

**IN THE SUPREME COURT FOR THE STATE OF NEVADA**

ABEL CÁNTARO CASTILLO,

Appellant,

vs.

WESTERN RANGE ASSOCIATION,

Respondent.

Electronically Filed  
Mar 27 2023 10:57 AM  
Elizabeth A. Brown  
Clerk of Supreme Court

**CASE NO. 85926**

U.S. District Court Case No.:  
3:16-cv-00237-RCJ-CLB

**APPELLANT'S APPENDIX VOLUME 3 OF 5**

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## **ALPHABETICAL INDEX**

DATE	DESCRIPTION	VOLUME	PAGES
10/31/2019	Answer to Second Amended Complaint, ECF No. 177	1	121-140
5/3/2016	Complaint, ECF No. 1	1	1-24
5/4/2022	Exhibits 1 through 7 to Plaintiff's Opposition to Defendant's Motion for Summary Judgment, ECF Nos. 307-1 through ECF 307-7	2	200-295
5/4/2022	Exhibits 8 through 10 to Plaintiff's Opposition to Defendant's Motion for Summary Judgment, ECF Nos. 307-8 through ECF 307-10	3	296-349
5/4/2022	Exhibits 11 through 17 to Plaintiff's Opposition to Defendant's Motion for Summary Judgment, ECF Nos. 307-11 through ECF 307-17	4	350-555
5/4/2022	Exhibits 18 through 38 to Plaintiff's Opposition to Defendant's Motion for Summary Judgment, ECF Nos. 307-18 through ECF 307-38	5	556-724
10/3/2016	First Amended Complaint, ECF No. 45	1	27-70
5/4/2022	Index of Exhibits to Plaintiff's Opposition to Defendant's Motion for Summary Judgment, ECF No. 307	2	195-199
2/10/2023	Order Accepting Certified Question and Directing Briefing and Payment of Filing Fee	5	761-762
1/5/2023	Order Certifying Question of Law to the Nevada Supreme Court, ECF No. 322	5	760

9/26/2022	Order on Summary Judgment and Class Certification, ECF No. 318	5	743-759
5/4/2022	Plaintiff's Opposition to Defendant's Motion for Summary Judgment, ECF No. 306	1	164-194
8/1/2016	Proof of Service of Summons and Complaint on Western Range Association, ECF No. 14	1	25-26
5/18/2022	Reply in Support of Western Range's Motion for Summary Judgment as to Counts One, Three, Four, Five and Nine of the Second Amended Complaint, ECF No. 310	5	725-742
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4/13/2022	Western Range Association's Motion for Summary Judgment as to Counts One, Three, Four, Five and Nine of the Second Amended Complaint, ECF No. 300	1	141-163

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5/4/2022	Exhibits 11 through 17 to Plaintiff's Opposition to Defendant's Motion or Summary Judgment, ECF Nos. 307-11 through ECF 307-17	4	350-555
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9/26/2022	Order on Summary Judgment and Class Certification, ECF No. 318	5	743-759
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2/10/2023	Order Accepting Certified Question and Directing Briefing and Payment of Filing Fee	5	761-762

# **EXHIBIT 8**

OMB Approval: 1205-0466  
 Expiration Date: 11/30/2011

Application for Temporary Employment Certification  
 ETA Form 9142  
 U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9142. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk ( \*) must be completed as well as any fields/items where a response is conditional as indicated by the section ( § ) symbol.

**A. Employment-Based Nonimmigrant Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): \* H-2A

**B. Temporary Need Information**

1. Job Title * SHEPHERDER					
2. SOC (ONET/OES) code * 45.2093	3. SOC (ONET/OES) occupation title * FARMWORKER, FARM AND RANCH ANIMALS				
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <th colspan="2">Period of Intended Employment</th> </tr> <tr> <td>5. Begin Date * 08/01/2011 (mm/dd/yyyy)</td> <td>6. End Date * 07/31/2012 (mm/dd/yyyy)</td> </tr> </table>	Period of Intended Employment		5. Begin Date * 08/01/2011 (mm/dd/yyyy)	6. End Date * 07/31/2012 (mm/dd/yyyy)
Period of Intended Employment					
5. Begin Date * 08/01/2011 (mm/dd/yyyy)	6. End Date * 07/31/2012 (mm/dd/yyyy)				

7. Worker positions needed/basis for the visa classification supported by this application

Total Worker Positions Being Requested for Certification \*

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

<input type="text" value="0"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *

8. Nature of Temporary Need: (Choose only one of the standards) \*

☒ Seasonal ☐ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

OTHER: WESTERN RANGE ASSOCIATION EMPLOYEES ARE NEEDED ON A YEAR ROUND BASIS

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### C. Employer Information

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
WESTERN RANGE ASSOCIATION		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 *		
1245 E. BRICKYARD ROAD, SUITE 190		
4. Address 2		
5. City *	6. State *	7. Postal code *
SALT LAKE CITY	UTAH	84106
8. Country *	9. Province	
USA		
10. Telephone number *	11. Extension	
801-486-2004		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]		
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
9	2,278,500.00	1953
17. Type of employer application (choose only one box below) *		
<input type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input checked="" type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
MELENDEZ	LEONORA	J
4. Contact's job title *		
LEGAL DOCUMENTS SPECIALIST		
5. Address 1 *		
1245 E. BRICKYARD ROAD, SUITE 190		
6. Address 2		
7. City *	8. State *	9. Postal code *
SALT LAKE CITY	UTAH	84106
10. Country *	11. Province	
USA		
12. Telephone number *	13. Extension	14. E-Mail address
801-486-2004	101	15. legal@westernrange.net



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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §	
5. Address 1 §			
6. Address 2			
7. City §	8. State §	9. Postal code §	
10. Country §	11. Province		
12. Telephone number §	13. Extension	14. E-Mail address	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest court where attorney is in good standing (only if attorney) §			

**F. Job Offer Information**

**a. Job Description**

1. Job Title * SHEEPHERDER	
2. Number of hours of work per week ON CALL 24/7 Basic *: _____ Overtime: _____	3. Hourly Work Schedule * ON CALL 24/7 A.M. (h:mm): _____ : _____ P.M. (h:mm): _____ : _____
4. Does this position supervise the work of other employees? * Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *	
<p>"Attends sheep and/or goat flock grazing on range or pasture: Herds flock and rounds up strays using trained dogs. Beds down flock near evening campsite. Guards flock from predatory animals and from eating poisonous plants. Drenches sheep and/or goats. May examine animals from signs of illness and administer vaccines, medications and insecticides according to instructions. May assist in lambing, docking, and shearing. May perform other farm or ranch chores related to the production of husbandry of sheep and/or goat on an incidental basis."</p> <p>Must have experience with 800 - 1000 head flocks. One reference may be required.</p>	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. 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.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § UP TO SIX MONTHS	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) SHEEPHERDER
4. Is employment experience required? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § 6 MONTHS	4b. Indicate the occupation required § SHEEPHERDER
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *	
MUST BE QUALIFIED SHEEPHERDER AND MUST BE IN GOOD HEALTH	

**c. Place of Employment Information**

1. Worksite address 1 *	
MASTER JOB ORDER FOR NEVADA	
2. Address 2	
EMPLOYERS NAME AND ADDRESSES PER ATTACHED	
3. City *	4. County *
5. State/District/Territory *	6. Postal code *
NEVADA	
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
SHEEPHERDING IS A MIGRATORY JOB, WORKERS MOVE EVERY SEASON TO DIFFERENT WORK SITES.	



