

Informational purposes only. Not an Original Certification

Labor Condition  
Application for Nonimmigrant  
Workers ETA Form 9035 &  
9035E

## U.S. Department of Labor Employment and Training Administration

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

**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 ( Â§ ) symbol.**

### A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application  
(Write classification symbol):

H-1B

### B. Temporary Need Information

1. Job Title

BUDGET ANALYST

2. SOC (ONET/OES) code

13-2031

3. SOC (ONET/OES) occupation title **BUDGET ANALYSTS**

4. Is this a full-time position? ☒ Yes ☐ No

Period of Intended Employment

5. Begin Date (mm/dd/yyyy) **09/21/2013**

6. End Date (mm/dd/yyyy) **09/20/2016**

7. Worker positions needed/basis for the visa classification supported by this application

Total Worker Positions Being Requested for Certification **1**

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

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 **WORLD HEALTH NETWORKS INC**

2. Trade name/Doing Business As (DBA), if applicable **N/A**

3. Address 1 **630 FIFTH AVENUE**

4. Address 2 **SUITE 2300**

5. City **NEW YORK**

6. State **NY**

7. Postal code **10111**

8. Country **UNITED STATES OF AMERICA**

9. Province **N/A**

10. Telephone number **212-554-3660**

---

11. Extension	N/A
---------------	-----

---

12. Federal Employer Identification Number (FEIN from IRS)	Redacted
--	----------

---

13. NAICS code (must be at least 4-digits)	423450
--	--------

---

## 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	RIDLOFF
---------------------------------	---------

---

2. First (given) name	DANIEL
-----------------------	--------

---

3. Middle name(s)	N/A
-------------------	-----

---

4. Contact's job title	CHIEF OPERATING OFFICER
------------------------	-------------------------

---

5. Address 1	630 FIFTH AVENUE
--------------	------------------

---

6. Address 2	SUITE 2300
--------------	------------

---

7. City	NEW YORK
---------	----------

---

8. State	NY
----------	----

---

9. Postal code	10111
----------------	-------

---

10. Country	UNITED STATES OF AMERICA
-------------	--------------------------

---

11. Province	N/A
--------------	-----

---

12. Telephone number	212-554-3660
----------------------	--------------

---

13. Extension	N/A
---------------	-----

---

14. E-Mail address	DANIEL.RIDLOFF@WORLDHEALTHNETWORKS.COM
--------------------	--

---

## E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? If "Yes", complete the remainder of Section E below.

☒ Yes ☐ No

---

2. Attorney or Agent's last (family) name	CAMMISA
---	---------

---

3. First (given) name	ZJANTELE
-----------------------	----------

---

4. Middle name(s)	N/A
-------------------	-----

---

5. Address 1	150 NASSAU STREET SUITE 3E
6. Address 2	N/A
7. City	NEW YORK
8. State	NY
9. Postal code	10038
10. Country	UNITED STATES OF AMERICA
11. Province	N/A
12. Telephone number	2122277766
13. Extension	
14. E-Mail address	ZJANTELE@CAMMISALAW.COM
15. Law firm/Business name	CAMMISA MARKEL PLLC
16. Law firm/Business FEIN	Redacted
17. State Bar number (only if attorney)	4281630
18. State of highest court where attorney is in good standing (only if attorney)	NEW YORK
19. Name of the highest court where attorney is in good standing (only if attorney)	APPELLATE COURT

## F. Rate of Pay

1. Wage Rate (Required)	From: \$ 48,200.00 To: \$ N/A
2. Per: (Choose only one)	<input type="checkbox"/> Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year

## 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	630 FIFTH AVENUE
2. Address 2	SUITE 2300
3. City	NEW YORK

4. County **NEW YORK**

5. State/District/Territory **NEW YORK**

6. Postal code **10111**

**Prevailing Wage Information** (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage **N/A**

7a. Prevailing wage tracking number (if applicable) **N/A**

8. Wage level ☒ **I** ☐ **II** ☐ **III** ☐ **IV** ☐ **N/A**

9. Prevailing wage **\$ 48,110.00**

10. Per: (Choose only one) ☐ **Hour** ☐ **Weekly** ☐ **Bi-weekly** ☐ **Month** ☒ **Year**

11. Prevailing wage source (Choose only one) ☒ **OES** ☐ **CBA** ☐ **DBA** ☐ **SCA** ☐ **Other**

11a. Year source published **2013**

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 nonproductive 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. ☒ **Yes** ☐ **No**

