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7-22-16 0035309


OMB No. 1615-0061; Expires 01/31/2015

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

**Form I-924, Application for Regional Center
Under the Immigrant Investor Pilot Program**

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800050

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)

| | |
|--------------|---|
| Action Block |  |
| | RCW1524652893 [Redacted] 1924 09/03/2015 (b)(6) <input checked="" type="checkbox"/> G-28 attached Attorney's State License No. 146597/208665 |

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|------------------|-------------------|
| Name: Last Hogan | First Patrick | Middle Francis |
|---------------------|------------------|-------------------|

C/O: CMB Colorado Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street West

| | | |
|-------------------|-----------|-----------------|
| City: Rock Island | State: IL | Zip Code: 61201 |
|-------------------|-----------|-----------------|

| | | |
|--|--|--|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): (309) 797-1655 | Telephone Number (include area code): (309) 797-1550 |
|--|--|--|

Web site address:
(b)(6)

Part 2. Application Type (Check one)

- a. Initial Application for Designation as a Regional Center
- b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Approval of I-526 exemplar for affiliated new commercial enterprise. (ID: 1423251852)

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Colorado Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street West

| | | |
|-------------------|-----------|-----------------|
| City: Rock Island | State: IL | Zip Code: 61201 |
|-------------------|-----------|-----------------|

| | | |
|---|---|---|
| Web site address: www.cmbeb5visa.com | Fax Number (include area code): (309) 797-1655 | Telephone Number (include area code): (309) 797-1550 |
|---|---|---|

Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Export, LLC

Street Address/P.O. Box: 7819 42nd Street West

| | | |
|---|---|---|
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site address: www.cmbeb5visa.com | Fax Number (include area code): (309) 797-1655 | Telephone Number (include area code): (309) 797-1550 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------------------|---------------------------------|---------------------------------------|
| City: | State: | Zip Code: |
| Web site address: | Fax Number (include area code): | Telephone Number (include area code): |

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

N/A - management structure unchanged from initial regional center proposal for CMB Colorado Regional Center, LLC ("CMB Colorado")

Part 3. Information About the Regional Center (Continued)

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1a. Describe the structure, ownership and control of the regional center entity.

CMB Colorado is a limited liability company. Ownership of the Regional Center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Colorado.

b. Date the Regional Center was established(mm/dd/yyyy): 07/25/2014

c. Organization Structure for the Regional Center:

- 1. Agency of a U.S. State or Territory (identify) _____
- 2. Corporation
- 3. Partnership (including Limited Partnership)
- 4. Limited Liability Company (LLC)
- 5. Other (Explain) _____

2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?

- No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.

3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.

The geographic scope consists of entire state of Colorado as reflected in USCIS's regional center designation letter (dated May 12, 2015).

4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

The administration, oversight, and management functions for CMB Colorado are being conducted through an affiliated regional center entity, CMB Export LLC. CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Colorado's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center (Continued)

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to the attached statement by Mr. Hogan regarding CMB Colorado's promotional activities.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

CMB Colorado regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Mr. Hogan.

7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.

| | |
|---|--|
| <p>Industry Category Title: <div style="border: 1px solid black; padding: 2px; width: 100%;">Construction</div> </p> <p>NAICS Code for the Industry Category: <u>2 3 0 0 0 0</u> </p> | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes</p> |
| <p>Industry Category Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>NAICS Code for the Industry Category: _____ </p> | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes</p> |
| <p>Industry Category Title: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>NAICS Code for the Industry Category: _____ </p> | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes</p> |

Part 3. Information About the Regional Center (Continued)

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

CMB Colorado is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Colorado Infrastructure Investment Group 41, LP ("CMB Group 41"). As reflected in the attached exemplar petition documents, the co-General Partner (CMB Colorado) owns 20% of this enterprise. The EB-5 investors will own collectively the remaining 80% of CMB Group 41.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 09/25/2014

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

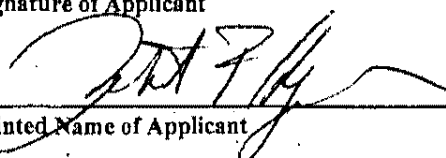
- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

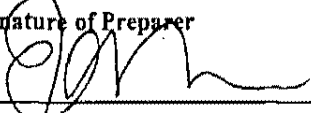
| | | |
|---|---|---------------------------------|
| Signature of Applicant  | Daytime Phone Number <i>(Area/Country Codes)</i> (309) 797-1550 | Date (mm/dd/yyyy) 08/26/2015 |
| Printed Name of Applicant Patrick F. Hogan | E-Mail Address pat@cmb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Colorado Regional Center, LLC and CMB Export LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

