

H-2B Application for Temporary Employment Certification
 Form ETA-9142B
 U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at the Office of Foreign Labor Certification's website at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. H-2B Application Visa Cap Estimates

1. Of the total number of H-2B workers requested under Section B Item 4 of this application, estimate the number of H-2B workers the employer anticipates will be cap-subject and cap-exempt from the H-2B numerical visa cap.*	a. Cap-Subject	4
	b. Cap-Exempt	0

B. Temporary Need Information

1. Job Title* Short Order Cook		
2. SOC Code* 35-2014.00	3. SOC Occupation Title* Cooks, Restaurant	
4. Number of Workers* 4	5. Begin Date* (mm/dd/yyyy) 1/5/2025	6. End Date* (mm/dd/yyyy) 7/31/2025
7. Nature of Temporary Need (Choose only one)* <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent		
8. Statement of Temporary Need * (Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Please See Addendum		

C. Employer Information

1. Legal Business Name* Louisiana Crazy Cajun, LLC		
2. Trade Name/Doing Business As (DBA), if applicable § Crazy Cajun Beaumont		
3. Address 1* 2310 N. 11th Street		
4. Address 2 (apartment/suite/floor and number) § Mailing: P.O. Box 469 Iota, LA 70543		
5. City* Beaumont	6. State* Texas	7. Postal Code* 77703
8. Country* United States Of America		9. Province §
10. Telephone Number* +1 (337) 466-5630		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)*		13. NAICS Code* 72251

D. Employer Point of Contact Information

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* McDaniel	2. First (given) Name* Jon	3. Middle Name(s) §
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4. Contact's Job Title * President		
5. Address 1 * 2310 N. 11th Street		
6. Address 2 (apartment/suite/floor and number) § Mailing: P.O. Box 469 Iota, LA 70543		
7. City * Beaumont	8. State * Texas	9. Postal Code * 77703
10. Country * United States Of America		11. Province §
12. Telephone Number * +1 (337) 466-5630	13. Extension §	14. Business Email Address * csolutions123@aol.com

E. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Kenefick	3. First (given) Name § Devon	4. Middle Name(s) §	
5. Address 1 § 190 James River Road			
6. Address 2 (apartment/suite/floor and number) § Mailing: PO Box 868 Scottsville, VA 24590			
7. City § Scottsville	8. State § Virginia	9. Postal Code § 24590	
10. Country § United States Of America		11. Province §	
12. Telephone Number § +1 (434) 998-1102	13. Extension §	14. Law Firm/Business Email Address § devon@vkattorneys.us	
15. Law Firm/Business Name § Voors & Kenefick, P.C.		16. Law Firm/Business FEIN § [REDACTED]	

If "Attorney" is marked in question E.1, complete questions 17 to 19 below.

17. State Bar Number(s) § 94835	18. State of highest court where attorney is in good standing § Virginia
19. Name of the highest state court where attorney is in good standing § Supreme Court of Virginia	

If "Agent" is marked in question E.1, complete questions 20 and 21 below.

20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. Is a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform attached to this application? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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F. Employment and Wage Information

a. Job Opportunity and Minimum Requirements

1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
2. Name of the State * Texas		3. Date Job Order Submitted * 10/22/2024							
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> Prepare food items (including crawfish, shrimp, potatoes, and corn on the cob) for cooking, grilling, frying, broiling, boiling, etc. Clean and prepare food items by grading, boiling, weighing, and sacking. No chopping or cutting of food items is required in preparation of serving them to customers. Maintain a clean work area by cleaning and sanitizing all surfaces (tables, counters, and floors), and remove all debris and trash from work area.									
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *		6. Hourly work schedule *							
35	a. Total Hours	7	c. Monday	7	e. Wednesday	7	g. Friday	a. <u>8</u> : <u>00</u>	<input checked="" type="checkbox"/> AM
0	b. Sunday	7	d. Tuesday	7	f. Thursday	0	h. Saturday	b. <u>11</u> : <u>00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
7. Education: minimum U.S. diploma/degree required. *									
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)									
8. Training: number of months required. *			0		9. Work Experience: number of months required. *			3	
10. Supervision: does this position supervise the work of other employees? *				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10a. If "Yes" to question 10, enter the number of employees worker will supervise. \$			
11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Must lift/carry 65 lbs., when necessary. Saturday and Sunday work required, when necessary.									

