Select what form/section you would like to view:	
- Select -	
	,
205-0466 xpiration Date: XX/XX/XXXX	Print Summary (
.abor Condition Application for H-1B, H-1B1 and E-3 Nonin Form ETA-9035CP	nmigrant Workers
J.S.Department of Labor	
These instructions contain full explanations of the questions and attestations that reployer's obligations provided in 20 CFR 655 Subpart H. If the employer plans to equired fields and items containing an asterisk (*) must be completed as well as a ection/field or item as indicated by the section (§) symbol. In accordance with 20 made by the ETA Certifying Officer whether to certify the LCA or return it to the employed on the contain obvious inaccuracies, the ETA Certifying Officer will certify the LCA bepartment. If the LCA is not certified pursuant to 20 CFR 655.740(a)(2)(i) or (ii), the representative, explaining the reason(s) for such return without certification. Exchanges submit a corrected LCA to the Department for review, which shall be treated as	o file non-electronically, which is allowed only for certain reasons set out below, ALL any fields and items where a response is conditioned on the response to another required CFR 655.740, once an LCA has been received from an employer, a determination will be aployer not certified. Where all items on the Form ETA- 9035 or 9035E are complete and
A: Employment-Based Nonimmigrant Visa Information	~
1 Indicate the type of visa classification supported by this application	H-1B
B: Temporary Need Information	~
1 Job Title	.NET Developer
2/B.3 SOC (ONET/OES) Code and Occupation Title	4- 40-00
2/B.3 300 (ONE 1/0E3) Code and Occupation Title	15-1252.00
2/B.3 SOC (ONET/OES) Code and Occupation Title	Software Developers
4 Is this a full-time position?	YES
- ·	123
5 Begin Date	10/1/2023
6 End Date	9/30/2026
7 Tatal Manhara Basista B. S. Barra and C. C. C. C.	
7 Total Worker Positions Being Requested for Certification	1

1

a. New Employment

b. Continuation of previously approved employment without change with the same employer	0
c. Change in previously approved employment	0
d. New concurrent employment	0
e. Change in employer	0
f. Amended petition	0
C: Employer Information	~
1 Legal Business Name	Sigma Resources LLC
3 Address 1	2026 East Carson Street
4 Address 2 (apartment/suite/floor and number)	Third Floor
5 City	Pittsburgh
6 State	PENNSYLVANIA
7 Postal Code	15203
8 Country	UNITED STATES OF AMERICA
10 Telephone Number	+14127121152
12 Federal Employer Identification Number (FEIN from IRS)	25-1829581

D: Employer Point of Contact Information	~
1 Contact's Last (family) Name	Linnelli
2 First (given) Name	Julie
4 Contact's Job Title	Director of Operations
5 Address 1	2026 East Carson Street
6 Address 2 (apartment/suite/floor and number)	Third Floor
7 City	Pittsburgh
8 State	PENNSYLVANIA
9 Postal Code	15203
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	+14127121152
14 Business e-mail address	JLinnelli@sigma-resources.com
E: Attorney or Agent Information (if applicable)	~
1 Is the employer represented by an attorney or agent in the filing of this application?	Attorney

2 Attorney or Agent's Last (family) Name	Thorn
3 First (given) Name	Christopher
	Omistophiei
A MC Lilla Ni accordan	
4 Middle Name(s)	Robert
5 Address 1	Two Liberty Place, 50 S. 16th Street
6 Address 2 (apartment/suite/floor and number)	Suite 3200
7 City	Philadelphia
	rilladelpilla
8 State	PENNSYLVANIA
9 Postal Code	19102
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	140450055000
12 Totophone Number	+12156655329
14 Email Address	cameron.grosh@bipc.com
15 Law Firm/Business Name	Buchanan Ingersoll & Rooney PC
16 Law Firm/Business FEIN	25-1381032
17 State Bar Number	4256904
17 State Dai Nullipei	4356804
18 State of highest state court where attorney is in good standing	NEW YORK

