

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	6
	b. Cap-Exempt	0

**B. Temporary Need Information**

1. Job Title* Landscape Laborer		
2. SOC Code* 37-3011.00	3. SOC Occupation Title* Landscaping and Groundskeeping Workers	
4. Number of Workers* 6	5. Begin Date* (mm/dd/yyyy) 3/25/2025	6. End Date* (mm/dd/yyyy) 12/30/2025
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.) H2B-REG-00016480		

**C. Employer Information**

1. Legal Business Name* Riepenhoff Landscape, Ltd.		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1* 3872 Scioto Darby Creek RD		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Hilliard	6. State* Ohio	7. Postal Code* 43026
8. Country* United States Of America		9. Province §
10. Telephone Number* +1 (614) 876-4683		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)* [REDACTED]		13. NAICS Code* 56173

**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* Purcell	2. First (given) Name* Ellen	3. Middle Name(s) §
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4. Contact's Job Title * Vice President		
5. Address 1 * 3872 Scioto Darby Creek RD		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Hilliard	8. State * Ohio	9. Postal Code * 43026
10. Country * United States Of America		11. Province §
12. Telephone Number * +1 (614) 876-4683	13. Extension §	14. Business Email Address * info@riepehofflandscape.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 type="checkbox"/> Attorney <input checked="" type="checkbox"/> Agent <input type="checkbox"/> None
2. Attorney or Agent's Last (family) Name § Ruis	3. First (given) Name § Jodi	4. Middle Name(s) §
5. Address 1 § 400 Preston Ave, Suite 300		
6. Address 2 (apartment/suite/floor and number) §		
7. City § Charlottesville	8. State § Virginia	9. Postal Code § 22903
10. Country § United States Of America		11. Province §
12. Telephone Number § +1 (434) 263-4300	13. Extension §	14. Law Firm/Business Email Address § Kanne1069@maslabor.com
15. Law Firm/Business Name § MAS Labor H2B, LLC		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) §	18. State of highest court where attorney is in good standing §
19. Name of the highest state court where attorney is in good standing §	

**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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 * Ohio		3. Date Job Order Submitted * 12/26/2024			
4. Job Duties – Description of the specific services or labor to be performed. * (All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Landscape or maintain grounds of property using hand or power tools or equipment. Workers typically perform a variety of tasks, which may include any combination of the following: sod laying, mowing, mulching, trimming, planting, watering, fertilizing, digging, raking, maintain irrigation systems, sprinkler installation, and installation of mortarless segmental concrete masonry wall units. Entry level, requires supervision.					
5. Anticipated days and hours of work per week (an entry is required for each box below) *		6. Hourly work schedule *			
40	a. Total Hours 8	c. Monday 8	e. Wednesday 8	g. Friday	a. 7 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
0	b. Sunday 8	d. Tuesday 8	f. Thursday 0	h. Saturday	b. 4 : 00 <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. *		0
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. * Please See Addendum					

**b. Place of Employment and Wage Information**

1. Worksite Address * 3872 Scioto Darby Creek RD		
2. Worksite Address § (apartment/suite/floor and number)		
3. City * Hilliard	4. State * Ohio	5. Postal Code * 43206

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6. County * Franklin		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Columbus, OH	
8a. Basic Wage Rate Paid * From: \$ 18 . 39 To: \$ 18 . 39		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: \$ 27 . 59 To: \$ 27 . 59			
9. Additional conditions about the wage rate to be paid at any work locations \$ Raises and/or bonuses may be offered based on individual factors including work performance, skill, and tenure.			
<b>DOL Prevailing Wage Determination (PWD) Information</b>			
10. 1st PWD Case Number * P-400-24260-340158		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If "Yes" is marked in question F.c.1, indicate whether a completed <b>Appendix A</b> is attached to this application. \$	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**d. Other Material Terms and Conditions of the Job Offer**