b. Place of Employment and Wage Information

1. Worksite Address * 2310 N. 11th Street		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Beaumont	4. State * Texas	5. Postal Code * 77703

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6. County * Jefferson	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Beaumont-Port Arthur, TX
8a. Basic Wage Rate Paid * From: \$ <u>14</u> . <u>20</u> To: \$ _____ . _____	8b. Per (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate
8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8d. Wage Rate Range for Overtime Pay § From: \$ <u>21</u> . <u>30</u> To: \$ _____ . _____	
9. Additional conditions about the wage rate to be paid at any work locations § Raises and/or bonuses may be offered to any worker in the specified occupation (see job order)	
DOL Prevailing Wage Determination (PWD) Information	
10. 1st PWD Case Number * P-400-24212-231524	10a. 2nd PWD Case Number §
10b. 3rd PWD Case Number §	
11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. §	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

c. Additional Place of Employment and Wage Information

1. Will work be performed at worksite locations other than the one identified in Section F.b.? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

d. Other Material Terms and Conditions of the Job Offer

1. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
2. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
5. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * Please See Addendum	

e. Recruitment Information

1. Telephone Number to Apply * +1 (337) 466-5630	2. Email Address to Apply * csolutions123@aol.com
3. Website address (URL) to Apply * N/A	

G. Other Supporting Documentation

1. Type of Employer Application (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Joint Employer (e.g., Job Contractor)
2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

If "Joint Employer" (e.g. Job Contractor) is marked in question G.1, complete questions 3 and 4 below.

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3. Indicate whether a completed Appendix D identifying the joint employer (or employer-client for a job contractor) has been included. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If a job contractor, indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Foreign Labor Recruiter Information	
5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Indicate whether a completed Appendix C providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

H. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix B will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix B and have attached a signed and dated copy of Appendix B with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the joint employer (e.g. <u>employer-client for a job contractor</u>) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix B and has attached a <u>separate</u> signed and dated copy of Appendix B with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

I. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or Section E (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

For public burden statement information, please see Form ETA-9142B General Instructions.