No Yes

| | | |
|---|---|--|
| Signature of Preparer  | Printed Name of Preparer Lincoln Stone / Elsie Arias | Date (mm/dd/yyyy) 9/1/2015 |
| Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017 | | |
| Daytime Phone Number (Area/Country Codes) (213) 627-8997 | Fax Number (Area/ Country Codes) (213) 627-8998 | E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com |

| Do Not Write in This Block - For USCIS Use Only (Except G-28 Block Below) | | |
|---|--------------|--|
| Classification _____ | Action Block | Fee Receipt |
| Priority Date _____ | | To be completed by Attorney or Representative, if any <input type="checkbox"/> G-28 is attached Attorney's State License No. _____ |
| Remarks: Regional Center: CMB Colorado Regional Center, LLC | | |

START HERE - Type or print in black ink.

Part 1. Information About You

| | | |
|--|-------------------|---------------------------------|
| Family Name | Given Name | Middle Name |
| Address - In Care of Name, if applicable | | |
| Street Number and Name | | Apt. Number |
| City | State or Province | Country |
| | | Zip/Postal Code |
| Date of Birth (mm/dd/yyyy) | Country of Birth | Social Security Number (if any) |
| | | A-Number (if any) |

If you are in the United States, provide the following information:

| | | |
|------------------------------|---|---|
| Date of Arrival (mm/dd/yyyy) | I-94 Number | Passport Number |
| Travel Document Number | Expiration Date for Passport or Travel Document | Country of Issuance for Passport or Travel Document |
| Current Nonimmigrant Status | Date Current Status Expires (mm/dd/yyyy) | Daytime Telephone Number (with Area Code) |

Part 2. Application Type (Check one)

- a. This petition is based on an investment in a commercial enterprise in a targeted employment area for which the required amount of capital invested has been adjusted downward.
- b. This petition is based on an investment in a commercial enterprise in an area for which the required amount of capital invested has been adjusted upward.
- c. This petition is based on an investment in a commercial enterprise that is not in either a targeted area or in an upward adjustment area.

Part 3. Information About Your Investment

| | |
|--|---|
| Name of commercial enterprise in which funds are invested (Required Field - Do Not Leave Blank) CMB Colorado Infrastructure Investment Group 41, LP | |
| Street Address 7819 42nd Street West, Rock Island, IL 61201 | |
| Phone Number with Area Code (309) 797-1550 | Business organized as (corporation, partnership, etc.) Limited Partnership |

RECEIVED: _____ RESUBMITTED: _____ RELOCATED: SENT _____ REC'D _____



Part 3. Information About Your Investment (Continued)

Kind of business (e.g. furniture manufacturer) **Infrastructure/Development** Date established (mm/dd/yyyy) **09/25/2014** IRS Tax # **(b)(3)**

Date of your initial investment (mm/dd/yyyy) _____ Amount of your initial investment \$ **550,000 (500,000)**

Your total capital investment in the enterprise to date \$ **550,000 (500,000)** Percentage of the enterprise you own _____

If you are not the sole investor in the new commercial enterprise, list on separate paper the names of all other parties (natural and non-natural) who hold a percentage share of ownership of the new enterprise and indicate whether any of these parties is seeking classification as an alien entrepreneur. Include the name, percentage of ownership, and whether or not the person is seeking classification under section 203(b)(5). NOTE: A "natural" party would be an individual person, and a "non-natural" party would be an entity such as a corporation, consortium, investment group, partnership, etc.

If you indicated in Part 2 that the enterprise is in a targeted employment area or in an upward adjustment area, name the county and State: County **Denver** State **Colorado**

Part 4. Additional Information About the Enterprise

Type of Enterprise (check one):

- New commercial enterprise resulting from the creation of a new business.
- New commercial enterprise resulting from the purchase of an existing business.
- New commercial enterprise resulting from a capital investment in an existing business.

Composition of the Petitioner's Investment:

| | | |
|--|----|--------------------------|
| Total amount in U.S. bank account | \$ | _____ |
| Total value of all assets purchased for use in the enterprise..... | \$ | _____ |
| Total value of all property transferred from abroad to the new enterprise..... | \$ | _____ |
| Total of all debt financing..... | \$ | _____ |
| Total stock purchases..... Limited Partnership | \$ | 550,000 (500,000) |
| Other (explain on separate paper)..... | \$ | _____ |
| Total | \$ | 550,000 (500,000) |

Income:

| | | | | | | |
|-----------------------------------|-------|----|-------|-----|----|-------|
| When you made the investment..... | Gross | \$ | _____ | Net | \$ | _____ |
| Now..... | Gross | \$ | _____ | Net | \$ | _____ |

Net worth:

| | | | | | | |
|-------------------------------|-------|----|-------|-----|----|--------------------------|
| When you made investment..... | Gross | \$ | _____ | Now | \$ | 550,000 (500,000) |
|-------------------------------|-------|----|-------|-----|----|--------------------------|



Part 5. Employment Creation Information.