## F: Employment and Wage Information

F. Use the fields above to enter the details of each additional place of employment, when applicable

Wage Rate Paid to Nonimmigrant Workers From 88269.00

Wage Rate Paid to Nonimmigrant Workers Per Year

Prevailing Wage Rate **68286.00** 

Prevailing Wage Rate Per Year

Identify the source user for the prevailing wage (PW) f13\_is\_oes\_prevailing\_wage

Wage Level

Source Year 7/1/2022 - 6/30/2023

Enter the estimated number of workers that will perform work at this place of employment under the LCA

Indicate whether the worker(s) subject to this LCA will be

placed with a secondary entity at this place of employment

Address 1 4240 Storeys Court

Address 2 (apartment/suite/floor and number)

Apt. D

City Harrisburg

County

State/District/Territory PENNSYLVANIA

Postal Code 17109

# G: Employer Labor Condition Statements

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

1. Wages: The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;

NO

- 2. **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- 3. Strike, Lockout, or Work Stoppage: At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence

	that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services ing Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733;
representative in the occupation and area of i employment either by electronic or physical p individual direct notice by e-mail, notification A copy of this LCA will be provided to each no	no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining ntended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of osting. This notice was or will be posted for a total period of 10 days, except that if employees are provided need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. In order than the date the worker of the worker of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

NO

NO

A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a hard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 655.760) Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.s> or at the place of employment within one working day after the date on

B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statements or information is

C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart

Linnelli

Julie

**Director of Operations** 

Employer's principal place of business

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplemental thereto or to aid, abet, or counsel another to do so is a federal offense

which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).

1 I have read and agree to Labor Condition Statements 1, 2, 3, YES

and 4 above and as fully explained in Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H.

H: H-1B Additional Employer Labor Condition Statements

1 At the time of filing this LCA, is the employer H-1B

2 At the time of filing this LCA, is the employer a willful violator

challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)).

punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).

1 Public disclosure information in the United States will be kept at:

(You <u>must</u> select one or both of the options listed in this Section.)

1 Last (family) name of hiring or designated official

2 First (given) name of hiring or designated official

4 Hiring or designated official title

dependent?

Notice of Obligations

I/J: Employer Obligations

K: LCA Preparer	~
APP A: Appendix A - Educational Attainment Documentation	~

Appendix A. Record(s)

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, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. 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, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, #IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section 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 655.735(a)(1)(ii).

Select what form/section you would like to view:		
- Select -	<b>\$</b>	
205-0466	Print Summa	arv •
xpiration Date: XX/XX/XXXX abor Condition Application for H-1B, H-1B1 and E-3 Nonimi		<u></u>
Form ETA-9035CP	mg.a.n. wentere	
J.S.Department of Labor  MPORTANT: Please read these instructions carefully before completing the Form E	ETA-9035 or 9035E – Labor Condition Application (LCA) for Nonimmigrant Workers	<b>.</b>
ection/field or item as indicated by the section (§) symbol. In accordance with 20 C nade by the ETA Certifying Officer whether to certify the LCA or return it to the emp o not contain obvious inaccuracies, the ETA Certifying Officer will certify the LCA we per partment. If the LCA is not certified pursuant to 20 CFR 655.740(a)(2)(i) or (ii), the representative, explaining the reason(s) for such return without certification. Except ay submit a corrected LCA to the Department for review, which shall be treated as	file non-electronically, which is allowed only for certain reasons set out below, ALL y fields and items where a response is conditioned on the response to another req FR 655.740, once an LCA has been received from an employer, a determination w loyer not certified. Where all items on the Form ETA- 9035 or 9035E are complete	rill be and agen bloye ingly
A: Employment-Based Nonimmigrant Visa Information		~
1 Indicate the type of visa classification supported by this	H-1B	
application		-
B: Temporary Need Information		~
1 Job Title	.NET Developer	
		•
2/B.3 SOC (ONET/OES) Code and Occupation Title	15-1252.00	
	10-1202100	-
2/B.3 SOC (ONET/OES) Code and Occupation Title		
2/B.3 SOC (ONE 1/OES) Code and Occupation Title	Software Developers	-
4 Is this a full-time position?	YES	-
5 Begin Date	10/1/2023	-
6 End Date	9/30/2026	_
7 Total Worker Positions Being Requested for Certification	1	
		-
a. New Employment	1	
a. New Employment	1	