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### G. Rate of Pay

1. Basic Rate of Pay Offered * From: \$ <b>800.00 Monthly</b> To (Optional): \$ _____ - _____	1a. Overtime Rate of Pay (if applicable) § From: \$ _____ - _____ To (Optional): \$ _____ - _____
2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: §	
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. §  PLUS FREE ROOM AND BOARD AND TWO WEEKS PAID VACATION PER YEAR	

### H. Recruitment Information

1. Name of State Workforce Agency (SWA) serving the area of intended employment * <b>REFER TO ITEM #6</b>		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * <small>(In H-2A this date is 50% of contract period)</small>
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement §
4.	From:	To:
5.	From:	To:
6. Additional Recruitment Activities. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *  Open Job order and continuous efforts for domestic herders in applicable regions through local, state and federal employment services by the employer and Western Range Association. See Training and Employment Guidance Letter No. 32-10		

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**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will 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 A.2 or Appendix B.1 will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A.2.</b> §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix B.1.</b> §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**J. 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 E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial §
4. Job Title §		
5. Firm/Business name §		
6. E-Mail address §		

**K. U.S. Government Agency Use (ONLY)**

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from \_\_\_\_\_ to \_\_\_\_\_

Department of Labor, Office of Foreign Labor Certification

Determination Date (date signed)

Case number

Case Status

**L. OMB Paperwork Reduction Act (1205-0466)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101 (a)(15)(H)(ii)). Public reporting burden for this collection of information is estimated to average 1 hour per response for H-2A and 2 hours 45 minutes for H-2B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. **Do NOT send the completed application to this address.**



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1. Indicate the type of visa classification supported by this application (Write classification symbol): \* H-2A

**B. Temporary Need Information**

1. Job Title *		SHEEPHERDER	
2. SOC (ONET/OES) code *		3. SOC (ONET/OES) occupation title *	
45.2093		FARMWORKER, FARM AND RANCH ANIMALS	
4. Is this a full-time position? *		Period of Intended Employment	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		5. Begin Date * 08/01/2011 (mm/dd/yyyy)	6. End Date * 07/31/2012 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application			
<div style="border: 1px solid black; display: inline-block; padding: 2px;">142</div> Total Worker Positions Being Requested for Certification *			
Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)			
<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>	a. New employment *	<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>	d. New concurrent employment *
<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>	b. Continuation of previously approved employment * without change with the same employer	<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>	e. Change in employer *
<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>	c. Change in previously approved employment *	<div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div>	f. Amended petition *
8. Nature of Temporary Need: (Choose only one of the standards) *			
<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need			
9. Statement of Temporary Need *			
OTHER: WESTERN RANGE ASSOCIATION EMPLOYEES ARE NEEDED ON A YEAR ROUND BASIS			

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### C. Employer Information

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
WESTERN RANGE ASSOCIATION		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 *		
1245 E. BRICKYARD ROAD, SUITE 190		
4. Address 2		
5. City *	6. State *	7. Postal code *
SALT LAKE CITY	UTAH	84106
8. Country *	9. Province	
USA		
10. Telephone number *	11. Extension	
801-486-2004		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
9	2,278,500.00	1953
17. Type of employer application (choose only one box below) *		
<input type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input checked="" type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
MELENDEZ	LEONORA	J
4. Contact's job title *		
LEGAL DOCUMENTS SPECIALIST		
5. Address 1 *		
1245 E. BRICKYARD ROAD, SUITE 190		
6. Address 2		
7. City *	8. State *	9. Postal code *
SALT LAKE CITY	UTAH	84106
10. Country *	11. Province	
USA		
12. Telephone number *	13. Extension	14. E-Mail address
801-486-2004	101	15. legal@westernrange.net



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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §	
5. Address 1 §			
6. Address 2			
7. City §	8. State §	9. Postal code §	
10. Country §	11. Province		
12. Telephone number §	13. Extension	14. E-Mail address	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest court where attorney is in good standing (only if attorney) §			

**F. Job Offer Information**

**a. Job Description**

1. Job Title * SHEPHERDER	
2. Number of hours of work per week ON CALL 24/7 Basic *: _____ Overtime: _____	3. Hourly Work Schedule * ON CALL 24/7 A.M. (h:mm): _____ : _____ P.M. (h:mm): _____ : _____
4. Does this position supervise the work of other employees? * Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *	
<p>"Attends sheep and/or goat flock grazing on range or pasture: Herds flock and rounds up strays using trained dogs. Beds down flock near evening campsite. Guards flock from predatory animals and from eating poisonous plants. Drenches sheep and/or goats. May examine animals from signs of illness and administer vaccines, medications and insecticides according to instructions. May assist in lambing, docking, and shearing. May perform other farm or ranch chores related to the production of husbandry of sheep and/or goat on an incidental basis."</p> <p>Must have experience with 800 - 1000 head flocks. One reference may be required.</p>	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. 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.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employer require a second U.S. diploma/degree? * <span style="float: right;"><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</span>	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required? * <span style="float: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
3a. If "Yes" in question 3, specify the number of months of training required § UP TO SIX MONTHS	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) SHEEPHERDER
4. Is employment experience required? * <span style="float: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
4a. If "Yes" in question 4, specify the number of months of experience required § 6 MONTHS	4b. Indicate the occupation required § SHEEPHERDER
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *	
MUST BE QUALIFIED SHEEPHERDER AND MUST BE IN GOOD HEALTH	

**c. Place of Employment Information**

1. Worksite address 1 *	
MASTER JOB ORDER FOR NEVADA	
2. Address 2	
EMPLOYERS NAME AND ADDRESSES PER ATTACHED	
3. City *	4. County *
5. State/District/Territory *	6. Postal code *
NEVADA	
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
SHEEPHERDING IS A MIGRATORY JOB, WORKERS MOVE EVERY SEASON TO DIFFERENT WORK SITES.	



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Application for Temporary Employment Certification  
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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) §	
From: \$ <b>800.00 Monthly</b> To (Optional): \$ _____ - _____		From: \$ _____ - _____ To (Optional): \$ _____ - _____	
2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: §			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. §			
PLUS FREE ROOM AND BOARD AND TWO WEEKS PAID VACATION PER YEAR			

**H. Recruitment Information**

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
REFER TO ITEM #6		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement §
4.	From:	To:
5.	From:	To:
6. Additional Recruitment Activities. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>Open Job order and continuous efforts for domestic herders in applicable regions through local, state and federal employment services by the employer and Western Range Association. See Training and Employment Guidance Letter No. 32-10</p>		

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### I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer must attest that it will 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 A.2 or Appendix B.1 will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A.2.</b> §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix B.1.</b> §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

### J. 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 E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle initial §
4. Job Title §		
5. Firm/Business name §		
6. E-Mail address §		

### K. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from \_\_\_\_\_ to \_\_\_\_\_

Department of Labor, Office of Foreign Labor Certification

Determination Date (date signed)

Case number

Case Status

### L. OMB Paperwork Reduction Act (1205-0466)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101 (a)(15)(H)(ii)). Public reporting burden for this collection of information is estimated to average 1 hour per response for H-2A and 2 hours 45 minutes for H-2B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. **Do NOT send the completed application to this address.**



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## Application for Temporary Employment Certification

ETA Form 9142 – APPENDIX A.2  
U.S. Department of Labor



### For Use in Filing Applications Under the H-2A Agricultural Program ONLY

#### A. Attorney or Agent Declaration

*I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142, and that I have been designated by that employer to act on its behalf in connection with this application. If I am an agent and not an employee of the employer, then I have attached a Letter of Representation from the employer. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).*

1. Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

#### B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

1. The job opportunity is a full-time temporary position, the qualifications for which do not substantially deviate from the normal and accepted qualifications required by non-H-2A employers in the same or comparable occupations and crops.
2. The worksite for which the employer is requesting H-2A certification does not currently have workers on strike or being locked out in the course of a labor dispute.
3. The job opportunity is and will continue to be open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted and will continue to conduct the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections as required by 20 CFR 655.167.
4. The job opportunity offers U.S. workers no less than the same benefits, wages, and working conditions that the employer is offering, intends to offer, or will provide to H-2A workers and complies with the requirements at 20 CFR 655, Subpart B.
5. The employer understands that it must offer, recruit at, and pay a wage that is the highest of the adverse effect wage rate in effect at the time the job order is placed, the prevailing hourly or piece rate, the agreed-upon collective bargaining rate (CBA), or the Federal or State minimum wage, and, furthermore, that if a new Adverse Effect Wage Rate is published, or the employer is notified of a new prevailing wage rate during the contract period, and that new rate is higher than the wage determined by the NPC (except the CBA) during the application process the employer will increase the pay of all employees in the same job occupation to the higher rate.
6. There are no U.S. workers available in the area(s) capable of performing the temporary services or labor in the job opportunity, and the employer will conduct positive recruitment as specified by the NPC and continue to cooperate with the SWA by accepting referrals of all eligible U.S. workers who apply (or on whose behalf an application is made) for the job opportunity until completion of 50 percent of the contract period calculated from the first date of need indicated in Section B.5 of ETA Form 9142.
7. All fees associated with processing the temporary labor certification will be paid in a timely manner.