Number of full-time employees in the enterprise in U.S. (excluding you, your spouse, sons, and daughters)

When you made your initial investment? Now Difference

How many of these new jobs were created by your investment? How many additional new jobs will be created by your additional investment?

What is your position, office, or title with the new commercial enterprise? * See economist's report

Briefly describe your duties, activities, and responsibilities.

What is your salary? \$ What is the cost of your benefits? \$

Part 6. Processing Information

Check One:

- The person named in Part 1 is now in the United States, and an application to adjust status to permanent resident will be filed if this petition is approved.
- If the petition is approved and the person named in Part 1 wishes to apply for an immigrant visa abroad, complete the following for that person:

Country of nationality:

Country of current residence or, if now in the United States, last permanent residence abroad:

If you provided a United States address in Part 1, print the person's foreign address:

If the person's native alphabet is other than Roman letters, write the foreign address in the native alphabet:

- Are you in deportation or removal proceedings? Yes (Explain on separate paper) No
- Have you ever worked in the United States without permission? Yes (Explain on separate paper) No

Part 7. Signature *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature Date

Mobile Phone Number () - E-Mail Address

NOTE: *If you do not completely fill out this form or fail to submit the required documents listed in the instructions, you may not be found eligible for the immigration benefit you are seeking and this petition may be denied.*

Part 8. Signature of Person Preparing Form, If Other Than Above (Sign below)

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

Signature Print Your Name Date

Firm Name Daytime phone # with area code

Address



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

**Form I-924A,
Supplement to Form I-924**

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Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Hogan | First Patrick | Middle Francis |
| In Care Of: CMB Colorado Regional Center, LLC | | |
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island (b)(6) | State: IL | Zip Code: 61201 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
| Web site address: www.cmbeb5visa.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | RCW1423251852/ID1423251852 |

Part 2. Application Type (Select one)

- a. Supplement for the Fiscal Year Ending September 30, 2015 (YYYY)
- b. Supplement for a Series of Fiscal Years Beginning on October 1, _____ (YYYY) and Ending on September 30, _____ (YYYY)

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Colorado Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street W.

| | | |
|---|---|--|
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

B. Name of Managing Company/Agency: CMB Colorado Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street W.

| | | |
|---|---|--|
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in Part 2 of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation that has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (b)(4) | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|---|---|---|
| a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: 0 |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: CMB Colorado Infrast. Invest. Group 41 LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|-----------------------------------|--|--------------------|
| (1) Business Name: Residences of Cherokee LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 191 Peachtree St. N.E. St4100 | City: Atlanta | State: GA | Zip Code: 30303 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

(b)(4)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|-----------------------------------|--|--------------------|
| (2) Business Name Integral Chestnut Investor, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 191 Peachtree St. N.E. St4100 | City: Atlanta | State: GA | Zip Code: 30303 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

(b)(4)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? No Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? No Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

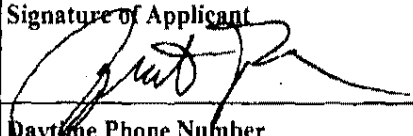
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|--|---------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Patrick F. Hogan | Date (mm/dd/yyyy) 12/8/2015 |
| Daytime Phone Number (Area/Country Codes) (309) 797-1550 | E-Mail Address pat@cmbeb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? No Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

FY 2015

I-924A

CMB Colorado
Regional Center

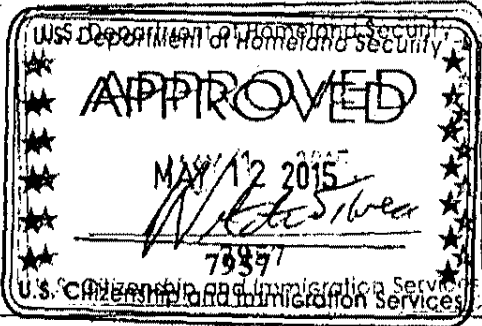
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Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924, Application for Regional Center Under the Immigrant Investor Pilot Program

Do Not Write in This Block - for USCIS Use Only (except G-28)

Action Block



RCW1423251852

1924 08/20/2014

(b)(6)

G-28 attached

Attorney's State License No.