b. Continuation of previously approved employment without change with the same employer	0
c. Change in previously approved employment	0
d. New concurrent employment	0
e. Change in employer	0
f. Amended petition	0
C: Employer Information	~
1 Legal Business Name	Sigma Resources LLC
3 Address 1	2026 East Carson Street
4 Address 2 (apartment/suite/floor and number)	Third Floor
5 City	Pittsburgh
6 State	PENNSYLVANIA
7 Postal Code	15203
8 Country	UNITED STATES OF AMERICA
10 Telephone Number	+14127121152
12 Federal Employer Identification Number (FEIN from IRS)	25-1829581

D: Employer Point of Contact Information	~
1 Contact's Last (family) Name	Linnelli
2 First (given) Name	Julie
4 Contact's Job Title	Director of Operations
5 Address 1	2026 East Carson Street
6 Address 2 (apartment/suite/floor and number)	Third Floor
7 City	Pittsburgh
8 State	PENNSYLVANIA
9 Postal Code	15203
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	+14127121152
14 Business e-mail address	JLinnelli@sigma-resources.com
E: Attorney or Agent Information (if applicable)	~
1 Is the employer represented by an attorney or agent in the filing of this application?	Attorney

2 Attorney or Agent's Last (family) Name	Thorn
3 First (given) Name	Christopher
	Omistophiei .
A MC Lilla Ni accordan	
4 Middle Name(s)	Robert
5 Address 1	Two Liberty Place, 50 S. 16th Street
6 Address 2 (apartment/suite/floor and number)	Suite 3200
7 City	Philadelphia
	rilliadeipilia
8 State	PENNSYLVANIA
9 Postal Code	19102
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	14045005500
12 Totophone Number	+12156655329
14 Email Address	cameron.grosh@bipc.com
15 Law Firm/Business Name	Buchanan Ingersoll & Rooney PC
16 Law Firm/Business FEIN	25-1381032
17 State Bar Number	425004
17 State Dai Nullipei	4356804
18 State of highest state court where attorney is in good standing	NEW YORK

## F: Employment and Wage Information

F. Use the fields above to enter the details of each additional place of employment, when applicable

Wage Rate Paid to Nonimmigrant Workers From **77397.00** 

Wage Rate Paid to Nonimmigrant Workers Per Year

Prevailing Wage Rate 77397.00

Prevailing Wage Rate Per Year

Identify the source user for the prevailing wage (PW) f13\_is\_oes\_prevailing\_wage

Wage Level

Source Year 7/1/2022 - 6/30/2023

Enter the estimated number of workers that will perform work at this place of employment under the LCA

Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment

Address 1 702 Hummingbird Lane

City Bensalem

County

State/District/Territory PENNSYLVANIA

Postal Code 19020

### G: Employer Labor Condition Statements

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

1. Wages: The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;

NO

- 2. **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- 3. Strike, Lockout, or Work Stoppage: At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733;
- 4. **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of

employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1 <u>I have read and agree to</u> Labor Condition Statements 1, 2, 3, **YES** and 4 above and as fully explained in Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H.

4 Hiring or designated official title

H: H-1B Additional Employer Labor Condition Statements
1 At the time of filing this LCA, is the employer H-1B dependent?
2 At the time of filing this LCA, is the employer a willful violator NO
I/J: Employer Obligations
Notice of Obligations A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a hard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 655.760) Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.s> or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).  B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)).  C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).  I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplemental thereto or to aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).
1 Public disclosure information in the United States will be kept at: (You <u>must</u> select one or both of the options listed in this Section.)
1 Last (family) name of hiring or designated official  Linnelli
2 First (given) name of hiring or designated official <b>Julie</b>

K: LCA Preparer

**Director of Operations** 

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, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. 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, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, #IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section 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 655.735(a)(1)(ii).