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## Application for Temporary Employment Certification

ETA Form 9142 – APPENDIX A.2  
U.S. Department of Labor



8. During the period of employment that is the subject of the labor certification application, the employer:
  - (i) Will comply with applicable Federal, State and local employment-related laws and regulations, including health and safety laws;
  - (ii) Will provide for or secure housing for workers who are not reasonably able to return to their permanent residence at the end of the work day that complies with the applicable local, State, or Federal standards and guidelines for housing without charge to the worker;
  - (iii) Where required, has timely requested a preoccupancy inspection of the housing and received certification;
  - (iv) Will provide insurance, without charge to the worker, under a State workers' compensation law or otherwise, that meets the requirements of 20 CFR 655.122(e).
  - (v) Will provide transportation in compliance with all applicable Federal, State or local laws and regulations between the worker's living quarters (i.e., housing provided by the employer under 20 CFR 655.122(h)) and the employer's worksite without cost to the worker.
9. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the Application for Temporary Employment Certification in the area of intended employment except for lawful, job related reasons within 60 days of the date of need, or if the employer has laid off such workers, it has offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) refused the job opportunity, was rejected for the job opportunity for lawful, job-related reasons, or was hired.
10. The employer and its agents have not sought or received payment of any kind from the H-2A worker for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
11. The employer has and will contractually forbid any foreign labor contractor or recruiter whom the employer engages in international recruitment of H-2A workers to seek or receive payments from prospective employees...
12. The employer has not and will not intimidate, threaten, restrain, coerce, blacklist, or in any manner discriminate against, and has not and will not cause any person to intimidate, threaten, restrain, coerce, blacklist, or in any manner discriminate against, any person who has with just cause:
  - (i) Filed a complaint under or related to Sec. 218 of the INA (8 U.S.C. 1188), or any Department regulation promulgated under Sec. 218 of the INA;
  - (ii) Instituted or caused to be instituted any proceeding under or related to Sec. 218 of the INA, or any Department regulation promulgated under Sec. 218 of the INA;
  - (iii) Testified or is about to testify in any proceeding under or related to Sec. 218 of the INA or any Department regulation promulgated under Sec. 218 of the INA;
  - (iv) Consulted with an employee of a legal assistance program or an attorney on matters related to Sec. 218 of the INA or any Department regulation promulgated under Sec. 218 of the INA; or
  - (v) Exercised or asserted on behalf of himself/herself or others any right or protection afforded by Sec. 218 of the INA, or any Department regulation promulgated under Sec. 218 of the INA.
13. The employer has not and will not discharge any person because of that person's taking any action listed in paragraph 12(i) through (v) listed above.
14. The employer will inform H-2A workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under 20 CFR 655.135(i), unless the H-2A worker is being sponsored by another subsequent employer.
15. The employer has posted the Notice of Workers' Rights as required by 20 CFR 655.135(l) in a conspicuous place frequented by all employees.
16. If the application is being filed as an H-2A Labor Contractor the following additional attestations and obligations apply under 20 CFR 655.132:
  - (i) The H-2A Labor Contractor has provided a copy of the MSPA Farm Labor Contractor (FLC) certificate of registration if required under MSPA, 1801 U.S.C. et seq., to have such a certificate identifying the specific farm labor contracting activities it is authorized to perform;
  - (ii) The H-2A Labor Contractor has provided with this application a list of the names and locations of each fixed-site agricultural business to which the H-2A Labor Contractor expects to provide H-2A workers, the expected beginning and ending dates when the H-2A Labor Contractor will be providing the workers to each fixed site, a description of the crops and activities the workers are expected to perform at such fixed site, and copies of the fully-executed work contracts with each fixed-site agricultural business so identified;
  - (iii) The H-2A Labor Contractor is able to provide proof of its ability to discharge financial obligations under the H-2A program and has secured a surety bond as required by 29 CFR 501.9, the original of which is attached and shows the name, address, phone number, and contact person for the surety, and provides the amount of the bond (as calculated pursuant to 29 CFR 501.9);



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## Application for Temporary Employment Certification

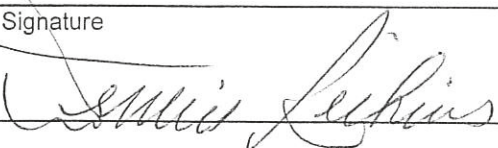
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- (iv) The H-2A Labor Contractor has engaged in and will engage in recruitment efforts in each area of intended employment in which it has listed a fixed-site agricultural business as required in 20 CFR 655.121, 655.150-155; and
- (v) Where the fixed-site agricultural business(s) will provide housing or transportation to the workers, proof that:
- All housing used by workers and owned, operated, or secured by the fixed-site agricultural business complies with the applicable housing standards in 20 CFR 655.122(d);
  - All transportation between the worksite and the workers' living quarters that is provided by the fixed-site agricultural business complies with all applicable Federal, State, or local laws and regulations and that it will provide, at a minimum, the same vehicle safety standards, driver licensure, and vehicle insurance as required under 29 U.S.C. 1841 and 29 CFR part 500, except where workers' compensation is used to cover such transportation as described in § 655.122(e); and
  - Certificates of occupancy from the SWA for all employer owned housing and copies of all drivers' licenses, vehicle registration, and insurance policies for all drivers and vehicles used to transport H-2A workers.

I hereby acknowledge that the agent or attorney identified in section E (if any) of the ETA Form 9142 and section A above is authorized to represent me for the purpose of labor certification and, by virtue of my signature in Block 5 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name RICHINS	2. First (given) name DENNIS	3. Middle initial
4. Title EXECUTIVE DIRECTOR		
5. Signature 		6. Date signed 07/22/2011

### OMB Paperwork Reduction Act

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101(a)(15)(H)(ii)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. Do NOT send the completed application to this address.

U.S. Department of Labor    **Employment and Training  
Administration**  
Office of Foreign Labor Certification  
Chicago National Processing Center  
11 West Quincy Court  
Chicago, IL 60604



**CERTIFICATION LETTER**

October 5, 2018

MONICA YOUREE  
161 FIFTH AVENUE SOUTH  
TWIN FALLS, ID 83301

Case Number: H-300-18247-174940

**RE: WESTERN RANGE ASSOCIATION**

Dear Sir/Madam:

Your application seeking temporary labor certification under the H-2A temporary agricultural program has been **certified**. On September 10, 2018, this office accepted for consideration an application from you requesting H-2A temporary labor certification for six Farmworkers, Farm, Ranch, and Aquacultural Animals job opportunities. In accordance with Departmental regulations at 20 Code of Federal Regulations (CFR) § 655, Subpart B, it has been determined that a sufficient number of able, willing and qualified U.S. workers have not been identified as being available at the time and place needed to fill all of the job opportunities for which certification has been requested and that employment of the H-2A workers will not adversely affect the wages and working conditions of workers in the United States similarly employed.

Therefore, the Department grants certification for six Farmworkers, Farm, Ranch, and Aquacultural Animals job opportunities. You must comply with all assurances, guarantees and other requirements contained in Departmental regulations at 20 CFR § 655, Subpart B and 20 CFR § 653, Subpart F.

Upon receipt of this notification, you will need to submit to the U.S. Citizenship and Immigration Service (USCIS) California Service Center the I-129 Form that is required in conjunction with an H-2A application. The USCIS petition can be obtained at <http://www.uscis.gov>.

**IMPORTANT NOTE:** The employer must sign and date the ETA Form 9142 prior to submission to USCIS California Service Center.

Enclosed is a bill for fees assessed for the H-2A certification. Non-payment or untimely payment may be considered a substantial violation subject to the procedures in Departmental regulations at 20 CFR § 655.182.

Sincerely,

OFLC Certifying Officer

Enclosures: Invoice for Certification; ETA Form 9142

CC:

JOHN ESPIL SHEEP COMPANY

NEVADA DEPT OF EMPL TRNG & REHAB

Public Burden Statement: OMB control number 1205-0466, expiration date 05/31/2019. This reporting instruction has been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Office of Foreign Labor Certification, U.S. Department of Labor, Box 12-200, 200 Constitution Ave., NW, Washington, DC 20210. **Please do not send the completed application to this address.**



OMB Approval: 1205-0466  
Expiration Date: 05/31/2019

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



Please read and review the filing instructions carefully before completing the Form ETA-9142A. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk ( \*) must be completed as well as any fields/items where a response is conditional as indicated by the section ( § ) symbol.

**A. Employment-Based Nonimmigrant Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): \*

H-2A

**B. Temporary Need Information**

1. Job Title \* Sheepherder

2. SOC (ONET/OES) code \*  
45-2093

3. SOC (ONET/OES) occupation title \*  
Farmworkers, Farm, Ranch, and Aquacultural Animals

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 11/08/2018  
(mm/dd/yyyy)

6. End Date \* 11/06/2019  
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

Total Worker Positions Being Requested for Certification \*

Basis for the visa classification supported by this application  
(indicate the total workers in each applicable category based on the total workers identified above)

a. New employment \*

d. New concurrent employment \*

b. Continuation of previously approved employment \*  
without change with the same employer

e. Change in employer \*

c. Change in previously approved employment \*

f. Amended petition \*

8. Nature of Temporary Need: (Choose only one of the standards) \*

☒ Seasonal ☐ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

Western Range Association employees are seasonal and needed for 364 days with varying start dates.

