

**KRAFTWARE, INC.
6623 NORTH 102ND AVENUE
OMAHA, NE 68122**

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



**ELECTRONIC FILING OF LABOR CONDITION APPLICATION
FOR THE H-1B NONIMMIGRANT VISA PROGRAM**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A.) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print out and sign a hardcopy of the electronically filed and certified LCA;
 - maintain a signed hardcopy of this LCA in my public access file;
 - submit a signed hardcopy of this LCA to the Immigration and Naturalization Service in support of the I-129, on the date of submission of the I-129; and
 - provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.
- Yes No

B.) I understand and agree that, by filing the LCA electronically, I am attesting that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

- Yes No

C.) I hereby choose one of the following options, with regard to the accompanying instructions:
 I choose to have the Form ETA-9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form;

or

I choose not to have the Form ETA-9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this Form.

FORM CERTIFIED



A. Program Designation

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

B. Employer's Information

I. Return Fax Number

2. Employer's Full Legal Name
KRAFTWARE, INC.

3. Employer's Address (Number and Street)
6623 NORTH 102ND AVENUE

4. Employer's City
OMAHA

State
NE Zip/Postal Code
68122

5. Employer's Address EIN Number
91-1822752

6. Employer's Phone Number
(402) 334-1250 Extension
101

C. Rate of Pay

1. Wage Rate (or Rate From) (Required):
\$60,000.00

2. Rate Up To (Optional):
\$0.00

3. Rate is Per:

Year Week
 Month Hour
 2 Weeks

4. Is this position part-time?

Yes
 No

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

D. Period Of Employment and Occupation Information

1. Begin Date
07/06/2007

3. Occupational Code

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

2. End Date
07/06/2010

5. Job Title
PROGRAMMER ANALYST

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

1. City
WOBURN

State
MA

2. Prevailing Wage
\$53,934.00

3. Wage is Per:

Year Week
 Month Hour
 2 Weeks

4. Wage Source

SEEA
 Collective Bargaining Agreement
 Other

5. Year Source Published
2007

6. Other Wage Source
OES/SOC WAGE

FORM CERTIFIED