## 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? ☐ Yes ☒ No

2. Is the employer a willful violator? ☐ Yes ☒ No

3. If "Yes" is marked in questions I.1 and/or I.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? ☐ Yes ☐ No ☒ N/A

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.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. ☒ Yes ☐ No

## J. Public Disclosure Information

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

1. Public disclosure information will be kept at: ☒ Employer's principal place of business  
☐ Place of employment

## 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 RIDLOFF

2. First (given) name of hiring or designated official DANIEL

3. Middle initial N/A

4. Hiring or designated official title CHIEF OPERATING OFFICER

5. Signature

6. Date signed

**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

---

2. First (given) name

---

3. Middle initial

---

N/A

4. Firm/Business name

---

5. E-Mail address

---

---

**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 To

Department of Labor, Office of Foreign Labor  
Certification

---

Determination Date (date signed)

---

Case Number

---

I-200-13081-126235

Case Status

---

CERTIFIED

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

---

Informational purposes only. Not an Original Certification

Labor Condition  
Application for Nonimmigrant  
Workers ETA Form 9035 &  
9035E

## U.S. Department of Labor Employment and Training Administration

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

**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 ( Â§ ) symbol.**

### A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application  
(Write classification symbol):

H-1B

### B. Temporary Need Information

1. Job Title

BUDGET ANALYST

2. SOC (ONET/OES) code

13-2031



3. SOC (ONET/OES) occupation title	BUDGET ANALYSTS
4. Is this a full-time position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Period of Intended Employment	
5. Begin Date (mm/dd/yyyy)	09/24/2013
6. End Date (mm/dd/yyyy)	09/23/2016
7. Worker positions needed/basis for the visa classification supported by this application	
Total Worker Positions Being Requested for Certification	1
Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)	
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	WORLD HEALTH NETWORKS INC
2. Trade name/Doing Business As (DBA), if applicable	N/A
3. Address 1	630 FIFTH AVENUE
4. Address 2	SUITE 2300
5. City	NEW YORK
6. State	NY
7. Postal code	10111
8. Country	UNITED STATES OF AMERICA
9. Province	N/A
10. Telephone number	212-554-3660

---

11. Extension	N/A
---------------	-----

---

12. Federal Employer Identification Number (FEIN from IRS)	Redacted
--	----------

---

13. NAICS code (must be at least 4-digits)	423450
--	--------

---

## 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	RIDLOFF
---------------------------------	---------

---

2. First (given) name	DANIEL
-----------------------	--------

---

3. Middle name(s)	N/A
-------------------	-----

---

4. Contact's job title	CHIEF OPERATING OFFICER
------------------------	-------------------------

---

5. Address 1	630 FIFTH AVENUE
--------------	------------------

---

6. Address 2	SUITE 2300
--------------	------------

---

7. City	NEW YORK
---------	----------

---

8. State	NY
----------	----

---

9. Postal code	10111
----------------	-------

---

10. Country	UNITED STATES OF AMERICA
-------------	--------------------------

---

11. Province	N/A
--------------	-----

---

12. Telephone number	212-554-3660
----------------------	--------------

---

13. Extension	N/A
---------------	-----

---

14. E-Mail address	DANIEL.RIDLOFF@WORLDHEALTHNETWORKS.COM
--------------------	--

---

## E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? If "Yes", complete the remainder of Section E below.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

