



Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2018

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► START HERE - Type or print in black ink.

Part 1. Petitioner Information

If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.

1. Legal Name of Individual Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Company or Organization Name

SummitWorks Technologies, Inc.

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Anupam Goswami, Vice President

Street Number and Name

50 Cragwood Road

Apt. Ste. Flr. Number

113

City or Town

South Plainfield

State

NJ 07080

ZIP Code

Province

Postal Code

Country

United States

4. Contact Information

Daytime Telephone Number

(908) 458-4056

Mobile Telephone Number

N/A

Email Address (if any)

anupam@summitworks.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 52-2301834

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

►

Part 2. Information About This Petition (See instructions for fee information)

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B
2. Basis for Classification (select only one box):
- a. New employment.
 b. Continuation of previously approved employment without change with the same employer.
 c. Change in previously approved employment.
 d. New concurrent employment.
 e. Change of employer.
 f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." ► E A C 1 8 1 4 3 5 2 6 4 6
4. Requested Action (select only one box):
- a. Notify the office in Part 4 so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
 b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
 c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
 e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
 f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) ► One (1)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. If an Entertainment Group, Provide the Group Name

N/A

2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

GONABOYINANaga Venkata Someswara Rao

3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

Given Name (First Name)

Middle Name

None

4. Other Information

Date of birth

(mm/dd/yyyy) 06/10/1993

Gender

 Male Female

U.S. Social Security Number (if any)

► 6 5 7 4 2 4 1 7 0

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth

► A-

N	/	A						
---	---	---	--	--	--	--	--	--

India

Province of Birth

Andhra Pradesh

Country of Citizenship or Nationality

India

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number											
01/18/2016	► <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>8</td><td>5</td><td>8</td><td>2</td><td>1</td><td>4</td><td>3</td><td>6</td><td>3</td><td>3</td><td>0</td></tr></table>	8	5	8	2	1	4	3	6	3	3	0	L4727546
8	5	8	2	1	4	3	6	3	3	0			

Date Passport or Travel Document Issued (mm/dd/yyyy)

09/23/2013

Date Passport or Travel Document Expires (mm/dd/yyyy)

09/22/2023

Passport or Travel Document Country of Issuance

India

Current Nonimmigrant Status

H1B - SPECIALITY OCCUPATION

Date Status Expires or D/S (mm/dd/yyyy) 08/14/2021

Student and Exchange Visitor Information System (SEVIS) Number (if any)

N/A

Employment Authorization Document (EAD) Number (if any)

N/A

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name

9619 Fontainebleau Blvd

Apt. Ste. Flr. Number

219

City or Town

Miami

State ZIP Code

FL 33172

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in Part 3. is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City)

N/A

c. U.S. State or Foreign Country

N/A

d. Beneficiary's Foreign Address

Street Number and Name

N/A

Apt. Ste. Flr. Number

City or Town

State

Province

Postal Code

Country

2. Does each person in this petition have a valid passport? Yes No. If no, go to Part 9. and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ►
 No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ►
 No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ►
 No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s).
 No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ►
 No
8. Did you indicate you were filing a new petition in **Part 2?**
 Yes. If yes, answer the questions below.
 No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation.
 No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.**
 No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

2. LCA or ETA Case Number

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in Part 1.

Street Number and Name

3760 W 108th Street

Apt. Ste. Flr. Number

City or Town

Hialeah Gardens

State

FL

ZIP Code

33018

4. Did you include an itinerary with the petition? Yes No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No
7. Is this a full-time position? Yes No
8. If the answer to Item Number 7. is no, how many hours per week for the position? ► N/A
9. Wages: \$ 60,000.00 per (Specify hour, week, month, or year) ► Year

10. Other Compensation (Explain)

Usual Corporate Benefits

11. Dates of intended employment From: (mm/dd/yyyy) 12/18/2018 To: (mm/dd/yyyy) 08/14/2021

12. Type of Business

Software Development and Software Consulting

13. Year Established

2001

14. Current Number of Employees in the United States

120

15. Gross Annual Income

\$11,819,402 (Estd.)

16. Net Annual Income

\$74,042 (Estd.)