1. <b>Daily Transportation:</b> 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. <b>On-the-Job Training Available:</b> Workers will be provided with on-the-job training to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
3. <b>Employer-Provided Tools and Equipment:</b> 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. <b>Board, Lodging, or Other Facilities:</b> 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. <b>Deductions From Pay:</b> State all deduction(s) from pay and, if known, the amount(s). * Please See Addendum	

**e. Recruitment Information**

1. Telephone Number to Apply * +1 (614) 205-7707	2. Email Address to Apply * N/A
3. Website address (URL) to Apply * ohiomeansjobs.com	

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

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3. Indicate whether a completed <b>Appendix D</b> 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
<b>Foreign Labor Recruiter Information</b>	
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 <b>Appendix C</b> 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 <b>Appendix B</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 <b>Appendix B</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 § Kanney	2. First (given) Name § Jessica	3. Middle Initial §
4. Law Firm/Business FEIN § [REDACTED]	5. Law Firm/Business Name § MAS Labor H2B, LLC	
6. Law Firm/Business Email Address § Kanney1069@maslabor.com		

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

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**ADDENDUM**  
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

MUST LIFT/CARRY 50 LBS., WHEN NECESSARY. SATURDAY AND SUNDAY WORK REQUIRED, WHEN NECESSARY. EMPLOYER-PAID DRUG TESTING REQUIRED OF FOREIGN AND DOMESTIC WORKERS PRIOR TO COMMENCING WORK AND POST-HIRE AT RANDOM, UPON SUSPICION OF USE, AND POST-ACCIDENT. DRIVER'S LICENSE REQUIRED ONLY OF FOREIGN AND DOMESTIC WORKERS WHO DRIVE COMPANY VEHICLES (DRIVING IS NOT A REQUIREMENT OF ALL WORKERS IN THE POSITION). EMPLOYER MAY OFFER MORE THAN THE STATED WORK HOURS DEPENDING ON WEATHER, BUSINESS NEEDS, AND OTHER CONDITIONS. EXTREME HEAT, COLD, RAIN, OR DROUGHT MAY AFFECT EXACT WORKING HOURS.



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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. IF REQUESTED, EMPLOYER HELPS NON-LOCAL WORKERS SECURE OPTIONAL WORKER-PAID LODGING. EMPLOYER DEDUCTS REASONABLE FAIR MARKET VALUE COST OF RENT/UTILITIES BASED ON NUMBER OF OCCUPANTS FOR WORKERS ELECTING TO RESIDE IN EMPLOYER-ARRANGED HOUSING (COST TBD). VOLUNTARY ADVANCES AND/OR LOANS MADE TO WORKERS, IF ANY, MAY BE REPAYED BY PRE-AUTHORIZED PAYROLL DEDUCTIONS. EMPLOYER MAY DEDUCT RETIREMENT/SAVINGS PLAN CONTRIBUTIONS AND/OR HEALTH INSURANCE PREMIUMS FOR WORKERS VOLUNTARILY PARTICIPATING IN PLAN(S). WORKERS OFFERED 40 HRS PTO AFTER 1 YEAR OF EMPLOYMENT. EMPLOYER PROVIDES INCIDENTAL TRANSPORTATION BETWEEN WORKSITES AS NECESSARY. EMPLOYER MAY DEDUCT REASONABLE COSTS FOR DAILY TRANSPORTATION TO/FROM WORKSITE FROM DESIGNATED PICK-UP LOCATION. USE OF EMPLOYER-PROVIDED TRANSPORTATION IS VOLUNTARY.