# Select what form/section you would like to view: - Select 1205-0466 Expiration Date: XX/XX/XXXX Labor Condition Application for H-1B, H-1B1 and E-3 Nonimmigrant Workers Form ETA-9035CP U.S.Department of Labor IMPORTANT: Please read these instructions carefully before completing the Form ETA-9035 or 9035E – Labor Condition Application (LCA) for Nonimmigrant Workers. These instructions contain full explanations of the questions and attestations that make up the LCA, Form ETA-9035 and 9035E, with further information about the employer's obligations provided in 20 CFR 655 Subpart H. If the employer plans to file pon-electronically, which is allowed only for certain reasons set out below, ALL required.

IMPORTANT: Please read these instructions carefully before completing the Form ETA-9035 or 9035E – Labor Condition Application (LCA) for Nonimmigrant Workers. These instructions contain full explanations of the questions and attestations that make up the LCA, Form ETA-9035 and 9035E, with further information about the employer's obligations provided in 20 CFR 655 Subpart H. If the employer plans to file non-electronically, which is allowed only for certain reasons set out below, ALL required fields and items containing an asterisk (\*) must be completed as well as any fields and items where a response is conditioned on the response to another required section/field or item as indicated by the section (§) symbol. In accordance with 20 CFR 655.740, once an LCA has been received from an employer, a determination will be made by the ETA Certifying Officer whether to certify the LCA or return it to the employer not certified. Where all items on the Form ETA- 9035 or 9035E are complete and do not contain obvious inaccuracies, the ETA Certifying Officer will certify the LCA within 7 working days of the date the LCA is received and date-stamped by the Department. If the LCA is not certified pursuant to 20 CFR 655.740(a)(2)(i) or (ii), the ETA Certifying Officer will return it to the employer, or the employer's authorized agent or representative, explaining the reason(s) for such return without certification. Except in the case of a disqualification issued by the Wage Hour Administrator, the employer may submit a corrected LCA to the Department for review, which shall be treated as a new LCA and processed on a "first come, first served" basis. Anyone who knowingly and willingly furnishes false information in the preparation of the Form ETA- 9035 or 9035E and any supplement thereto, or aids, abets, or counsels another to do so is committing a Federal offense under 18 U.S.C. 1001 or other provisions of law.

thereto, or aids, abets, or counsels another to do so is committing a Federal offense under 18 U.S.C. 1001 or other provisions of law.

A: Employment-Based Nonimmigrant Visa Information

1 Indicate the type of visa classification supported by this application

B: Temporary Need Information

4 Job Title

Game Artist

2/B.3 SOC (ONET/OES) Code and Occupation Title

2/B.3 SOC (ONET/OES) Code and Occupation Special Effects Artists and Animators

Title

4 Is this a full-time position?	YES
5 Begin Date	10/1/2023
6 End Date	0/20/2020
- Life Bate	9/30/2026
7 Total Worker Positions Being Requested for Certification	1
a. New Employment	1
b. Continuation of previously approved	0
employment without change with the same employer	
c. Change in previously approved employment	0
d. New concurrent employment	0
a Changa in amplayor	
e. Change in employer	0
f. Amended petition	0
: Employer Information	
<sub>[</sub>	

Sigma Games LLC

1 Legal Business Name

2 Trade Name / Doing Business	s As (DBA), if
applicable	

# **Simcoach Games**

3 Address 1	
3 Address 1	2026 East Carson Street
4 Address 2 (apartment/suite/floor and number)	Suite 300
5.00	
5 City	Pittsburgh
6 State	PENNSYLVANIA
7 Postal Code	15203
8 Country	UNITED STATES OF AMERICA
10 Telephone Number	+14125152463
12 Federal Employer Identification Number	85-3245853
(FEIN from IRS)	
13 NAICS Description	Computer Systems Design and Related
	Services
13 NAICS Code	54151
	7131

1 Contact's Last (family) Name	Linnelli
2 First (given) Name	Julie
4 Contact's Job Title	Director of Operations
5 Address 1	2026 East Carson Street
6 Address 2 (apartment/suite/floor and number)	Suite 300
7 City	Pittsburgh
8 State	PENNSYLVANIA
9 Postal Code	15203
10 Country	UNITED STATES OF AMERICA
40 T	
12 Telephone Number	+14127121152
14 Pusiness a mail address	
14 Business e-mail address	JLinnelli@sigma-resources.com