146597/208665

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|------------------|-------------------|
| Name: Last Hogan | First Patrick | Middle Francis |
|---------------------|------------------|-------------------|

C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

| | | |
|-------------------|-----------|-----------------|
| City: Rock Island | State: IL | Zip Code: 61201 |
|-------------------|-----------|-----------------|

| | | |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (309) 797-1655 | Telephone Number (include area code): (309) 797-1550 |
|-----------------------------|--|--|

Web site address: www.cmbeb5visa.com (b)(6)

Part 2. Application Type (Check one)

- a. Initial Application for Designation as a Regional Center
- b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice):

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Colorado Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street West

| | | |
|-------------------|-----------|-----------------|
| City: Rock Island | State: IL | Zip Code: 61201 |
|-------------------|-----------|-----------------|

| | | |
|---|---|---|
| Web site address: www.cmbeb5visa.com | Fax Number (include area code): (309) 797-1655 | Telephone Number (include area code): (309) 797-1550 |
|---|---|---|

Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

| | | |
|---|---|---|
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site address: www.cmbeb5visa.com | Fax Number (include area code): (309) 797-1655 | Telephone Number (include area code): (309) 797-1550 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------------------|---------------------------------|---------------------------------------|
| City: | State: | Zip Code: |
| Web site address: | Fax Number (include area code): | Telephone Number (include area code): |

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

N/A

Part 3. Information About the Regional Center (Continued)

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1a. Describe the structure, ownership and control of the regional center entity.

CMB Colorado Regional Center, LLC ("CMB Colorado") is a limited liability company. Ownership of the Regional Center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust (Patrick F. Hogan, Managing Member).

b. Date the Regional Center was established(mm/dd/yyyy): _____

c. Organization Structure for the Regional Center:

- 1. Agency of a U.S. State or Territory (identify) _____
- 2. Corporation
- 3. Partnership (including Limited Partnership)
- 4. Limited Liability Company (LLC)
- 5. Other (Explain) _____

2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?

- No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.

3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.

CMB Colorado is seeking the entire state of Colorado as its geographic scope as a regional center.

4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

The administration, oversight, and management functions for CMB Colorado will be conducted through an affiliated regional center entity, CMB Export LLC. CMB Export LLC has been operating as a regional center for approximately 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Accordingly, Patrick F. Hogan is familiar with all USCIS requirements to monitor and maintain CMB Colorado's regional center designation. Moreover, CMB Export LLC has several full-time employees to assist with the monitoring and reporting requirements for CMB Colorado.

Part 3. Information About the Regional Center (Continued)

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to Operational Plan and attached letter (signed by Patrick F. Hogan) regarding CMB Colorado's promotional activities.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

As reflected in Operational Plan, CMB Colorado will conduct due diligence in evaluating prospective EB-5 investors, including lawful source of funds. The regional center principals have significant experience to undertake due diligence based on prior experience with its affiliate, CMB Export, LLC. Please refer to attached letter, signed by Patrick F. Hogan, for further details.

7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.

| | |
|--|--|
| <p>Industry Category Title: <input type="text" value="Construction"/></p> <p>NAICS Code for the Industry Category: 2 3 0 0 0 0</p> | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes</p> |
| <p>Industry Category Title: <input type="text"/></p> <p>NAICS Code for the Industry Category: _____</p> | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes</p> |
| <p>Industry Category Title: <input type="text"/></p> <p>NAICS Code for the Industry Category: _____</p> | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes</p> |

Part 3. Information About the Regional Center (Continued)

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

As outlined in the sample Limited Partnership Agreement, each organized offering will be structured as a limited partnership with CMB Colorado service as a General Partner or Co-General Partner. The General Partner will hold 20% interest in the limited partnership, and EB-5 investors will collectively own the remaining 80% of the enterprise.

b. Date commercial enterprise established, if any (mm/dd/yyyy): _____

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

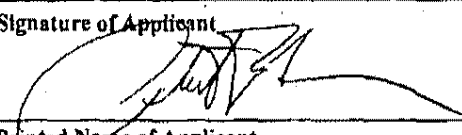
- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.


| | | |
|---|--|-----------------------------|
| Signature of Applicant  | Daytime Phone Number (Area/Country Codes) (309) 797-1550 | Date (mm/dd/yyyy) 8-6-14 |
| Printed Name of Applicant Patrick F. Hogan | E-Mail Address pat@cmb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

No Yes

| | | | |
|---|---|--|--------------------------------|
| Signature of Preparer  | | Printed Name of Preparer Lincoln Stone / Elsie Arias | Date (mm/dd/yyyy) 8/19/2014 |
| Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017 | | | |
| Daytime Phone Number (Area/Country Codes) (213) 627-8997 | Fax Number (Area/ Country Codes) (213) 627-8998 | E-Mail Address Elsie@sggimmigration.com Lincoln@sggimmigration.com | |