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1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Multiple worksites within	OH	DELAWARE	COLUMBUS, OH	Various client worksites located within the county							Hour
Multiple worksites within	OH	FAIRFIELD	COLUMBUS, OH	Various client worksites located within the county							Hour
Multiple worksites within	OH	LICKING	COLUMBUS, OH	Various client worksites located within the county							Hour
Multiple worksites within	OH	MADISON	COLUMBUS, OH	Various client worksites located within the county							Hour
Multiple worksites within	OH	FRANKLIN	COLUMBUS, OH	Various client worksites located within the county							Hour

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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B	H-400-24361-571785	Full Certification	Determination Date: 01/21/2025	Validity Period: 3/25/2025 to 12/30/2025
H-2B Case Number:		Case Status:		





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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) §
Medellin Mata	Ximena del Carmen	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lira Ramirez	Walter Adrian	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Harrouch De Trejo	Sonia Judith	
4. Name of Employer/Recruiting Organization *		
Corporacion TH, S.A. DE C.V.		
5. City *	6. State *	7. Postal Code *
San Salvador	SAN SALVADOR	101010000T
8. Country *	9. Province §	
EL SALVADOR		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Palma Torres	Servio Tulio	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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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) §
León Reyes	Sara Cristina	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Camacho Korrodi	Samir Enrique	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
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 Arroni	Sabino Miguel	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Boca del Rio	VERACRUZ	94294
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Perales Martinez	Rosa Isela	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	BAJA CALIFORNIA	22000
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Case Status: Full Certification

Determination Date: 01/21/2025

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**Foreign Labor Recruiter Information 1**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hock	Rob	
4. Name of Employer/Recruiting Organization *		
H2 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) §
Hernández Hernández	René Abdiel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Cuellar	Perla Jazmin	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Sandoval Rodríguez	Patricia	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Zapopan	JALISCO	45018
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Camacho Hernandez	Osiris del Rosario	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64000
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Lozano Verlanga	Obed	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Vargas Salcedo	Nicolas Estaban	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64000
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Luna Rico	Michelly Andrea	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ensenada	BAJA CALIFORNIA	22766
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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025





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) §
Trinidad de la Cruz	Maritza del Carmen	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
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 Bolio	Mario Eduardo	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Castillo Ruiz	Marcos Magdiel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hock	Lydia	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Austin	TEXAS	78733
8. Country *	9. Province §	
UNITED STATES OF AMERICA		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Moreno Santos	Luis Roberto	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	BAJA CALIFORNIA	22044
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Ruiz Paz	Luis Ernesto	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Soltero Hernández	Luis Armando	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Acuña Banda	Luis Angel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Juarez Castillo	Lorena	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025





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) §
Rodriguez Andrade	Leslie Leticia	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Boca del Rio	VERACRUZ	94294
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Diaz Jimenez	Leonardo	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Martinez Guzman	Kathya Alejandra	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Romero Hernandez	Karla Eloisa	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Aviles Leon	Karen Sarahi	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Nogales	SONORA	84094
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Mendoza Arteaga	Juliana Guadalupe	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Avilés	Juanita Yazmin	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
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 Castillo	Jose Santos	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64000
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cobales Chan	José Gabriel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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	José Ángel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Olvera Ramos	Jose	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Trejo Pineda	Jorge Luis	
4. Name of Employer/Recruiting Organization *		
Corporacion TH, S.A. DE C.V.		
5. City *	6. State *	7. Postal Code *
San Jose Villanueva	LA LIBERTAD	0000
8. Country *	9. Province §	
EL SALVADOR		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Trejo Harrouch	Jorge David	
4. Name of Employer/Recruiting Organization *		
Corporacion TH, S.A. DE C.V.		
5. City *	6. State *	7. Postal Code *
San Salvador	SAN SALVADOR	101010000T
8. Country *	9. Province §	
EL SALVADOR		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Perez Cardozo	Jesus Geronimo	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Delgado Dávila	Jehison Axel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ramirez Gutierrez	Jazmin	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	BAJA CALIFORNIA	22044
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Aguilar Trejo	Irving	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cano Rodriguez	Hugo Alberto	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Izquierdo González	Guadalupe	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**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 PP11 12-200 \* Washington, DC \* 20210 or by email to [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025





