

**Medical Management International, Inc  
(dba Banfield, The Pet Hospital)  
8000 NE Tillamook Street  
Portland, OR 97213**

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



**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

**MEDICAL MANAGEMENT INTERNATIONAL, INC**

3. Employer's Address (Number and Street)

**(DBA BANFIELD, THE PET HOSPITAL)**

**8000 NE TILLAMOOK STREET**

4. Employer's City

**PORTLAND**

State

**OR**

Zip/Postal Code

**97213**

5. Employer's Address EIN Number

**93-1132244**

6. Employer's Phone Number

**(503) 922-5338**

Extension

**C. Rate of Pay**

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

**\$73,500.00**

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

**10/01/2008**

3. Occupational Code

**0 7 3**

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

**0 0 1**

2. End Date

**09/15/2011**

5. Job Title

**ASSOCIATE VETERINARIAN**

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

1. City

**RIVERSIDE-SAN BERNARDINO-ONTARIO**

State

**CA**

2. Prevailing Wage

**\$73,362.00**

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 Online Wage Library**

**FORM CERTIFIED**



E. Subsection A Information For Additional or Subsequent Work Location

- 1. City State
2. Prevailing Wage 3. Wage is Per: 4. Wage Source
5. Year Source Published
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