Form ETA-9142A

FOR DEPARTMENT OF LABOR USE ONLY

Page 1 of 9

Case Number: H-300-18247-174940

Case Status: CERTIFIED

Validity Period: 11/08/2018 to 11/06/2019

WRA009975

OMB Approval: 1205-0466  
Expiration Date: 05/31/2019

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**C. Employer Information**

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
WESTERN RANGE ASSOCIATION		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
161 FIFTH AVENUE SOUTH		
4. Address 2		
SUITE 100		
5. City *	6. State *	7. Postal code *
TWIN FALLS	ID	83301
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
208-595-2226	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *		13. NAICS code (must be at least 4-digits) *
		112410
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
0	N/A	1953
17. Type of employer application (choose only one box below) *		
<input type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input checked="" type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
YOUREE	MONICA	N/A
4. Contact's job title *		
EXECUTIVE DIRECTOR		
5. Address 1 *		
161 FIFTH AVENUE SOUTH		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
TWIN FALLS	ID	83301
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
208-595-2226	N/A	LEGAL@WESTERNRANGE.NET



OMB Approval: 1205-0466  
Expiration Date: 05/31/2019H-2A Application for Temporary Employment Certification  
Form ETA-9142A  
U.S. Department of Labor

## E. Attorney or Agent Information (If applicable)

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code § N/A		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good standing (only if attorney) § N/A		
19. Name of the highest court where attorney is in good standing (only if attorney) § N/A				

## F. Job Offer Information

## a. Job Description

1. Job Title * Shepherd	
2. Number of hours of work per week Basic *: 40.00 Overtime: 0	3. Hourly Work Schedule * A.M. (h:mm): N/A : N/A P.M. (h:mm): 12 : 00
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § 0
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *	
<p>Attends sheep and/or goat flock grazing on range or pasture: Herds flock and rounds up strays using trained dogs. Beds down flock near evening campsite. Guards flock from predatory animals and from eating poisonous plants. Drenches sheep and/or goats. May examine animals for signs of illness and administer vaccines, medications and insecticides according to instructions. May assist in lambing, docking, and shearing. The work activities involve the herding or production of livestock (which includes work that is closely and directly related to herding and/or the production of livestock). Must have 3 months experience with 800 1000 head flocks. One reference required. More than 50% of work will be performed on the range. Worker must be qualified shepherd.</p> <p>***Hours worked footnote: On call for up to 24 hours 7 days a week***</p>	

OMB Approval: 1205-0466  
Expiration Date: 05/31/2019

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



F. Job Offer Information (continued)

b. Minimum Job Requirements

1. 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.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § n/a	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) n/a
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § 0	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § 3	4b. Indicate the occupation required § Sheepherder
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *	
SEE ADDENDUM	
Must be qualified Sheepherder. One reference required to verify experience. Lifting requirement 50 lbs. Western Range Association and its rancher members promote a	

c. Place of Employment Information

1. Worksite address 1 *	
400 MEADOW ROAD	
2. Address 2 N/A	
3. City *	4. County *
LOVELOCK	PERSHING
5. State/District/Territory *	6. Postal code *
NV	89419
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
State                      Area Based On                      Area 1. Nevada County/Township PERSHING - NORTH NEVADA NONMETROPOLITAN AREA 2. Nevada County/Township WASHOE - RENO, NV MSA	



OMB Approval: 1205-0466  
Expiration Date: 05/31/2019

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



**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 1584 . 22 To (Optional): \$ 1584 . 22		From: \$ 0 . 00 To (Optional): \$ 0 . 00	
2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ SEE ADDENDUM  Correct wages \$1584.22 no cents allowed above.  Employer shall provide housing and board in			

**H. Recruitment Information**

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
NV SWA		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
452684	09/14/2018	05/08/2019
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. n/a	From: N/A	To: N/A
5. n/a	From: N/A	To: N/A
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *  n/a		



OMB Approval: 1205-0466  
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H-2A Application for Temporary Employment Certification  
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**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will 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 A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A.</b> §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix B.</b> §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**J. 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 E (attorney or agent) of this application.

1. Last (family) name § n/a	2. First (given) name § n/a	3. Middle initial § n/
4. Job Title § n/a		
5. Firm/Business name § n/a		
6. E-Mail address § n/a		

**K. U.S. Government Agency Use (ONLY)**

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 11/08/2018 to 11/06/2019.

*Certifying Officer*

Department of Labor, Office of Foreign Labor Certification

10/05/2018

Determination Date (date signed)

H-300-18247-174940

Case number

CERTIFIED

Case Status

**Public Burden Statement (1205-0466)**

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 1 hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Office of Foreign Labor Certification \* U.S. Department of Labor \* Box 12-200 \* 200 Constitution Ave., NW, \* Washington, DC \*. **Please do not send the completed application to this address.**

OMB Approval: 1205-0466  
Expiration Date: 05/31/2019

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



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ADDENDUM

ADDENDUM SECTION C: Employer Information

1. WESTERN RANGE ASSOCIATION Workers Requested: N/A Starting Date: 11/08/2018 Ending Date: 11/06/2019 Workers Certified: 0 161 FIFTH AVENUE SOUTH SUITE 100  
TWIN FALLS, ID 83301 UNITED STATES OF AMERICA 208-595-2226 N/A  
Crops: Sheepherder

2. JOHN ESPIL SHEEP COMPANY Workers Requested: 6 Starting Date: 11/08/2018 Ending Date: 11/06/2019 Workers Certified: 6 JOHN ESPIL 400 MEADOW ROAD N/A  
LOVELOCK, NV 89419 UNITED STATES OF AMERICA 775-626-7554 N/A  
Crops: No Crops Entered.

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Form ETA-9142A

FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: H-300-18247-174940

Case Status: CERTIFIED

Validity Period: 11/08/2018 to 11/06/2019

WRA009981

OMB Approval: 1205-0466  
Expiration Date: 05/31/2019

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



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ADDENDUM

ADDENDUM SECTION F.b.5: Special Requirements

drug-free workplace. Misuse/abuse of alcohol, illegal drugs, or misuse of prescription medication is cause for termination. At the employer's expense, all applicants may be required to complete pre-employment alcohol and drug testing. Failure to consent to request testing, will result in disqualification of the applicant.

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Form ETA-9142A

FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: H-300-18247-174940

Case Status: CERTIFIED

Validity Period: 11/08/2018 to 11/06/2019

WRA009982

OMB Approval: 1205-0465  
Expiration Date: 05/31/2019

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



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ADDENDUM

ADDENDUM SECTION G.3: Additional Wage Information

accordance with the rules and regulations of the federal government of the United States of America.

Performance based bonuses may be available  
Payroll advances may be available

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Form ETA-9142A

FOR DEPARTMENT OF LABOR USE ONLY

Page 9 of 9.

Case Number: H-300-18247-174940

Case Status: CERTIFIED

Validity Period: 11/08/2018 to 11/08/2019

WRA009983



OMB Approval: 1205-0466  
Expiration Date: 5/31/2019

**H-2A Application for Temporary Employment Certification**  
Form ETA-9142A – APPENDIX A  
U.S. Department of Labor



**For Use in Filing Applications Under the H-2A Agricultural Program ONLY**

**A. Attorney or Agent Declaration**

*I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9142A, and that I have been designated by that employer to act on its behalf in connection with this application. If I am an agent and not an employee of the employer, then I have attached a Letter of Representation from the employer. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).*

1. Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

**B. Employer Declaration**

*By virtue of my signature below, I **HEREBY CERTIFY** the following conditions of employment:*

1. The job opportunity is a full-time temporary position, the qualifications for which do not substantially deviate from the normal and accepted qualifications required by non-H-2A employers in the same or comparable occupations and crops.
2. The specific job opportunity for which the employer is requesting H-2A certification is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted and will continue to conduct the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections as required by 20 CFR 655.167.
4. The job opportunity offers U.S. workers no less than the same benefits, wages, and working conditions that the employer is offering, intends to offer, or will provide to H-2A workers and complies with the requirements at 20 CFR 655, Subpart B.
5. The employer understands that it must offer, recruit at, and pay a wage that is at least the highest of the adverse effect wage rate in effect at the time the job order is placed, the prevailing hourly or piece rate, the agreed-upon collective bargaining rate (CBA), or the Federal or State minimum wage, and, furthermore, that if a new Adverse Effect Wage Rate is published, or the employer is notified of a new prevailing wage rate during the contract period, and that new rate is higher than the wage determined by the NPC (except the CBA) during the application process the employer will increase the pay of all employees in the same job occupation to the higher rate. For employers subject to the requirements at 20 CFR 655.200-235, the employer understands that it must offer, recruit at, and pay a wage that is at least the highest of the adverse effect wage rate, the agreed-upon CBA, or the applicable minimum wage rate set by Federal or State law or judicial action, for each month, or portion thereof, during the job order period.
6. There are no U.S. workers available in the area(s) capable of performing the temporary services or labor in the job opportunity, and the employer will conduct positive recruitment as specified by the NPC and continue to cooperate with the SWA by accepting referrals of all eligible U.S. workers who apply (or on whose behalf an application is made) for the job opportunity until completion of 50% of the contract period calculated from the first date of need indicated in Section B.5 of Form ETA-9142A.
7. All fees associated with processing the temporary labor certification will be paid in a timely manner.