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Goswami

Given Name (First Name)

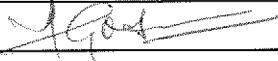
Anupam

Title

Vice President

2. Signature and Date

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy) 12/12/2018

3. Signatory's Contact Information

Daytime Telephone Number

(908) 458-4056

Email Address (if any)

anupam@summitworks.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Banda, Esq.

Given Name (First Name)

Seema

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Law Offices of Thomas V. Allen, PLLC.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name

P.O. Box 989

Apt. Ste. Flr. Number

City or Town

Edison

State

NJ

ZIP Code

08818

Province

Postal Code

Country

United States

4. Preparer's Contact Information

Daytime Telephone Number

(732) 832-7978

Fax Number

(732) 444-5998

Email Address (if any)

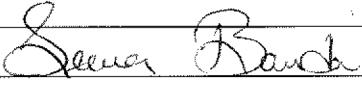
info@thomasvallen.com

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer



Date of Signature

(mm/dd/yyyy)

12/12/2018

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**



H Classification Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129

OMB No. 1615-0009
Expires 12/31/2018

1. Name of the Petitioner

SummitWorks Technologies, Inc.

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

- 2.a. Name of the Beneficiary

Naga Venkata Someswara Rao GONABOYINA

OR

- 2.b. Provide the total number of beneficiaries One (1)

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy) From	To
Naga Venkata Someswara Rao GONABOYINA (H1-B)	10/01/2018	Present

4. Classification sought (select **only one** box):

- a. H-1B Specialty Occupation
- b. H-1B1 Chile and Singapore
- c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- d. H-1B3 Fashion model of distinguished merit and ability
- e. H-2A Agricultural worker
- f. H-2B Non-agricultural worker
- g. H-3 Trainee
- h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes No

- 7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

Yes. If yes, please explain in Item Number 7.b. No

7.b. Explanation

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

Please see the letter attached.

2. Describe the beneficiary's present occupation and summary of prior work experience.

Please see the letter attached.

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner



Name of Petitioner

SummitWorks Technologies, Inc.

Date (mm/dd/yyyy)

12/12/2018

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer



Name of Authorized Official of Employer

Anupam Goswami, Vice President

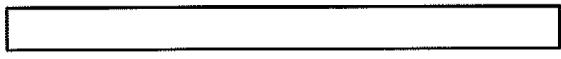
Date (mm/dd/yyyy)

12/12/2018

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager



Name of DOD Project Manager

[Redacted]

Date (mm/dd/yyyy)

[Redacted]

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select **only one** box)

a. Seasonal b. Peak load c. Intermittent d. One-time occurrence

2. Temporary need is: (select **only one** box)

a. Unpredictable b. Periodic c. Recurrent annually

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

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



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.dol.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
--	------

B. Temporary Need Information

1. Job Title * SOFTWARE DEVELOPER															
2. SOC (ONET/OES) code * 15-1132	3. SOC (ONET/OES) occupation title * SOFTWARE DEVELOPERS, APPLICATIONS														
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment 5. Begin Date * 10/24/2018 (mm/dd/yyyy) 6. End Date * 10/23/2021 (mm/dd/yyyy)														
7. Worker positions needed/basis for the visa classification supported by this application <table border="1"><tr><td>1</td><td>Total Worker Positions Being Requested for Certification *</td></tr></table> Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above) <table border="1"><tr><td>0</td><td>a. New employment *</td><td>0</td><td>d. New concurrent employment *</td></tr><tr><td>0</td><td>b. Continuation of previously approved employment * without change with the same employer</td><td>0</td><td>e. Change in employer *</td></tr><tr><td>0</td><td>c. Change in previously approved employment *</td><td>1</td><td>f. Amended petition *</td></tr></table>		1	Total Worker Positions Being Requested for Certification *	0	a. New employment *	0	d. New concurrent employment *	0	b. Continuation of previously approved employment * without change with the same employer	0	e. Change in employer *	0	c. Change in previously approved employment *	1	f. Amended petition *
1	Total Worker Positions Being Requested for Certification *														
0	a. New employment *	0	d. New concurrent employment *												
0	b. Continuation of previously approved employment * without change with the same employer	0	e. Change in employer *												
0	c. Change in previously approved employment *	1	f. Amended petition *												