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ADDENDUM

Section B.8: Statement of Temporary Need

ADDENDUM FOR SECTION B.8: STATEMENT OF TEMPORARY NEED

LOUISIANA CRAZY CAJUN, LLC DBA CRAZY CAJUN BEAUMONT IS A CREOLE-BASED RESTAURANT IN BEAUMONT, TEXAS THAT SERVES LOUISIANA-STYLE SEAFOOD DISHES. WE ARE OPEN FOR BUSINESS YEAR-ROUND BUT REQUIRE TEMPORARY WORKERS ON A PEAK-LOAD BASIS COMMENSURATE WITH THE LOCAL DEMAND FOR OUR SERVICES. BEAUMONT IS LOCATED IN THE SOUTHEASTERN PART OF TEXAS AND ITS CRAWFISH SEASON TYPICALLY RUNS FROM LATE FALL THROUGH THE END OF THE SUBSEQUENT JULY. MOST OF OUR FOOD SALES DURING OUR PEAK SEASON COME FROM CRAWFISH-BASED DISHES. OUR PEAK LOAD NEED IS TEMPORARY IN NATURE AND OCCURS FROM LATE FALL THROUGH THE END OF THE SUBSEQUENT JULY, COMMENSURATE WITH THE CRAWFISH SEASON IN THE AREA OF INTENDED EMPLOYMENT. WHILE WE OPERATE YEAR-ROUND, WE PRIMARILY SERVE FOOD TYPES OTHER THAN CRAWFISH DURING THE OFF-SEASON, BUT OUR SALES SUBSTANTIALLY INCREASE WHEN CRAWFISH IS IN SEASON AND THAT IS OUR PRIMARY OFFERING. WE REGULARLY EMPLOY SHORT ORDER COOKS TO PERFORM THE SERVICES OR LABOR AT THE PLACE OF EMPLOYMENT, AND THESE EMPLOYEES ENGAGE IN THE SAME TASKS AS THE REQUESTED TEMPORARY H-2B WORKERS. WE ARE REQUESTING TEMPORARY SHORT ORDER COOKS TO SUPPLEMENT OUR PERMANENT STAFF OF SHORT ORDER COOKS ON A PEAK LOAD BASIS, WHEN CRAWFISH ARE NO LONGER IN SEASON IN THIS AREA OF TEXAS, OUR NEED FOR TEMPORARY SHORT ORDER COOKS ENDS, AS DEMAND FOR THIS TYPE OF FOOD, AND THE AVAILABILITY OF CRAWFISH (OUR PRIMARY OFFERING DURING PEAK SEASON) SIGNIFICANTLY DIMINISHES. OUR STAFF OF PERMANENT SHORT ORDER COOKS CAN MANAGE THE WORKLOAD DURING THE OFF-SEASON SINCE THE DEMAND LESSENS DRAMATICALLY. WE ARE REQUESTING FOUR (4) TEMPORARY, FULL-TIME SHORT ORDER COOKS TO PERFORM THESE TASKS FROM JANUARY THROUGH JULY 2025, OUR TYPICAL SEASON STARTS IN NOVEMBER, BUT WE WERE LATE GETTING THIS APPLICATION FILED. WE AIM TO FILE FOR OUR NORMAL SEASON AGAIN IN LATE 2025. WE REQUIRE FOUR (4) TEMPORARY, FULL-TIME SHORT ORDER COOKS TO ASSIST WITH THE DEMAND FOR PREPARING THIS FOOD AT OUR RESTAURANT DURING OUR PEAK SEASON. IF YOU HAVE ANY QUESTIONS REGARDING THE NATURE OF THIS NEED, PLEASE CONTACT OUR ATTORNEY AT DEVON@VKATTORNEYS.US.

SINCERELY,
JON MCDANIEL, PRESIDENT
LOUISIANA CRAZY CAJUN, LLC DBA CRAZY CAJUN BEAUMONT

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ADDENDUM
Section F.d.6: Deductions from Pay

ADDENDUM FOR SECTION F.D.6: DEDUCTIONS FROM PAY

EMPLOYER MAKES ALL PAYROLL DEDUCTIONS REQUIRED BY LAW. EMPLOYER DOES NOT ENVISION OTHER WORKFORCE-WIDE PAYROLL DEDUCTIONS. EMPLOYER ASSISTS NON-LOCAL WORKERS TO SECURE WORKER-PAID LODGING, IF NECESSARY, RENTAL PAYMENTS ARE PAID BY WORKERS DIRECTLY TO PROPERTY OWNER AND ARE NOT PAYROLL DEDUCTED, EMPLOYER WILL PROVIDE WITHOUT CHARGE COMPANY-SPECIFIC UNIFORM, AS APPLICABLE, AND ALL TOOLS, SUPPLIES AND EQUIPMENT NECESSARY TO PERFORM DUTIES ASSIGNED.



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Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Guerrero Tovar	Arminda	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Silva Salas	Adria Graciela	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ensenada	Baja California	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Aviles Leon	Karen Sarahi	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Mexicali	Baja California	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Reyes Leon	Michelle	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ensenada	Baja California	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cooper	Gideon	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Austin	TEXAS	78733
8. Country *	9. Province §	
UNITED STATES OF AMERICA		