ETA Form 9142A – Appendix A TO BE COMPLETED BY EMPLOYER FROM A CERTIFIED FORM ETA-9142A Page A.1 of A.3

Case Number: **H-300-18247-174940** Case Status: **Certified** Period of Employment: **11-08-2018** to **11-06-2019**

WRA009984



OMB Approval: 1205-0466  
Expiration Date: 5/31/2019



## H-2A Application for Temporary Employment Certification

Form ETA 9142A – APPENDIX A  
U.S. Department of Labor

8. During the period of employment that is the subject of the labor certification application, the employer:
  - (i) Will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
  - (ii) Will provide for or secure housing for workers who are not reasonably able to return to their permanent residence at the end of the work day that complies with the applicable local, State, or Federal standards and guidelines for housing without charge to the worker;
  - (iii) Where required, has timely requested a preoccupancy inspection of the housing and received certification;
  - (iv) Will provide insurance, without charge to the worker, under a State workers' compensation law or otherwise, that meets the requirements of 20 CFR 655.122(e).
  - (v) Will provide transportation in compliance with all applicable Federal, State or local laws and regulations between the worker's living quarters (i.e., housing provided by the employer under 20 CFR 655.122(d) and, if applicable, 655.230) and the employer's worksite without cost to the worker.
  - (vi) Will provide all tools, supplies, and equipment required to perform the duties, without charge to the worker.
  - (vii) Will provide meals and potable water, without charge to the worker.
9. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the H-2A Application for Temporary Employment Certification in the area of intended employment except for lawful, job related reasons within 60 days of the date of need, or if the employer has laid off such workers, it has offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) refused the job opportunity, was rejected for the job opportunity for lawful, job-related reasons, or was hired.
10. The employer and its agents have not sought or received payment of any kind from the H-2A worker for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
11. The employer has and will contractually forbid any foreign labor contractor or recruiter whom the employer engages in international recruitment of H-2A workers to seek or receive payments from prospective employees, except as provided for in DHS regulations.
12. The employer has not and will not intimidate, threaten, restrain, coerce, blacklist, or in any manner discriminate against, and has not and will not cause any person to intimidate, threaten, restrain, coerce, blacklist, or in any manner discriminate against, any person who has with just cause:
  - (i) Filed a complaint under or related to Sec. 218 of the INA (8 U.S.C. 1188), or any Department regulation promulgated under Sec. 218 of the INA;
  - (ii) Instituted or caused to be instituted any proceeding under or related to Sec. 218 of the INA, or any Department regulation promulgated under Sec. 218 of the INA;
  - (iii) Testified or is about to testify in any proceeding under or related to Sec. 218 of the INA or any Department regulation promulgated under Sec. 218 of the INA;
  - (iv) Consulted with an employee of a legal assistance program or an attorney on matters related to Sec. 218 of the INA or any Department regulation promulgated under Sec. 218 of the INA; or
  - (v) Exercised or asserted on behalf of himself/herself or others any right or protection afforded by Sec. 218 of the INA, or any Department regulation promulgated under Sec. 218 of the INA.
13. The employer has not and will not discharge any person because of that person's taking any action listed in paragraph 12(i) through (v) listed above.
14. The employer will inform H-2A workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under 20 CFR 655.135(i), unless the H-2A worker is being sponsored by another subsequent employer.
15. The employer has posted the Notice of Workers' Rights as required by 20 CFR 655.135(l) in a conspicuous place frequented by all employees,
16. If the application is being filed as an H-2A Labor Contractor the following additional attestations and obligations apply under 20 CFR 655.132:
  - (i) The H-2A Labor Contractor has provided a copy of the MSPA Farm Labor Contractor (FLC) certificate of registration if required under MSPA, 1801 U.S.C. et seq., to have such a certificate identifying the specific farm labor contracting activities it is authorized to perform;
  - (ii) The H-2A Labor Contractor has provided with this application a list of the names and locations of each fixed-site agricultural business to which the H-2A Labor Contractor expects to provide H-2A workers, the expected beginning and ending dates when the H-2A Labor Contractor will be providing the workers to each fixed site, and a description of the crops and activities the workers are expected to perform at such fixed site;
  - (iii) The H-2A Labor Contractor is able to provide proof of its ability to discharge financial obligations under the H-2A program and has secured a surety bond as required by 29 CFR 501.9, the original of which is attached and shows

ETA Form 9142A – Appendix A TO BE COMPLETED BY EMPLOYER FROM A CERTIFIED FORM ETA-9142A Page A.2 of A.3

Case Number: H-300-18247-174940 Case Status: Certified Period of Employment: 11-08-2018 to 11-06-2019

WRA009985



OMB Approval: 1205-0466  
Expiration Date: 5/31/2019



## H-2A Application for Temporary Employment Certification

Form ETA 9142A – APPENDIX A  
U.S. Department of Labor

- the name, address, phone number, and contact person for the surety, and provides the amount of the bond (as calculated pursuant to 29 CFR 501.9);
- (iv) The H-2A Labor Contractor has engaged in and will engage in recruitment efforts in each area of intended employment in which it has listed a fixed-site agricultural business as required in 20 CFR 655.121, 655.150-155 and 655.215; and
  - (v) The H-2A Labor Contractor has obtained from each fixed-site agricultural business that will provide housing or transportation to the workers a written statement stating that:
    - a. All housing used by workers and owned, operated, or secured by the fixed-site agricultural business complies with the applicable housing standards in 20 CFR 655.122(d) and, if applicable, 655.235; and
    - b. All transportation between the worksite and the workers' living quarters that is provided by the fixed-site agricultural business complies with all applicable Federal, State, or local laws and regulations and will provide, at a minimum, the same vehicle safety standards, driver licensure, and vehicle insurance as required under 29 U.S.C. 1841 and 29 CFR part 500, except where workers' compensation is used to cover such transportation as described in § 655.122(e); and
    - c. Attach to the statement certificates of occupancy from the SWA for all employer owned housing and copies of all drivers' licenses, vehicle registration, and insurance policies for all drivers and vehicles used to transport H-2A workers.

**I hereby acknowledge** that the agent or attorney identified in section E (if any) of the Form ETA-9142A and section A above is authorized to represent me for the purpose of labor certification and, by virtue of my signature in Block 5 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney.

**I declare** under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).*

1. Last (family) name <b>Youree</b>	2. First (given) name <b>Monica</b>	3. Middle initial
4. Title <b>Executive Director, Western Range Association</b>		
5. Signature <i>Monica Youree</i>		6. Date signed <i>10.9.2018</i>

### Public Burden Statement

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 1 hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Office of Foreign Labor Certification \* U.S. Department of Labor \* Box 12-200 \* 200 Constitution Ave., NW, \* Washington, DC \* 20210. **Please do not send the completed application to this address.**

# **EXHIBIT 9**





# Petition for a Nonimmigrant Worker

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

USCIS

Form I-129

OMB No. 1615-0009

Expires 10/31/2016

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

► START HERE - Type or print in black ink.

## Part 1. Petitioner Information

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

### 1. Legal Name of Individual Petitioner

Family Name (last name)

NA

Given Name (first name)

Middle Name

### 2. Company or Organization Name

WESTERN RANGE ASSOCIATION

### 3. Mailing Address of Individual, Company or Organization

In Care Of Name

L JENSEN

Street Number and Name

161 FIFTH AVE SOUTH

Apt. Ste. Flr. Number

☐ ☒ ☐ 100

City or Town

TWIN FALLS

State

ID

ZIP Code

83301

Province

Postal Code

Country

USA

### 4. Contact Information

Daytime Telephone Number

208-595-2226

Mobile Telephone Number

435-452-8665

Email Address (if any)

lane.jensen@westernrange.net

### 5. Other Information

Federal Employer Identification Number (FEIN)

►

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

►

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

1. Requested Nonimmigrant Classification (Write classification symbol): **H2-A**
2. Basis for Classification (select only one box):
- ☐ a. New employment.
  - ☒ b. Continuation of previously approved employment without change with the same employer.
  - ☐ c. Change in previously approved employment.
  - ☐ d. New concurrent employment.
  - ☐ e. Change of employer.
  - ☐ f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." **W A C - 1 6 - 0 2 0 - 5 0 9 4 1**
4. Requested Action (select only one box):
- ☐ a. Notify the office in Part 4, so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
  - ☐ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
  - ☒ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
  - ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
  - ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
  - ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.) **1**

