

**Allied Business Consulting, Inc.**  
**34-36 Progress Street**  
**Suite A-2**  
**Edison, NJ 08820**

Enclosed is the determination made on the Labor Condition Application which was submitted to the U.S. Department of Labor.

ETA Case Number **I-08268-4499543**



**ELECTRONIC FILING OF LABOR CONDITION APPLICATION  
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 out and sign a hardcopy of the electronically filed and certified LCA;
  - maintain a signed hardcopy of this LCA in my public access file;
  - submit a signed hardcopy of this LCA to the Immigration and Naturalization Service in support of the I-129, on the date of submission of the I-129; and
  - 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 am attesting 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;

or

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.

**FORM CERTIFIED**



**A. Program Designation**

You must choose one:  H-1B  H-1B1 Chile  H-1B1 Singapore  E-3 Australian

**B. Employer's Information**

1. Return Fax Number

2. Employer's Full Legal Name

**ALLIED BUSINESS CONSULTING, INC.**

3. Employer's Address (Number and Street)

**34-36 PROGRESS STREET  
SUITE A-2**

4. Employer's City

**EDISON**

State

**NJ**

Zip/Postal Code

**08820**

5. Employer's Address EIN Number

**22-3777962**

6. Employer's Phone Number

**(908) 222-7014**

Extension

**C. Rate of Pay**

1. Wage Rate (or Rate From) (Required):

**\$63,856.00**

2. Rate Up To (Optional):

**\$0.00**

3. Rate is Per:

Year  Week  
 Month  Hour  
 2 Weeks

4. Is this position part-time?

Yes  
 No

**Please Note:**

**Part-time hours worked by nonimmigrant(s) will be in the range of hours stated on the INS Form(s) I-129.**

**D. Period Of Employment and Occupation Information**

1. Begin Date

**09/24/2008**

3. Occupational Code

4. Number of H-1B or H-1B1 Nonimmigrants

2. End Date

**09/24/2011**

5. Job Title

**PROGRAMMER ANALYST**

**E. Information relating to Work Location for the H-1B or H-1B1 Nonimmigrants**

1. City

**BOSTON**

State

**MA**

2. Prevailing Wage

**\$63,856.00**

3. Wage is Per:

Year  Week  
 Month  Hour  
 2 Weeks

4. Wage Source

SESA  
 Collective Bargaining Agreement  
 Other

5. Year Source Published

**2008**

6. Other Wage Source

**OES**

**FORM CERTIFIED**



**E. Subsection A Information For Additional or Subsequent Work Location**

- |                          |  |
|--------------------------|--|
| 1. City                  | State  |
| 2. Prevailing Wage       | 3. Wage is Per:  |
|                          | <input type="radio"/> Year <input type="radio"/> Week<br><input type="radio"/> Month <input type="radio"/> Hour<br><input type="radio"/> 2 Weeks |
| 5. Year Source Published | 4. Wage Source   |
|                          | <input type="radio"/> SESA<br>Collective<br><input type="radio"/> Bargaining<br>Agreement<br><input type="radio"/> Other                         |
| 6. Other Wage Source     |  |

**F. Employer Labor Condition Statements**

**Please Note:** In order for your application to be processed, you **MUST** read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all four 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 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: No strike or lockout in the occupational classification at the place of employment.
- (4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B or H-1B1 workers.

I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages.       Yes       No

**F-1. Additional Employer Labor Condition Statements - H-1B Employers Only**

*Please Note:* In order for an application regarding H-1B nonimmigrants to be processed, you **MUST** read Section F-1 - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you **MUST** read Section F-1 - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.

**1. Subsection 1**

Choose ONE of the following 3 alternatives:

- A  Employer is not H-1B dependent and is not a willful violator.
- B  Employer is H-1B dependent and/or a willful violator.
- C  Employer is H-1B dependent and/or a willful violator **BUT** will use this application **ONLY** to support H-1B petitions for exempt nonimmigrants.

**2. Subsection 2**

If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:

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

I have read and agree to Additional Labor Condition Statements 2 A, B, and C.       Yes       No

**FORM CERTIFIED**



**G. Public Disclosure Information**

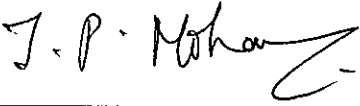
Public disclosure information will be kept at:

- Employer's principal place of business
- Place of employment

**H. 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 the sections E and F of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages 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.

- 1. First Name of Hiring or Other Designated Official MI  
**MOHAN** J
- 2. Last Name of Hiring or Other Designated Official  
**PILLA REDDY**
- 3. Hiring or Other Designated Official Title  
**PRESIDENT**



5. Date 9/24/08

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.

4. Signature - Do NOT let signature extend beyond the box

**I. Contact Information**

- 1. Contact First Name MI  
**MOHAN** J
- 2. Contact Last Name  
**PILLA REDDY**
- 3. Contact Phone Number Extension  
**(908) 222-7014**

**J. U.S. Government Agency Use Only**

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting 09/24/2008 and Date Ending 09/24/2011

William A. Cochran Chief, Division of Foreign Labor Certification I-08268-4499543 09/24/2008

Signature and Title of Authorized DOL Official ETA Case Number Date

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

**K. Complaints**

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. 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: U.S. Department of Justice \* Office of the Special Counsel \* 10th St. and Constitution Ave, NW \* Washington, DC \* 20530.

**FORM CERTIFIED**