---

2. Attorney or Agent's last (family) name	CAMMISA
---	---------

---

3. First (given) name	ZJANTELE
-----------------------	----------

---

4. Middle name(s)	N/A
-------------------	-----

---

5. Address 1	150 NASSAU STREET SUITE 3E
6. Address 2	N/A
7. City	NEW YORK
8. State	NY
9. Postal code	10038
10. Country	UNITED STATES OF AMERICA
11. Province	N/A
12. Telephone number	2122277766
13. Extension	
14. E-Mail address	ZJANTELE@CAMMISALAW.COM
15. Law firm/Business name	CAMMISA MARKEL PLLC
16. Law firm/Business FEIN	Redacted
17. State Bar number (only if attorney)	4281630
18. State of highest court where attorney is in good standing (only if attorney)	NEW YORK
19. Name of the highest court where attorney is in good standing (only if attorney)	APPELLATE COURT

## F. Rate of Pay

1. Wage Rate (Required)	From: \$ 48,200.00 To: \$ N/A
2. Per: (Choose only one)	<input type="checkbox"/> Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year

## 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	630 FIFTH AVENUE
2. Address 2	SUITE 2300
3. City	NEW YORK

4. County **NEW YORK**

5. State/District/Territory **NEW YORK**

6. Postal code **10111**

**Prevailing Wage Information** (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage **N/A**

7a. Prevailing wage tracking number (if applicable) **N/A**

8. Wage level ☒ **I** ☐ **II** ☐ **III** ☐ **IV** ☐ **N/A**

9. Prevailing wage **\$ 48,110.00**

10. Per: (Choose only one) ☐ **Hour** ☐ **Weekly** ☐ **Bi-weekly** ☐ **Month** ☒ **Year**

11. Prevailing wage source (Choose only one) ☒ **OES** ☐ **CBA** ☐ **DBA** ☐ **SCA** ☐ **Other**

11a. Year source published **2013**

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 nonproductive 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. ☒ **Yes** ☐ **No**

## 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? ☐ Yes ☒ No

2. Is the employer a willful violator? ☐ Yes ☒ No

3. If "Yes" is marked in questions I.1 and/or I.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? ☐ Yes ☐ No ☒ N/A

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.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. ☒ Yes ☐ No

## J. Public Disclosure Information

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

1. Public disclosure information will be kept at: ☒ Employer's principal place of business  
☐ Place of employment

## 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	RIDLOFF
2. First (given) name of hiring or designated official	DANIEL
3. Middle initial	N/A
4. Hiring or designated official title	CHIEF FINANCIAL OFFICER
5. Signature	
6. Date signed	

**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

---

2. First (given) name

---

3. Middle initial

---

N/A

4. Firm/Business name

---

5. E-Mail address

---

---

**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 To

Department of Labor, Office of Foreign Labor  
Certification

---

Determination Date (date signed)

---

Case Number

---

I-200-13084-163347

Case Status

---

CERTIFIED

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

---

Informational purposes only. Not an Original Certification

Labor Condition  
Application for Nonimmigrant  
Workers ETA Form 9035 &  
9035E

## U.S. Department of Labor Employment and Training Administration

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

**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 ( Â§ ) symbol.**

### A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application  
(Write classification symbol):

H-1B

### B. Temporary Need Information

1. Job Title

BUDGET ANALYST

2. SOC (ONET/OES) code

13-2031

3. SOC (ONET/OES) occupation title **BUDGET ANALYSTS**

4. Is this a full-time position? ☒ Yes ☐ No

Period of Intended Employment

5. Begin Date (mm/dd/yyyy) **09/01/2014**

6. End Date (mm/dd/yyyy) **08/31/2017**

7. Worker positions needed/basis for the visa classification supported by this application

Total Worker Positions Being Requested for Certification **1**

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

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 **WORLD HEALTH NETWORKS, INC.**