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

1. If an Entertainment Group, Provide the Group Name  
**NA**
2. Provide Name of Beneficiary
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|-------------|
| <b>AGUILAR SAUCEDO</b>  | <b>JORGE</b>            |             |
3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|-------------|
|                         |                         |             |
|                         |                         |             |
|                         |                         |             |
4. Other Information
- Date of birth (mm/dd/yyyy) **[REDACTED]** Gender ☒ Male ☐ Female U.S. Social Security Number (if any) **[REDACTED]**

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

Alien Registration Number (A-Number) Country of Birth

▶ A-  MEXICO

Province of Birth

Country of Citizenship or Nationality

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

Date of Last Arrival (mm/dd/yyyy)

12/04/2015

I-94 Arrival-Departure Record Number

▶ 8 1 0 7 8 9 5 2 2 3 0

Passport or Travel Document Number

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

11/20/2015

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

11/20/2018

Passport or Travel Document Country of Issuance

MEXICO

Current Nonimmigrant Status

H2A - TEMPORARY AGRICULTURAL WORKER

Date Status Expires or D/S

(mm/dd/yyyy) 11/09/2016

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

NA

Employment Authorization Document (EAD) Number (if any)

NA

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

Street Number and Name

SOUTH ON STATE ROUTE 228

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

SPRING CREEK

State

NV

ZIP Code

89815-0000

**Part 4. Processing Information**

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

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

b. Office Address (City)

HERMOSILLO

c. U.S. State or Foreign Country

MEXICO

d. Beneficiary's Foreign Address

Street Number and Name

NA

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

Province

Postal Code

Country

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



**Part 4. Processing Information (continued)**

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

**Part 5. Basic Information About the Proposed Employment and Employer**

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

- |                                          |                                                 |
|------------------------------------------|-------------------------------------------------|
| 1. Job Title                             | 2. LCA or ETA Case Number                       |
| <input type="text" value="SHEEPHERDER"/> | <input type="text" value="H-300-16250-699691"/> |

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

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

Street Number and Name

SOUTH ON STATE ROUTE 228

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

SPRING CREEK

State

NV

ZIP Code

89815-0000

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

10. Other Compensation (Explain)

24/7 HOURS PER WEEK. FREE ROOM AND BOARD.

11. Dates of intended employment From: (mm/dd/yyyy)  To: (mm/dd/yyyy) 

12. Type of Business

SHEEP RANCHES

13. Year Established

1953

14. Current Number of Employees in the United States

15. Gross Annual Income

0.0

16. Net Annual Income

0.0

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

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

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

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

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

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

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

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

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

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

**1. Name and Title of Authorized Signatory**

Family Name (last name)

Medford

Given Name (first name)

Susan

Title

Operations Manager

**2. Signature and Date**

Signature of Authorized Signatory

*Susan Medford*

Date of Signature

(mm/dd/yyyy)

10/7/2018

**3. Signatory's Contact Information**

Daytime Telephone Number

208-595-2226

Email Address (if any)

Susan.medford@westernrange.net

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

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

Provide the following information concerning the preparer:

**1. Name of Preparer**

Family Name (last name)

NA

Given Name (first name)

NA

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

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

NA



**Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)**
**3. Preparer's Mailing Address**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐


City or Town

State

ZIP Code

Province

Postal Code

Country

**4. Preparer's Contact Information**

Daytime Telephone Number

Fax Number

Email Address (if any)

***Preparer's Declaration***

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

**5. Signature and Date**

Signature of Preparer

Date of Signature

(mm/dd/yyyy)



# H Classification Supplement to Form I-129

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 10/31/2016

1. Name of the Petitioner

WESTERN RANGE ASSOCIATION

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

2.a. Name of the Beneficiary

JORGE AGUILAR SAUCEDO

OR

2.b. Provide the total number of beneficiaries

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

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

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
JORGE AGUILAR SAUCEDO	12/04/2015	11/09/2016

4. Classification sought (select only one box):

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

## 7.b. Explanation

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

1. Describe the proposed duties.

NA

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

NA

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

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

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

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)

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

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

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

Date (mm/dd/yyyy)

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

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

Signature of DOD Project Manager

Name of DOD Project Manager

Date (mm/dd/yyyy)

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

1. Employment is: (select only one box)

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

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

☐ a. Unpredictable☐ b. Periodic☒ c. Recurrent annually



**Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)**

3. Explain your temporary need for the workers' services (Attach a separate sheet if additional space is needed).

WORKERS ARE BROUGHT INTO THE UNITED STATES UNDER THE H-2A PROGRAM. THE CONTRACT IS FOR  
12 MONTHS; DEPENDING ON THE NEED OF EACH EMPLOYER, A 12 MONTH EXTENSION MAY BE REQUIRED.

4. List the countries of citizenship for the H-2A or H-2B workers you plan to hire.

a. PERU	d.
b. CHILE	e.
c. MEXICO	f.

- 5.a. You must provide all of the requested information for
- Item Numbers 5.a. - 6.**
- for each H-2A or H-2B worker you plan to hire who is not from a country that has been designated as a participating country in accordance with 8 CFR 214.2(h)(5)(i)(F)(1) or 214.2(h)(6)(i)(E)(1). See
- [www.uscis.gov](http://www.uscis.gov)
- for the list of participating countries. (Attach a separate sheet if additional space is needed.)

Family Name (last name)	Given Name (first name)	Middle Name
NA		

- 5.b. Provide all other name(s) used

Family Name (last name)	Given Name (first name)	Middle Name
NA		

- 5.c. Date of Birth (mm/dd/yyyy) 5.d. Country of Birth

--	--

- 5.e. Country of Citizenship or Nationality

--

- 6.a. Have any of the workers listed in
- Item Number 5.**
- above ever been admitted to the United States previously in H-2A/H-2B status?

☐ Yes. If yes, go to **Part 9.** of Form I-129 and write your explanation. ☒ No

- 6.b. Visa Classification (H-2A or H-2B):

H-2A

**NOTE:** If any of the H-2A or H-2B workers you are requesting are nationals of a country that is not on the eligible countries list, you must also provide evidence showing: (1) that workers with the required skills are not available from a country currently on the eligible countries list\*; (2) whether the beneficiaries have been admitted previously to the United States in H-2A or H-2B status; (3) that there is no potential for abuse, fraud, or other harm to the integrity of the H-2A or H-2B visa programs through the potential admission of the intended workers; and (4) any other factors that may serve the United States interest.

\* For H-2A petitions only: You must also show that workers with the required skills are not available from among United States workers.

- 7.a. Did you or do you plan to use a staffing, recruiting, or similar placement service or agent to locate the H-2A/H-2B workers that you intend to hire by filing this petition?

☒ Yes ☐ No

If yes, list the name and address of service or agent used below. Please use **Part 9.** of Form I-129 if you need to include the name and address of more than one service or agent.

- 7.b. Name

ESPERANZA RECRUITING

**Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)****7.c. Address**

Street Number and Name

CALLE MONTEREY NO. 31 SUITE 5

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

HERMOSILLO, SONORA, MEXICO 83260

State

ZIP Code

- 8.a. Did any of the H-2A/H-2B workers that you are requesting pay you, or an agent, a job placement fee or other form of compensation (either direct or indirect) as a condition of the employment, or do they have an agreement to pay you or the service such fees at a later date? The phrase "fees or other compensation" includes, but is not limited to, petition fees, attorney fees, recruitment costs, and any other fees that are a condition of a beneficiary's employment that the employer is prohibited from passing to the H-2A or H-2B worker under law under U.S. Department of Labor rules. This phrase does not include reasonable travel expenses and certain government-mandated fees (such as passport fees) that are not prohibited from being passed to the H-2A or H-2B worker by statute, regulations, or any laws. ☐ Yes ☒ No

- 8.b. If yes, list the types and amounts of fees that the worker(s) paid or will pay.

- 8.c. If the workers paid any fee or compensation, were they reimbursed? ☐ Yes ☒ No

- 8.d. If the workers agreed to pay a fee that they have not yet been paid, has their agreement been terminated before the workers paid the fee? (Submit evidence of termination or reimbursement with this petition.) ☐ Yes ☒ No

9. Have you made reasonable inquiries to determine that to the best of your knowledge the recruiter, facilitator, or similar employment service that you used has not collected, and will not collect, directly or indirectly, any fees or other compensation from the H-2 workers of this petition as a condition of the H-2 workers' employment? ☒ Yes ☐ No

NOTE: If USCIS determines that you knew, or should have known, that the workers requested in connection with this petition paid any fees or other compensation at any time as a condition of employment, your petition may be denied or revoked. ☐ Yes ☒ No

- 10.a. Have you ever had an H-2A or H-2B petition denied or revoked because an employee paid a job placement fee or other similar compensation as a condition of the job offer or employment? ☐ Yes ☒ No

10.a.1 If yes, when?