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

FOR DEPARTMENT OF LABOR USE ONLY



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Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hock	Lydia	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Austin	TEXAS	78733
8. Country *	9. Province §	
UNITED STATES OF AMERICA		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hock	Robert	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Austin	TEXAS	78733
8. Country *	9. Province §	
UNITED STATES OF AMERICA		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Vazquez Soto	Janeth Berenice	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad de Mexico	Mexico	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Moreno Santos	Luis Roberto	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	Baja California	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cordova Aguilera	Erika Judith	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	Baja California	
8. Country *	9. Province §	
MEXICO		

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ramirez Gutierrez	Jazmin	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	Baja California	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Osuna Zapien	Rocio del Carmen	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	Baja California	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Sanchez Mendez	Carlos Eduardo	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez Chable	Yadira del Carmen	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lopez Caraveo	Julissa Fernanda	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
v	Tabasco	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY



H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Guzman Silvan	Cristi Vanessa	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Martinez Guzman	Kathya Alejandra	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Caballero Jimenez	Eunice Lucia	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Trinidad de la Cruz	Maritza del Carmen	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Castro Peche	Ita Mar	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY



H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez Perez	Yocelin	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Alvarado Hernandez	Luis Emilio	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Dimas Lopez	Virginia	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	Tabasco	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lara Garcia	Miguel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
de la Cruz Garza	Omar Alejandro	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY



H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Diaz Jimenez	Leonardo	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lozano Berlanga	Obed	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Maldonado Martinez	Donato Ivan	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Azocar de la Cruz	Victoria Barbarita	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Duran Luna	Martin	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	Nuevo Leon	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Jimenez	Genesis Joselin	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cobales Chan	Jose Gabriel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Betancourt Clemente	Aileen Nicole	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Zarate	Estibalis Abigail	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Gonzalez Martinez	Silvia Daniela	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Garcia Hernandez	Beatriz	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lopez Rocha	Claudia Itzel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cano Rodriguez	Hugo Alberto	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Romero Juarez	Carlos	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ruiz Barron	Susana Estefania	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Guillen Guevara	Fernando Antonio	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Perez Cardozo	Jesus Geronimo	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MACEDONIA		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Molina Mendoza	Cynthia Yazmin	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Gomez Hernandez	Cristina Ibeth	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Madrazo Bustos	Carlos Alberto	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lara Mata	Jose Angel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez Hernandez	Rene Abdiel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Izquierdo Gonzalez	Guadalupe	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Maldonado Sanchez	Sharon Sthepani	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Hernandez	Elizabeth	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Jaime Gomez	Daniel Alejandro	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Perales Martinez	Rosa Isela	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ramirez Santos	Enrique de Jesus	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Nunez Anaya	Perla Yesenia	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cervantes Castillo	Adriana	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY



H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Mendez Trejo	Ana Luisa	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Loredo Perez	Candelaria Veronica	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ruiz Paz	Luis Ernesto	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Romero Hernandez	Karla Eloisa	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Medina Hernandez	Carmen Alejandra	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY



H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Pereolio	Mario Eduardo	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lopez Sanchez	Evelyn	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Munoz Cruz	Estrella Lucero	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Jaime Martinez	Asael Eliud	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Aguilar Trejo	Irving	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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FOR DEPARTMENT OF LABOR USE ONLY



H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Villarreal Avila	Jose	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Salazar Valdez	Arturo	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Camacho Korrodi	Samir Enrique	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Garcia Gonzalez	Danira Selene	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lira Ramirez	Walter Adrian	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
 U.S. Department of Labor

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this H-2B Application for Temporary Employment Certification, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Reyes Encinia	Brenda Beatriz	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Villarreal Montano	Gabriel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Nunez Diaz	Laura Alicia	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez Castillo	Adriana	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Acuna Banda	Luis Angel	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Public Burden Statement (1205-0509)

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H-2B Application for Temporary Employment Certification
 Form ETA-9142B – Appendix C
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Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Juarez Castillo	Lorena	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Gomez Jaimes	Alejandro	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez Castillo	Carmela	
4. Name of Employer/Recruiting Organization *		
Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	Tamaulipas	
8. Country *	9. Province §	
MEXICO		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Public Burden Statement (1205-0509)

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