2. Trade name/Doing Business As (DBA), if applicable **N/A**

3. Address 1 **630 FIFTH AVENUE**

4. Address 2 **SUITE 2300**

5. City **NEW YORK**

6. State **NY**

7. Postal code **10111**

8. Country **UNITED STATES OF AMERICA**

9. Province **N/A**

10. Telephone number **212-554-3655**



---

11. Extension	N/A
---------------	-----

---

12. Federal Employer Identification Number (FEIN from IRS)	Redacted
--	----------

---

13. NAICS code (must be at least 4-digits)	423450
--	--------

---

## 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	RIDLOFF
---------------------------------	---------

---

2. First (given) name	DANIEL
-----------------------	--------

---

3. Middle name(s)	N/A
-------------------	-----

---

4. Contact's job title	CHIEF OPERATING OFFICER
------------------------	-------------------------

---

5. Address 1	630 FIFTH AVENUE
--------------	------------------

---

6. Address 2	SUITE 2300
--------------	------------

---

7. City	NEW YORK
---------	----------

---

8. State	NY
----------	----

---

9. Postal code	10111
----------------	-------

---

10. Country	UNITED STATES OF AMERICA
-------------	--------------------------

---

11. Province	N/A
--------------	-----

---

12. Telephone number	212-554-3660
----------------------	--------------

---

13. Extension	N/A
---------------	-----

---

14. E-Mail address	DANIEL.RIDLOFF@WORLDHEALTHNETWORKS.COM
--------------------	--

---

## E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? If "Yes", complete the remainder of Section E below.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

---

2. Attorney or Agent's last (family) name	D'ARRIGO
---	----------

---

3. First (given) name	LEONARD
-----------------------	---------

---

4. Middle name(s)	JOHN
-------------------	------

---

5. Address 1	ONE COMMERCE PLAZA
6. Address 2	N/A
7. City	ALBANY
8. State	NY
9. Postal code	12260
10. Country	UNITED STATES OF AMERICA
11. Province	N/A
12. Telephone number	5184877642
13. Extension	
14. E-Mail address	Immigration@WOH.COM
15. Law firm/Business name	WHITEMAN OSTERMAN & HANNA LLP
16. Law firm/Business FEIN	Redacted
17. State Bar number (only if attorney)	4372553
18. State of highest court where attorney is in good standing (only if attorney)	NEW YORK
19. Name of the highest court where attorney is in good standing (only if attorney)	COURT OF APPEALS

## F. Rate of Pay

1. Wage Rate (Required)	From: \$ 51,000.00 To: \$ N/A
2. Per: (Choose only one)	<input type="checkbox"/> Hour <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year

## 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	630 FIFTH AVENUE
2. Address 2	SUITE 2300
3. City	NEW YORK

4. County **NEW YORK**

5. State/District/Territory **NEW YORK**

6. Postal code **10111**

**Prevailing Wage Information** (corresponding to the place of employment location listed above)

7. Agency which issued prevailing wage **N/A**

7a. Prevailing wage tracking number (if applicable) **N/A**

8. Wage level ☒ **I** ☐ **II** ☐ **III** ☐ **IV** ☐ **N/A**

9. Prevailing wage **\$ 50,960.00**

10. Per: (Choose only one) ☐ **Hour** ☐ **Weekly** ☐ **Bi-weekly** ☐ **Month** ☒ **Year**

11. Prevailing wage source (Choose only one) ☒ **OES** ☐ **CBA** ☐ **DBA** ☐ **SCA** ☐ **Other**

11a. Year source published **2013**

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 nonproductive 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. ☒ **Yes** ☐ **No**

## 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? ☐ Yes ☒ No

2. Is the employer a willful violator? ☐ Yes ☒ No

3. If "Yes" is marked in questions I.1 and/or I.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? ☐ Yes ☐ No ☒ N/A

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.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. ☐ Yes ☐ No

## J. Public Disclosure Information

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

1. Public disclosure information will be kept at: ☒ Employer's principal place of business  
☐ Place of employment

## 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 **Ridloff**

2. First (given) name of hiring or designated official **Daniel**

3. Middle initial **N/A**

4. Hiring or designated official title **Chief Operating Officer**

5. Signature

6. Date signed

**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

---

2. First (given) name

---

3. Middle initial

---

N/A

4. Firm/Business name

---

5. E-Mail address

---

---

**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 To

Department of Labor, Office of Foreign Labor  
Certification

---

Determination Date (date signed)

---

Case Number

---

I-200-14058-327624

Case Status

---

CERTIFIED

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

---