C. Employer Information

1. Legal business name * SUMMITWORKS TECHNOLOGIES, INC.		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 50 CRAGWOOD ROAD		
4. Address 2 SUITE 113		
5. City * SOUTH PLAINFIELD	6. State * NJ	7. Postal code * 07080
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 9084584056	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 522301834	13. NAICS code (must be at least 4-digits) * 541511	



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

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) *
GOSWAMI	ANUPAM	N/A
4. Contact's job title * VICE PRESIDENT		
5. Address 1 * 50 CRAGWOOD ROAD		
6. Address 2 SUITE 113		
7. City * SOUTH PLAINFIELD	8. State * NJ	9. Postal code * 07080
10. Country * UNITED STATES OF AMERICA		
12. Telephone number * 9084584056	13. Extension N/A	14. E-Mail address ANUPAM@SUMMITWORKS.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 § ALLEN	3. First (given) name § THOMAS	4. Middle name(s) § V.
5. Address 1 § 50 CRAGWOOD ROAD		
6. Address 2 SUITE 100		
7. City § SOUTH PLAINFIELD	8. State § NJ	9. Postal code § 07080
10. Country § UNITED STATES OF AMERICA		
12. Telephone number § 7328327978	13. Extension N/A	14. E-Mail address ICERT@THOMASVALLEN.COM
15. Law firm/Business name § LAW OFFICE OF THOMAS V. ALLEN		16. Law firm/Business FEIN § 460653611
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good standing (only if attorney) § NY
19. Name of the highest court where attorney is in good standing (only if attorney) § APPELLATE COURT		



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

F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>60000.00</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
To: \$ <u>N/A</u>	

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 * 3760 W 108TH STREET	2. Address 2
3. City * HIALEAH GARDENS	4. County * MIAMI-DADE
5. State/District/Territory * FL	6. Postal code * 33018

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 * <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>58261.00</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 * 2018	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
--	---



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

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 checked="" type="checkbox"/> Yes <input 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 I.1 and/or I.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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> 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 * GOSWAMI	2. First (given) name of hiring or designated official * ANUPAM	3. Middle initial * N/A
4. Hiring or designated official title * VICE PRESIDENT		
5. Signature *	6. Date signed * 12/12/2018	



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

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 10/24/2018 to 10/23/2021.

Certifying Officer
Department of Labor, Office of Foreign Labor Certification

10/22/2018

Determination Date (date signed)

I-200-18289-336521

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.**



November 30, 2018

U.S. Citizenship and Immigration Services
Vermont Service Center
ATTN: H-1B Amendment
75 Lower Welden Street
St. Albans, VT 05479-0001

Re: GONABOYINA, Naga Venkata Someswara Rao (Beneficiary)

Dear Sir/Madam:

This letter is being written in support of our petition to classify the above Alien under the H-1B (Specialty Occupation) category pursuant to Immigration and Nationality Act Sec.101(a)(15)(H)(i). The Alien beneficiary, Mr. Naga Venkata Someswara Rao Gonaboyina is offered the professional position of a "Software Developer" with our organization for a temporary period.

THE PETITIONER

Summitworks Technologies Inc., is an Information Technology Company, which provides a full range of Custom Software development and Information Technology Support Services, Product delivery & implementation, Knowledge Process Outsourcing (KPO), and Off-shore Staffing and placement solutions. Summitworks with trademark iAcceleration™ software development methodology, employs advanced software development techniques that transparently manage the complexities of global delivery engagements.

Summitworks strategic iAcceleration™ Dedicated Offshore Development Center of Excellence (CoE) Workforce solutions provide our clients a reliable strategic global sourcing business partnership that delivers the competitive advantages of a global infrastructure and a dedicated offshore -client development specific- center of excellence workforce that extends and accelerates their domestic development and delivery capabilities in a stable and reliable production environment.

Summitworks enterprise grade software services for government & non-profits range from strategy to systems integration, helping organizations manage information of every kind. Summitworks extensive experience in the domain leads to reduced costs, improved service and increased insight by making enterprise information and applications available in real time to all stakeholders. Summitworks develops and implements custom applications in the Logistics industry, including Air, Ground & Oceanic shipping. Summit Professional Services Group leverages enterprise services and solutions across industries and horizontals to offer cutting edge business and technology-based IT services and solutions to Summit's clientele, which

includes legal services, health care, industrial manufacturers, real estate and private equity firms.

