Notice of Filing of a Labor Condition Application with the Employment and Training Administration of the U.S. Department of Labor

1. This request for H-1B nonimmigrant worker is filed by **Enercon Ltd d/b/a Grumman|Butkus Associates**.
2. The number of H-1B workers being sought is **One (1)**.
3. The position being offered is **Senior Project Engineer**.
4. The occupational classification is **17-2141.00 Mechanical Engineers**.
5. The wage rate being offered is USD **$130,000 / year**.
6. The period of employment requested is **07/27/2026 to 07/26/2029**.
7. The place of employment is located in the **Chicago-Naperville-Elgin IL-IN** area at the following worksites:
    a. **820 Davis St, Ste. 300, Evanston, IL 60201 [COOK COUNTY]**; and
    b. 1130 N Dearborn St, Apt 612, Chicago, IL 60610 [COOK COUNTY].
8. The labor condition application is available for public inspection at the ***company's principal place of business*** located at **820 Davis St, Ste. 300, Evanston, IL 60201**.

"*Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division of the United States Department of Labor*."

The employer certifies that the Notice of Filing (NOF) was provided in compliance with the notice requirements of 20 C.F.R. § 655.734 using the following method:

☐ **Physical Posting**: at two (2) conspicuous locations at *each worksite* identified in Section 7 for ten (10) consecutive calendar days from __ to __.

☒ **Electronic Posting**: on the employer's *external website* ~~*/ intranet / electronic bulletin board / internal database / other electronic notice system*~~ that is readily accessible to all affected employees* for ten (10) consecutive calendar days from **07/09/2026** to **07/18/2026**.

☐ **Direct Electronic Communication**: by *email* / *electronic newsletter* / *other direct electronic communication* to all affected employees* on __.

Employer Representative: _____ **Title:** _____

Signature: _____ **Date:** _____

**Affected employees* are employees of the H-1B petitioner and, if applicable, a third-party employer who are employed at the same place of employment and in the same occupational classification as the H-1B worker(s) sought. By selecting the chosen posting method, the employer confirms that all affected employees have access to, and are reasonably expected to receive, the notice through the selected method.