10.a.2 Receipt Number: ►

- 10.b. Were the workers reimbursed for such fees and compensation? (Submit evidence of reimbursement.) If you answered no because you were unable to locate the workers, include evidence of your efforts to locate the workers. ☐ Yes ☒ No

11. Have any of the workers you are requesting experienced an interrupted stay associated with their entry as an H-2A or H-2B? (See form instructions for more information on interrupted stays.) ☐ Yes ☒ No

If yes, document the workers' periods of stay in the table on the first page of this supplement. Submit evidence of each entry and each exit, with the petition, as evidence of the interrupted stays.

- 12.a. If you are an H-2A petitioner, are you a participant in the E-Verify program? ☐ Yes ☒ No

- 12.b. If yes, provide the E-Verify Company ID or Client Company ID.



#### Most Recent I-94

Admission (I-94) Record Number: 81078952230

Most Recent Date of Entry: 2015 December 04

Class of Admission: H2A

Admit Until Date: 11/19/2016

Details provided on the I-94 Information form:

Last/Surname: AGUILAR SAUCEDO

First (Given) Name: JORGE

Birth Date: [REDACTED]

Passport Number: [REDACTED]

Country of Issuance: Mexico

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1551-0111  
Expiration Date: 09/30/2016

[For inquiries or questions regarding your I-94, please click here.](#)

[Accessibility](#) | [Privacy Policy](#)





RECEIPT NUMBER WAC-16-020-50941		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE October 29, 2015	PRIORITY DATE	PETITIONER WESTERN RANGE ASSN
NOTICE DATE November 9, 2015	PAGE 1 of 2	BENEFICIARY THREE UNNAMED WORKERS
WESTERN RANGE ASSN C/O L MELENDEZ OR ESPIL 161 FIFTH AVE S STE 100 TWIN FALLS ID 83301		Notice Type: Approval Notice Class: H2A Valid from 11/10/2015 to 11/09/2016 Consulate: HERMOSILLO

The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off portion part of this notice to the worker(s) to show the approval. Please contact the consulate with any questions about visa issuance. **THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

Petition approval does not authorize employment or training. When the workers are granted status upon admission to the United States, they can then work for the petitioner, but only as detailed in the petition and for the period authorized. Please contact the IRS with any questions about tax withholding.

If circumstances change, the petitioner can file Form I-824 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment or training may also require a new petition. Include a copy of this notice with any other required documentation.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

Number of workers: 3

Name	DOB	COB	Class	Consulate / POE	CCC
THREE UNNAMED WORKERS			H2A	HERMOSILLO	500

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at [www.ombudsman.sba.gov](http://www.ombudsman.sba.gov) or phone 202-205-1417 or fax 202-481-5719.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I797B (Rev. 10/31/05)N



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt#: WAC-16-020-50941	Case Type: I129				
Notice Date: November 9, 2015	Petitioner: WESTERN RANGE ASSN				
Petitioner Validity Dates: Valid from 11/10/2015 to 11/09/2016	Number of Workers: 3				
Name	DOB	COB	Class	Consulate / POE	CCC
THREE UNNAMED WORKERS			H2A	HERMOSILLO	500

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

I-797B, Notice of Action



RECEIPT NUMBER WAC-16-020-50941		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE October 29, 2015	PRIORITY DATE	PETITIONER WESTERN RANGE ASSN
NOTICE DATE November 9, 2015	PAGE 2 of 2	BENEFICIARY THREE UNNAMED WORKERS

continued:

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP &amp; IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I797B (Rev. 10/31/05)N



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

VOID

VOID

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VOID

WRA010903 340



En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno mexicano, se recomienda que acuda a la representación diplomática o consular mexicana más cercana.

IN CASO DI EMERGENZA LA SQUADRA  
IN CASO DI AMERGENZA, PULSA NOTTY  
IN CASO DI AMERGENZA, PULSA NOTTY

Nombre:

**Dirección:**

Unidad Federativa:

C.P. \_\_\_\_\_ Teléfono: \_\_\_\_\_

POUR HOMER, TITULAR CHOMBER'S ADDRESS  
ADRESSE DU TITULAIRE.

**Dirección:**

Unidad Federativa:

C.D. \_\_\_\_\_ Telefono: \_\_\_\_\_

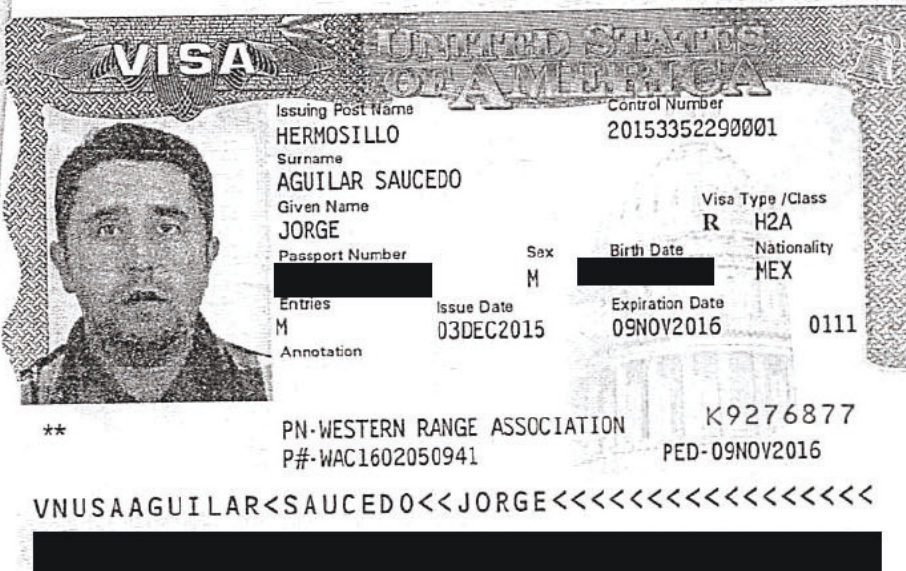
ESTE PASSAPORTE ES VÁLIDO PARA TODOS LOS PAÍSES  
 CE PASSEPORT EST VALABLE POUR AL COU N T R S  
 CE PASSEPORT EST VALABLE POUR TOUS LES PAÏS

[illegible]

10000

<b>PASAPORTE</b>		<b>Estados Unidos Mexicanos</b>	
	Tipo Type/ <b>P</b> Categora Code du pays/ <b>MEX</b> Apellidos/ Surname/ <b>Nm</b> <b>AGUILAR SAUCEDO</b> Names/ Given names/ Prénoms <b>JORGE</b> Nacionalidad/ Nationality/ Nationalité <b>MEXICANA</b> Fecha de nacimiento/ Date of birth/ Date de naissance <b>20 11 2015</b> Sexo/ Sex/ Sexe <b>M</b> Lugar de nacimiento/ Place of birth/ Lieu de naissance <b>ZACATECAS</b> Fecha de caducidad/ Issue date/ Date de délivrance <b>20 11 2015</b> Firma del titular/ Holder's signature/ Signature du titulaire <b>Jorge A. S.</b>	Pasaporte No. Passport No./ Número de pasaporte  Observaciones/ Remarks/ Observations CURP/ Personal No./ No. personnel <b>20 11 2018</b> Fecha de caducidad/ Expiry date/ Date d'expiration <b>20 11 2018</b> Autoridad/ Authority/ Autorité <b>ZACATECAS</b>	





**Section 2. Complete This Section If Filing for H-2A or H-2B Classification (continued)**


The H-2A/H-2B petitioner and each employer consent to allow Government access to the site where the labor is being performed for the purpose of determining compliance with H-2A/H-2B requirements. The petitioner further agrees to notify DHS beginning on a date and in a manner specified in a notice published in the Federal Register within 2 workdays if: an H-2A/H-2B worker fails to report for work within 5 workdays after the employment start date stated on the petition or, applicable to H-2A petitioners only, within 5 workdays of the start date established by the petitioner, whichever is later; the agricultural labor or services for which H-2A/H-2B workers were hired is completed more than 30 days early; or the H-2A/H-2B worker absconds from the worksite or is terminated prior to the completion of agricultural labor or services for which he or she was hired. The petitioner agrees to retain evidence of such notification and make it available for inspection by DHS officers for a 1-year period. "Workday" means the period between the time on any particular day when such employee commences his or her principal activity and the time on that day at which he or she ceases such principal activity or activities.

**For H-2A petitioners only:** The petitioner agrees to pay \$10 in liquidated damages for each instance where it cannot demonstrate it is in compliance with the notification requirement.

The petitioner must execute **Part A**. If the petitioner is the employer's agent, the employer must execute **Part B**. If there are joint employers, they must each execute **Part C**.