We offer the following range of enterprise services and solutions to meet varying customer

The Products we market are....

- **SummitBI**(www.summitBI.com)– Business Intelligence and Data Analytics Solution-
SummitBi is a cutting edge technology solution delivering the most comprehensive business intelligence in real time environments. It creates the most insightful reports with dynamic charts and graphs presenting the hidden information in the most obvious way. It connects, consolidates, transforms and extracts data from any source including MS SQL Server, My SQL, MS Access, Oracle, IBM DB2 or spreadsheets. SummitBI analyzes the data from highest precision to the bird's eye view. The product is a web based solution available on dedicated personal cloud or on-premise intranet implementation.
- **SummitAssign** (www.summitassign.com)– Asset Management Solution-
SummitAssign is a fixed asset allocation and tracking system. It manages the customers' hardware and software assets with precision. SummitAssign manages returns, repairs and salvage inventory up to date and keep track of all the service agreements and warranties within the system. It keeps an accurate accounting of all the software licenses and prevents any unauthorized product installations. It does not require any manual data entry, or use any mobile device to scan product barcode and auto fill the product information. This product is a web based solution available on dedicated personal cloud or on-premise intranet implementation.
- **HRsight** (www.HRsight.com)– Human Resource Management System- HRsight is a scalable and secured HR information management system incorporating the typical workflows including new hires, compensation management, time and attendance management, benefit management and talent management. The information architecture is developed by highly experienced professionals of the trade and keeping in mind common user base. The role based application is not only secured to handle the sensitive HR information but facilitates the users with appropriate and contextual window of information for faster and informed decision making. The product is a web based solution available on dedicated personal cloud or on-premise intranet implementation.

SummitWorks integrates its products and services to create customized solutions which allow clients to undertake technology-based business transformation that permits reorganization in line with today's dynamic digital business environment. Summitworks is involved in the implementation of various projects for the clients including Christian Motorcyclists Association, Grady Management, Inc., IMSHealth | Alphaimpact Rx., Flash Global Logistics, Services by Air, Inc., DeWayne's Quality Metal Coating, Tropical Cheese Industries, Inc., Louis Vuitton, RMF Engineering, and Congoleum Corporation.

Our continuous success will depend, to a large extent, on our ability to remain in the forefront of developments in the field of information technology. At present we have identified the need to employ the alien beneficiary as a “Software Developer”. It is our professional opinion that the position offered to the Beneficiary is a professional position, in a specialty occupation.

“A specialty occupation” is defined to mean an occupation that requires the application of theoretical and practical knowledge of highly specialized field(s) of study and attainment of a Bachelor’s or higher degree in the specific specialty(s) (or equivalent) as a minimum for entry into the occupation in the United States. It is our staunch opinion that the position offered qualifies as a specialty occupation as defined in 8 C.F.R Section 214.2(h) (1) (ii) (b) (1).

THE JOB DUTIES OF A SOFTWARE DEVELOPER

In the position of a Software Developer, Mr. Gonaboyina will be involved in the design, testing, and implementation of software systems and applications. He may design and develop both packaged and systems software, including relational databases, or is involved in creating custom software applications for clients. In this position, he will evaluate user requests for new or modified programs to determine feasibility, cost and time required, compatibility with existing systems, and computer capabilities.

Mr. Gonaboyina will consult with the specified personnel to identify current operating procedures and clarify program objectives. He will read manuals, periodicals and technical reports to learn ways to develop programs that meet user requirements. He will formulate a plan outlining steps required to develop the program, using structured analysis and design. He will prepare flowcharts and diagrams to illustrate the sequence of steps that a program must follow and to describe the logical operations involved. He will convert project specifications using flowcharts and diagrams into sequences of detailed instructions and logical steps for coding into language processable by computer, applying knowledge of computer programming techniques and computer languages. He will enter program codes into the computer system, and enter commands into the computer to test and run the program.