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) §
Cooper	Gideon	
4. Name of Employer/Recruiting Organization *		
H2 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) §
Alvarez Gutierrez	Gerardo	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Jimenez	Genesis Joselyn	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Gutiérrez Beltrán	Gabriela	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Zapopan	JALISCO	45018
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
García Rodríguez	Gabriel Michel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Zorilla	Gabriel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Villareal Montano	Gabriel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Bermudez Valverde	Fabiola	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Boca del Rio	VERACRUZ	94294
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cabellero Jimenez	Eunice Lucia	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Munoz Cruz	Estrella Lucero	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025





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) §
Cordova Aguilera	Erika Judith	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	BAJA CALIFORNIA	22044
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ramírez Santos	Enrique de Jesús	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cruz Hernández	Elizabeth	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Goudet Suarez	Eliany Jose	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Quezada Trejo	Eileen Raquel	
4. Name of Employer/Recruiting Organization *		
Corporacion TH, S.A. DE C.V.		
5. City *	6. State *	7. Postal Code *
San Salvador	SAN SALVADOR	101010000T
8. Country *	9. Province §	
EL SALVADOR		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Maldonado Martinez	Donato Ivan	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernández Pérez	Diana Lizeth	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Parra Juarez	Diana	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Boca del Rio	VERACRUZ	94294
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Martinez Alvarado	Denisse Marisol	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Beltrán Castillo	David Alexander	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Zapopan	JALISCO	45018
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Garcia Gonzalez	Danira Selene	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Sanchez Reyes	Daniela	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Mexicali	BAJA CALIFORNIA	21378
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Jaime Gómez	Daniel Alejandro	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
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 *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
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 Rocha	Claudia Itzel	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Medina Hernandez	Carmen Alejandra	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
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 Castillo	Carmela	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Sánchez Méndez	Carlos Eduardo	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Madrazo Bustos	Carlos Alberto	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Romero Juarez	Carlos	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025





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) §
Loredo Lopez	Candelaria Veronica	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ponce de León Aguilar	Brenda Idania	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
CDMX	CDMX	07870
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Reyes Encinia	Brenda Beatriz	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Blanco	Boris Jose	
4. Name of Employer/Recruiting Organization *		
Corporacion TH, S.A. DE C.V.		
5. City *	6. State *	7. Postal Code *
Santa Tecla	LA LIBERTAD	104010000T
8. Country *	9. Province §	
EL SALVADOR		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Garcia Hernandez	Beatriz	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Public Burden Statement (1205-0509)**

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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) §
Corona Cruz	Beatriz	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Puebla	PUEBLA	72570
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
García Rojas	Aymara Dougley Danmely	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Jaime Martinez	Asael Eliud	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Salazar Valdez	Arturo	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Guerrero Tovar	Arminda	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025





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) §
Trueba Hinojosa	Antonino	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ramos Salcedo	Angie Camila	
4. Name of Employer/Recruiting Organization *		
JMC Labor S.A. de C.V.		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64000
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Lepaje Lepaje	Ana Patricia	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Monterrey	NUEVO LEON	64490
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Espinoza Ramirez	Ana Dolores	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tijuana	BAJA CALIFORNIA	22044
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Gomez Jaimes	Alejandro	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

H-2B Case Number: H-400-24361-571785

Case Status: Full Certification

Determination Date: 01/21/2025

Validity Period: 3/25/2025 to 12/30/2025



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 Castillo	Adriana	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 2**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Cervantes Castillo	Adriana	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ciudad Mante	TAMAULIPAS	89868
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 3**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Silva Salas	Adria Graciela	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Ensenada	BAJA CALIFORNIA	22785
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 4**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Ortiz Martinez	Adamary	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Tampico	TAMAULIPAS	89130
8. Country *	9. Province §	
MEXICO		

**Foreign Labor Recruiter Information 5**

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Hernandez Perez	Yocelin	
4. Name of Employer/Recruiting Organization *		
H2 Labormex LLC		
5. City *	6. State *	7. Postal Code *
Villahermosa	TABASCO	86059
8. Country *	9. Province §	
MEXICO		

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Form ETA-9142B

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