**Part A. Petitioner**

By filing this petition, I agree to the conditions of H-2A/H-2B employment and agree to the notification requirements. For H-2A petitioners: I also agree to the liquidated damages requirements defined in 8 CFR 214.2(h)(5)(vi)(B)(3).

Signature of Petitioner 	Name of Petitioner Western Range Association	Date (mm/dd/yyyy) 10/7/2016
--------------------------------------------------------------------------------------------------------------	-------------------------------------------------	--------------------------------

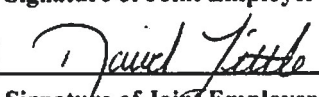
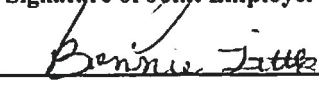
**Part B. Employer who is not the petitioner**

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf and agree to the conditions of H-2A/H-2B eligibility.

Signature of Employer	Name of Employer	Date (mm/dd/yyyy)

**Part C. Joint Employers**

I agree to the conditions of H-2A eligibility.

Signature of Joint Employer 	Name of Joint Employer DAVID LITTLE	Date (mm/dd/yyyy) 10/7/2016
Signature of Joint Employer 	Name of Joint Employer BONNIE LITTLE	Date (mm/dd/yyyy) 10/7/2016
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)
Signature of Joint Employer	Name of Joint Employer	Date (mm/dd/yyyy)

# **EXHIBIT 10**



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**UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA**

19 ABEL CÁNTARO CASTILLO on behalf of himself  
20 and those similarly situated,

CASE NO. 3:16-cv-00237-RCJ-CLB

21 Plaintiff,

22 vs.

23 WESTERN RANGE ASSOCIATION  
Defendant.  
24

**DECLARATION OF MELCHOR GRAGIRENA**

26 1. My name is Melchor Gragirena. I am over the age of eighteen years old and am  
27 competent to testify as to the following facts based upon my personal knowledge, or where  
28 indicated, upon business records.

1           2. I am the President of El Tejon Sheep Co. a California Corporation.

2           3. El Tejon is a small, family-owned and operated business and has been a member of  
3 Western Range Association (“WRA”) from 1958 to the present.

4           4. Western Range Association handles all the paperwork involved in obtaining H-2A  
5 herders for El Tejon, including filing Form 790 (job clearance order), Form 9142/9142A  
6 (application for certification), and INS Form I-192 (visa application). WRA also arranges travel  
7 between herders’ home country and the United States. I have no first-hand knowledge of how  
8 WRA recruits and brings the herders to Bakersfield, CA or Elko, NV.

9           5. El Tejon supplies information on the number of herders, where they will be working,  
10 and whether housing is a permanent structure or mobile/tents to Western Range Association so  
11 that they may fill out the H-2A paperwork. WRA is supposed to fill in the relevant rate of pay on  
12 all H-2A paperwork. The pay rate was not one of the pieces of information El Tejon provided to  
13 WRA because the rate is set by the federal government. In addition, El Tejon independently  
14 decided to pay the California rate to its employees even when they worked in Nevada. The  
15 housing is inspected in each state by Department of Labor housing inspectors— the shepherds  
16 cannot live in uninspected housing.

17           6. Since May 2010, El Tejon has employed approximately 38 different shepherds  
18 through Western Range Association.

19           7. El Tejon is based in California, which is where El Tejon shepherds work  
20 approximately six (6) months—typically, early October until early April—of each year. The  
21 other six (6) months of each year are spent in Nevada.

22           8. During the six months shepherds were working in Nevada, at all times they were “on  
23 the range” as El Tejon does not maintain a ranch in Nevada.

24           9. While on the range in Nevada, herders were provided with a trailer or teepee that was  
25 accessible by road, but were in locations without electricity or running water. Although the  
26 herders lacked electricity, many of them have solar powered batteries they use to charge their  
27 phones and other devices.

28           10. Lambing season takes place approximately October 10 through April 10, during



1 which time the herders and sheep are back in California.

2 11. El Tejon paid its shepherds based on a monthly wage rate established for California,  
3 including when they were in Nevada. Prior to June 1, 2014, I do not have records for the rate of  
4 pay for each of the herders. From June 1, 2014 to August 31, 2014, the monthly salary for each  
5 herder was \$1,422.52 plus vacation \$54.56; for September 1, 2014 to December 31, 2015 it was  
6 \$1,600.34 plus vacation \$61.38; from January 1, 2016 to 2017 it was \$1,777.98; 2018 increased  
7 to \$1,866.88 per month; 2019 increased to \$1,955.74 per month; 2020 increased to  
8 \$2,133.52/month. Because El Tejon chose to pay the California rate year-round, regardless of the  
9 herder's location, I did not keep detailed records of when shepherds were located in each state.

10 12. El Tejon gives many of its herders a discretionary bonus each year. The amount of  
11 the bonus depended on the quality of work done by the employee and how long the employee  
12 had been with the company. This bonuses varied widely from \$1,000 to \$5,000. The pay  
13 records should reflect these bonuses. Additionally, in some past years El Tejon gave each herder  
14 two weeks of paid vacation time each year. The herders are also provided room and board as  
15 part of their wages. The herders are permitted to slaughter a lamb to eat as well, which is also a  
16 part of their wages.

17 13. To the extent that records have been retained by El Tejon from 2015– present, El  
18 Tejon has produced payroll records and written policies and procedures from its business  
19 records, true and correct copies of which are attached to this declaration.

20 14. From 2010 – present, the only time that health insurance was provided to herders was  
21 through the Western Range Association-sponsored plan from approximately 2010 through the  
22 end of 2013. El Tejon did not independently provide health insurance to its herders at any point  
23 during the relevant time period.

24 15. To the best of my recollection from 2010 – present, Western Range Association, with  
25 the concurrence of El Tejon, has certified that the job description for El Tejon's herders aligns  
26 with the job description set forth in the relevant H-2A regulations and Special Procedures. Thus,  
27 herders were responsible for attending sheep grazing on the range, herding the flock and  
28 rounding up strays, bedding down the flock, guarding the flock from predatory animals and from



1 eating poisonous plants, drenching the sheep, examining sheep for signs of illness and  
2 administering vaccines, medications, and insecticides, and assisting in lambing, docking, and  
3 shearing. During some parts of the year shepherds may need to transport water to the sheep; and  
4 ensure sheep are able to get sufficient food.

5 16. In addition to written policies and procedures that have been produced, El Tejon also  
6 orally informed its herders of its expectations. From my experience as a herder, then a camp  
7 tender, then foreman and the owner, I am familiar with our operations and the expectations we  
8 set for our herders. The sheep have never been monitored by herders at night. The herders are  
9 not responsible for and are not trained by El Tejon to monitor the herd at night. Further, no  
10 herder has informed me that he was monitoring the sheep at night. This type of monitoring by  
11 the herders was unnecessary for El Tejon's herders because El Tejon employs specially trained  
12 Great Pyrenees dogs to watch over the herd at night and during mid-day. The dogs scare off or  
13 attack predators that come near the sheep. This has been the practice for over the last ten years.

14 17. To the best of my knowledge, from 2010 – present, El Tejon has not tracked  
15 sheepherders' hours worked, as the governing regulations do not require that. While El Tejon  
16 did not record hours worked, it did obtain declarations from six of its then-currently employed  
17 herders in 2016: Cesario Yauri Garcia, Elias Maximo Ascanoa Alania, Elmer Alcides Cantaro  
18 Oteo, Filomeno Leonardo Lapa Pomahuali, Gilmar Jhonny Melo Castillo, and William Archi  
19 Lozano. Based upon my 59 years of experience as a herder, camp tender, foreman and president  
20 of El Tejon, I believe that these declarations fairly and accurately describe the general daily  
21 routines of El Tejon herders out on the range.

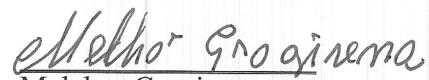
22 18. While in Nevada, supervisors bring food to herders two to three times per week,  
23 and typically stay with the herder for two to three hours. The supervisors come at different times  
24 and on different days depending upon where they are needed. While a supervisor will come  
25 check on them periodically, supervisors do not spend enough time with the herders to observe all  
26 of their work hours.

27 19. El Tejon strives to employ qualified herders; however, sometimes certain herders will  
28 need more guidance and coaching than others. I can tell by looking at a flock of sheep whether

1 they are being adequately tended to. If I learn that a herder has not been attending the herd as  
2 required, then we do not invite the herder to return for another season, or we request a transfer  
3 for that herder. I do not believe we have ever terminated a herder mid-season or sent any herder  
4 home who did not ask to be sent home.  
5

6 I hereby declare under penalty of perjury under the laws of the United States and the State of  
7 California that the foregoing is true and correct to the best of my knowledge.

8 Date: 12/28/2020

9   
10 Melchor Gragirena  
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