The Software Developer will appropriately apportion his time to various aspects of his work, depending upon the needs of the particular application or project. The specific duties of such a position include the following:

- Analyze communications, information and programming requirements of clients, plan, develop, and design computer systems.
- They are required to test the designed system to ensure that it runs error free to the extent technically possible, within the constraints of time, money and available technology.
- They are required to modify existing software and hardware to make it compatible with newer system being designed.
- They are required to re-engineer software package to meet specific requirements.

This pre-supposes a Software Developer has substantial theoretical insight into the methodology, the architecture of advanced computer language, without destroying the logical integrity of the language or the application package.

THE JOB DUTIES OF A SOFTWARE DEVELOPER ARE BROKEN DOWN BY PERCENTAGE OF TIME IN THE FOLLOWING MANNER:

The Software Developer will appropriately apportion his time to various aspects of his work, depending upon the needs of the particular application or project. The specific duties of such a position include the following:

- Working on Bitbucket git repository to enforce the project workflow. -20%
 - Uses commands to pull, push or cloning of the code to the repository.
 - Uses access control to restrict the repository access to specific users.
- Responsible for building the web application using .Net, ASP.Net, MVC, Entity Framework, HTML, CSS, Javascript, Jquery and Ajax. -20%
 - Responsible for creating the pages using HTMIL, CSS, Javascript, Jquery and Ajax
 - Responsible in writing the server side code using .Net, ASP .Net, MVC.
 - Used Entity framework as an interface between client side and server side technologies.
- Used SQL Server database for storing and manipulating the data. -10%
 - Worked on relational database concepts.
 - Performed CRUD operations on database using SQL queries.
- Collaborating the team members with agile methodologies. -10%
 - Having daily stand-up meetings to have a track on the day to day activities.
 - Having sprint meetings to complete the project tasks in time.
- Involved in gathering business requirements and wrote functional specifications and detailed design documents. -10%
 - Having regular meetings with the client to understand the business requirement.
 - Designed the high level and low level documents as per the business requirement.
- Responsible for developing the web services like WCF. -10%
 - Creating the web services and end points using WCF.
 - Consuming the WCF services in different web applications.
- Responsible for diagnosing and resolving the application issues. -10%
 - Responsible for receiving incidents and request from end users.
 - Analyzing the request and either responding to the end user with a solution or escalating to other IT teams
- Played a key role during production deployments. -10%
 - Involved in designing, building, testing and deploying the new software in the new environment.
 - Played a key role to test the integrity of live environment by deploying the correct releases.
 - Involved the application up and running properly in its environment.

THE WORK ITINERARY AND SALARY OF THE BENEFICIARY:

The Beneficiary will be working from the Hialeah Gardens, FL offices of the Petitioner's client, KLX Aerospace Solutions, from 9:00 am to 6:00 pm Monday through Friday, with an hour off for lunch, to perform duties as described above.

The Beneficiary will be paid a salary of \$60,000.00 per year and other benefits including medical and insurance benefits.

QUALIFICATIONS OF A SOFTWARE DEVELOPER:

Given the nature of our company's business, in particular the range of activities in which our clients are engaged in, we require Software Developers to perform specialized job duties.

The nature of duties performed by professionals in the diversified and specified field, determine or classify them as "Software Developers".

In order to satisfactorily perform these duties, it is required by the U.S. Department of Labor, that an individual should possess in the least a bachelor's degree in Computer Science or a closely related field with additional experience in practical application or theoretical knowledge of computer science or a specialized field of study with substantial training and / or experience in designing and implementing computer based models and solutions to practical and technical problems in terms of 8 C.F.R. Sec 214 2(h) (1) (ii) (B) (1).

BENEFICIARY'S QUALIFICATIONS:

Upon careful scrutiny of the alien Beneficiary's educational credentials, we have concluded that he is ideally suited to work for our organization as a Software Developer. In particular, the Beneficiary has the following educational qualifications:

- *Degree of Master of Science from Wright State University, OH, United States of America in the year 2016;*
- *Degree of Bachelor of Technology from Jawaharlal Nehru Technological University, Kakinada, Andhra Pradesh, India in the year 2014;*

In addition to that, he has several years of experience in the field of Information Technology.

Copies of the Beneficiary's educational degrees along with the transcripts are attached. It is submitted that the Beneficiary has the request theoretical knowledge and practical skills in the fields of computer and other computational methodologies in order to perform the duties of a Software Developer.