1 Is the employer represented by an attorney or agent in the filing of this application?	Attorney
2 Attorney or Agent's Last (family) Name	Thorn
3 First (given) Name	Christopher
4 Middle Name(s)	Robert
5 Address 1	50 S. 16th Street, Two Liberty Place
6 Address 2 (apartment/suite/floor and number)	Suite 3200
7 City	Philadelphia
8 State	PENNSYLVANIA
9 Postal Code	19102
10 Country	UNITED STATES OF AMERICA
12 Telephone Number	+12156655329
14 Email Address	christopher.thorn@bipc.com

1	5	I aw	Firm	/Rusir	2291	Name
	J	Law	1 11 1 1 1	/ Dusii	1000	Ivallic

**Buchanan Ingersoll & Rooney PC** 

16 Law Firm/Business FEIN

25-1381032

17 State Bar Number

4356804

18 State of highest state court where attorney is **NEW YORK** in good standing

is in good standing

# F: Employment and Wage Information

F. Use the fields above to enter the details of each additional place of employment, when applicable

Wage Rate Paid to Nonimmigrant Workers From

56146.24

Wage Rate Paid to Nonimmigrant Workers

Per

Year

Prevailing Wage Rate

43160.00

Prevailing Wage Rate Per

Year

Identify the source user for the prevailing wage (PW)

f13\_is\_oes\_prevailing\_wage

Wage Level

Source Year

7/1/2022 - 6/30/2023

Enter the estimated number of workers that will perform work at this place of employment under the LCA	1
Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment	NO
Address 1	2026 E. Carson Street
Address 2 (apartment/suite/floor and number)	Suite 300
City	Pittsburgh
County	ALLEGHENY
State/District/Territory	PENNSYLVANIA
Postal Code	15203
Wage Rate Paid to Nonimmigrant Workers From	56146.24
Wage Rate Paid to Nonimmigrant Workers Per	Year
Prevailing Wage Rate	43160.00
Prevailing Wage Rate Per	Year
Identify the source user for the prevailing wage (PW)	f13_is_oes_prevailing_wage
Wage Level	1
Source Year	7/1/2022 - 6/30/2023
Enter the estimated number of workers that will perform work at this place of employment under the LCA	1

Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment

Address 1 2915 Sidney Street

Address 2 (apartment/suite/floor and number) Apt. 524

City **Pittsburgh** 

County **ALLEGHENY** 

State/District/Territory **PENNSYLVANIA** 

Postal Code 15203

# G: Employer Labor Condition Statements



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

- 1. Wages: The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- 2. Working Conditions: The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- 3. Strike, Lockout, or Work Stoppage: At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733;
- 4. Notice: Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1 <u>I have read and agree to</u> Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H.

YES

# H: H-1B Additional Employer Labor Condition Statements

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1 At the time of filing this LCA, is the employer H-1B dependent?

2 At the time of filing this LCA, is the employer a **NO** willful violator

# I/J: Employer Obligations



## **Notice of Obligations**

A. Upon receipt of the certified LCA, the employer must take the following actions: Print and sign a hard copy of the LCA if filing electronically(20 CFR 655.705(c)(3)); Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2)); 20 CFR 655.730(c)(3); and 20 CFR 655.760) Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.s> or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).

- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statements or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplemental thereto or to aid, abet, or counsel another to do so is a federal offense punishable fines, imprisonment, or both (18 U.S.C 2, 1001,1546,1621).

- 1 Public disclosure information in the United States will be kept at: (You <u>must</u> select one or both of the options listed in this Section.)
  - Employer's principal place of business

1 Last (family) name of hiring or designated official	Linnelli	
2 First (given) name of hiring or designated official	Julie	
4 Hiring or designated official title	Director of Operations	
K: LCA Preparer		~
APP A: Appendix A - Educational Attainment Doc	cumentation	~