes No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

Yes No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

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Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
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B. Temporary Need Information

1. Job Title * ASSOCIATE VETERINARIAN	
2. SOC (ONET/OES) code * 29-1131	3. SOC (ONET/OES) occupation title * VETERINARIANS
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 09/15/2016 (mm/dd/yyyy)
	6. End Date * 09/14/2019 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application (Indicate the total workers in each applicable category based on the total workers identified above)	
<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="1"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *

C. Employer Information

1. Legal business name * MEDICAL MANAGEMENT INTERNATIONAL, INC.		
2. Trade name/Doing Business As (DBA), if applicable BANFIELD PET HOSPITAL		
3. Address 1 * 8000 NE TILLAMOOK STREET		
4. Address 2 N/A		
5. City * PORTLAND	6. State * OR	7. Postal code * 97213
8. Country * UNITED STATES OF AMERICA		9. Province N/A
10. Telephone number * 5039225000		11. Extension N/A
12. Federal Employer Identification Number (FEIN from IRS) * 931132244		13. NAICS code (must be at least 4-digits) * 541940



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D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
OSTERBERG	ALISON	MARIE
4. Contact's job title * ATTORNEY		
5. Address 1 * 8000 NE TILLAMOOK STREET		
6. Address 2 N/A		
7. City * PORTLAND	8. State * OR	9. Postal code * 97213
10. Country * UNITED STATES OF AMERICA	11. Province N/A	
12. Telephone number * 5039225618	13. Extension N/A	14. E-Mail address ALISON.OSTERBERG@BANFIELD.NET

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §	
N/A	N/A	N/A	
5. Address 1 § N/A			
6. Address 2 N/A			
7. City §	8. State §	9. Postal code §	
N/A	N/A	N/A	
10. Country §	11. Province		
N/A	N/A		
12. Telephone number §	13. Extension	14. E-Mail address	
N/A	N/A	N/A	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
N/A		N/A	
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §		
N/A	N/A		
19. Name of the highest court where attorney is in good standing (only if attorney) §			
N/A			



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F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>120000.00</u> * To: \$ <u>N/A</u>	2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
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G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section.

a. Place of Employment 1

1. Address 1 * 3993 TYRONE BLVD.	
2. Address 2 SUITE 500	
3. City * ST. PETERSBURG	4. County * PINELLAS
5. State/District/Territory * FL	6. Postal code * 33709
<i>Prevailing Wage Information (corresponding to the place of employment location listed above)</i>	
7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>84323.00</u>	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one) * <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
11a. Year source published * 2015	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

Important Note: In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- (4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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I. Additional Employer Labor Condition Statements – H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you MUST read Section I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

a. Subsection 1

1. Is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If “Yes” is marked in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** Non-displacement of the U.S. workers in the employer’s workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer’s workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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J. Public Disclosure Information

! Important Note: You must select from the options listed in this Section.

1. Public disclosure information will be kept at: *	<input checked="" type="checkbox"/> Employer’s principal place of business <input type="checkbox"/> Place of employment
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K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
OSTERBERG	ALISON	M
4. Hiring or designated official title *		
ATTORNEY		
5. Signature *		6. Date signed *
		06/08/2016



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L. LCA Preparer

Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § N/A
4. Firm/Business name § N/A		
5. E-Mail address § N/A		

M. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 09/15/2016 to 09/14/2019.

Christy J. Officer
Department of Labor, Office of Foreign Labor Certification

06/07/2016
Determination Date (date signed)

I-200-16152-097244

CERTIFIED

Case number

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from the Department of Labor before it can be submitted to USCIS for further processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

O. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave, NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



July 13, 2016

USCIS

Vermont Service Center
ATTN: H-1B AC21 EXT.
75 Lower Welden Street
St. Albans, VT 05479-0001

Re: I-129 Petition to Extend Stay in H-1B Nonimmigrant Status beyond the Six-Year Limit
Petitioner: Medical Management International, Inc. (dba Banfield Pet Hospital)
Beneficiary: Dr. Gopalaraju V DANTULURI, a citizen of Canada
Occupation: Associate Veterinarian

Dear Sir or Madam:

This letter is written in support of the petition to *extend* the stay of Dr. Gopalaraju V DANTULURI, a citizen of Canada, as an H-1B alien in a specialty occupation (Form I-129 with H Supplement). Dr. DANTULURI is being offered continued temporary employment as an Associate Veterinarian with Medical Management International, Inc. (dba Banfield Pet Hospital) ("Banfield" or "Banfield Pet Hospital"), on a full-time basis at its St. Petersburg, Florida hospital, located within the Tampa-St. Petersburg-Clearwater, Florida metropolitan statistical area.

1. ELIGIBILITY FOR EXTENSION BEYOND THE SIX-YEAR LIMITATION ON AUTHORIZED PERIOD OF STAY IN H-1B STATUS

Dr. DANTULURI qualifies for an extension of stay beyond the six-year limitation on H-1B status contained in section 214(g)(4) of the Immigration and Nationality Act ("INA"), pursuant to the amendment of the INA under Section 104(c) of the American Competitiveness in the 21st Century Act, Pub.L. 106-313, as amended Pub.L. 107-273 ("AC21").

AC21 permits a nonimmigrant in H-1B status to extend their stay for up to three years if the alien is the beneficiary of an approved I-140 petition and would be eligible for an immigrant visa but for the application of per country limitations under INA § 203(b)(1), (2), or (3). Per country visa limitations are based on the alien's priority date (as listed on the I-140 Approval Notice), and are evidenced by the U.S. Department of State Immigrant Visa Bulletin in effect at the time of filing a request for an extension of H-1B status. See copy of Neufeld Memo, page 6, and related AC21 documents at **TAB 7**.

Dr. DANTULURI qualifies for an extension of stay in H-1B status for up to three years pursuant to Section 104(c) of AC21. Dr. DANTULURI was born in Yanam, Puducherry, India. He is the beneficiary of an approved I-140 petition as an alien in the second employment-based visa