The position offered to Mr. Gonaboyina is of a temporary nature for the period from December 18, 2018 to August 14, 2021. He is informed of the temporary nature of the position and he will be returning to his native country thereafter unless either his status is extended or he obtains permanent residence, if he desires to do so.

EMPLOYER – EMPLOYEE RELATIONSHIP:

Mr. Gonaboyina's employment will be controlled by SummitWorks Technologies, Inc. Specifically, SummitWorks Technologies, Inc., will supervise the activities of Mr. Gonaboyina by means of a project manager employed by SummitWorks Technologies, Inc.. The below described factors further confirm that SummitWorks Technologies, Inc., will be the employer of Mr. Gonaboyina in as much as SummitWorks Technologies, Inc., will control the manner and means by which Mr. Gonaboyina performs the services.

Please find that the petitioner will, at all times, maintain a valid employer-employee relationship with Beneficiary. In a 2010 Memorandum, Associate Director of Service Center Operations, Donald Neufeld provided guidance on determining the Employer-Employee Relationship for Adjudication of H-1B Petitions. (*See HQ 70/6.2.8, AD 10-24*). Specifically, according to the Memorandum, an employer who seeks to sponsor a temporary worker in the H-1B Specialty Occupation is required to establish a valid employer-employee relationship as understood by common-law agency doctrine. *Id.* The common law test required that all incidents of the relationship be assessed and weighed with no one factor being decisive. *Id.*

The Supreme Court has stated:

We consider the hiring party's right to Control the manner and means by which the product is accomplished. Among the other factors relevant to this inquiry are the skill required; the source of the instrumentalities and tools; and the location of the work; the duration of the relationship between the parties; whether the hiring party has the right to assign additional projects to the hired party, the extent of the hired party's discretion over when and how long to work; the method of payment; the hired party's role in hiring and paying assistants', whether the work is part of the regular business of employee benefits; and the tax treatment of the hired party. *Id.*

- SummitWorks Technologies, Inc., exercises their authority to appraise performance, promote, demote, transfer laterally, approve authorization for leave absence or terminate Mr. Gonaboyina's employment.
- SummitWorks Technologies, Inc., treats Mr. Gonaboyina as its employee in its business and personnel records, including USCIS Form I-9.
- SummitWorks Technologies, Inc., issues Mr. Gonaboyina regular paychecks and required tax reporting forms (including W-2).
- SummitWorks Technologies, Inc., is responsible for the Worker's Compensation

coverage and liability insurance coverage for any error and omission with respect to the services provided by Mr. Gonaboyina, at our site.

- SummitWorks Technologies, Inc., offers employee benefits (such as health insurance, sick leave and vacation, etc.) to Mr. Gonaboyina.
- SummitWorks Technologies, Inc., has the right to assign additional work to Mr. Gonaboyina and/or to change the work assignment.
- SummitWorks Technologies, Inc., makes employer contributions and withholds and will pay employee contributions on behalf of Mr. Gonaboyina for Federal income tax purposes.
- SummitWorks Technologies, Inc., solicits regular feedback from the project manager about the work product of Mr. Gonaboyina, and will include that feedback in regular performance evaluations for Mr. Gonaboyina.
- Mr. Gonaboyina is required to communicate on a regular basis with SummitWorks Technologies, Inc., in terms of hours worked, status of assignment, performance feedback, and similar matters through regular communication (phone calls and e-mails) to the project manager.

CONCLUSION:

In the light of the above, we submit that the alien Beneficiary is a highly knowledgeable and skilled professional in the field of information technology. In as much as the Beneficiary is a professional in the field of information technology and the offered position is a specialty occupation, we submit that our petition is proper under the regulation and the statute.

Please note that our company is not a "United States Agent" within the meaning of 8 C.F.R. §214.2(h)(2)(i)(F). Our employees are guaranteed employment, are paid a salary and are provided corporate benefits. We also deduct Social Security taxes and other Federal and State taxes, and issue our employees W-2 statements at the end of the year.

Hence, we request you to approve our petition to classify the above Beneficiary as a temporary worker (Specialty Occupation).

Thank you for your attention to this matter.

Sincerely,



Anupam Goswami
Executive Vice President