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

D	ep	artmen	ť of	How	eland	Secur	ity	
۲I	0	Citiana	يبرأ بالم	المسم	True and a		C	:

• .

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

· · ·

	Name: Last	Firs	t		Middle					
	Hogan	Pat	rick		Francis					
	In Care Of: CMB Southeast Regional Center, LLC									
	Street Address/P.O. Box: 7819 42nd S	treet W.								
	City: Rock Island		State: IL		Zip Code: 61201					
)	Date of Birth (mm/dd/yyyy):	mber e area code): (85!	5)852-5133	Telephone N (include area	ne Number area code): (309) 797-1550					
	Web site address: www.cmbeb5visa.co		,							
	USCIS-assigned number for the Designated Regional Center's most recently issued appr		(attach the RCW/1	1231250800	/RC ID1231250800					
	Part 2. Application Type (check o	ne)								
	🔀 a. Supplement for the Fiscal Year End	ing September 30,	<u>2014</u> (YYYY)							
	<b>b.</b> Supplement for a Series of Fiscal Y	cars Beginning on	October 1, ()	YYYY) and End	ling on September 30,(					
					·					
	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 region center.) A. Name of Regional Center: CMB Southeast Regional Center, LLC									
	Street Address/P.O. Box: 7819 42nd		\ 							
	City: Rock Island		State: IL	·····	Zip Code: 61201					
	Web site Address: www.cmbeb5visa.com	Fax Number (include area	code): (855) 852-	5133 Tele	phone ude area code): (309)797-1					
			B. Name of Managing Company/Agency: CMB Southeast Regional Center, LLC							
		÷	t Regional Cent	ter, LLC						
	B. Name of Managing Company/Agency:	÷	t Regional Cent	ter, LLC						
	B. Name of Managing Company/Agency:	CMB Southeas	E Regional Cent	ter, LLÇ	Zip Code: 61201					
	B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42nd	CMB Southeas	State; IL (855) 852-5	5133 Teler	Zip Code: 61201 ohone (309) 797-1: ude area code):					
	B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42nd City: Rock Island Web site	CMB Southeas I Street W. Fax Number	State; IL (855) 852-5	5133 Teler	phone (309)797-1					
,	B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42nd City: Rock Island Web site Address: www.cmbeb5visa.com	CMB Southeas I Street W. Fax Number	State; IL (855) 852-5	5133 Teler	phone (309)797-1					
	<ul> <li>B. Name of Managing Company/Agency:</li> <li>Street Address/P.O. Box: 7819 42nd</li> <li>City: Rock Island</li> <li>Web site</li> <li>Address: www.cmbeb5visa.com</li> <li>C. Name of Other Agent: N/A</li> </ul>	CMB Southeas I Street W. Fax Number	State; IL (855) 852-5	5133 Teler	phone (309)797-1					
	<ul> <li>B. Name of Managing Company/Agency:</li> <li>Street Address/P.O. Box: 7819 42nd</li> <li>City: Rock Island</li> <li>Web site</li> <li>Address: www.cmbeb5visa.com</li> <li>C. Name of Other Agent: N/A</li> <li>Street Address/P.O. Box:</li> </ul>	CMB Southeas I Street W. Fax Number	State: IL (855) 852-9 code): State:	5133 Teler (inclust)	ohone (309) 797 - 1: ude area code):					

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 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
ſ		

 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".)

ſ	a. Industry Category Title:		NAICS Code for the Industry Category
	Construction		2 3
ſ	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

(**b)(4**)

(**b)(4**)

(b)(4)

D. 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:

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:

26, L.P 2	23		
	÷		
	۵	State:	Zip Code:
sland ·	1	IL	61201
Direct and Ind	lirect Job Creation:	Aggregate Jobs	Maintained:
			sland IL

have or will create or maintain jobs for EB-5 purposes?

If yes, then identify the name and address of ea creation/maintenance associated with each job		s, as well as the amo	ount of EB-S ci	apital investment and job
(1) Business Name:		Industry Category	Title:	
RE Projects - JCCC A-1, LLC	,	23		
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		тх	75219
EB-5 Capital Investment:	Direct and Indirect Jol	b Creation:	Jobs Maint	tained:

(**b)(4**)

(2) Business Name		Industry Category Tit	le:	
Address (Street Number and Name):	City:	·	State: TX	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job	o Creation:	Jobs Maintair	ned:

b. Name of Commercial Enterprise:	۰. · · ۲	Industry Category Ti	tle:	
Address (Street Number and Name):	City:	<u> </u>	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 have or will create or maintain jobs for EB-5 p If yes, then identify the name and address of ca creation/maintenance associated with each job	ourposes? ach job creating busines			No Yes Yes No In Yes
(1) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:	······································	State	Zip Code
EB-5 Capital Investment	Direct and Indirect Job	Creation	Jobs Main	itained

.

ſ

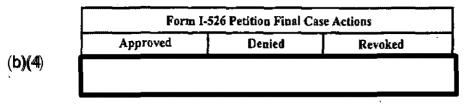
(2) Business Name:		Industry Catego	ry Title:	litle:	
Address (Street Number and Name):	City:	, ,	State:	Zip Code:	
EB-5 Capital Investment;	Direct and Indirect J	ob Creation:	Jobs Mai	ntained:	
c. Name of Commercial Enterprise:	<u></u>	Industry Categor	ry Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creat	ion: Aggregat	e Jobs Maintained:	
Docs this EB-5 commercial enterprise serv	e as a vehicle for investm	ent into other busir	ess entities		
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	r EB-5 purposes? of each job creating busing		mount of EB-5 c		
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	r EB-5 purposes? of each job creating busing	ess, as well as the a	mount of EB-5 c		
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	r EB-5 purposes? of each job creating busing job creating business.	Industry Categor	mount of EB-5 c y Title:	apital investment and	
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Address (Street Number and Name):	r EB-5 purposes? of each job creating busine job creating business. City:	Industry Categor	mount of EB-5 c y Title: State: Jobs Main	apital investment and	
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	r EB-5 purposes? of each job creating busine job creating business. City:	Industry Categor	mount of EB-5 c y Title: State: Jobs Main	apital investment and . Zip Code:	

.

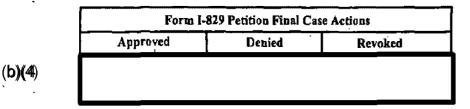
d. Name of Commercial Enterprise:		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	· Aggregate Direc	and Indirect Job Crea	tion: Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs fo		estment into other busin	ess entities	<u>No</u> Ye
If yes, then identify the name and address ( job creation/maintenance associated with e			mount of EB-5 ca	apital investment and
(1) Business Name:		Industry Catego	ry Title:	gallen allen ander ander allen a
Address (Street Number and Name):	City:	<b>_</b>	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indire	ect Job Creation:	Jobs Main	
(2) Business Name:		Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indire	ct Job Creation:	Jobs Main	tained:
. Name of Commercial Enterprise:		Industry Categor	y Title:	
Address Street Number and Name:	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct	and Indirect Job Creati	on: Aggregate	Jobs Maintained:

(1) Business Name:	Industry Category Title:			
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indi	irect Job Creation:	Jobs Maintained:	
(2) Business Name:		Industry Category Title:		
Address (Street Number and Name):	Cíty:	,,,,,, _	State:	Zip Code:
EB-5 Capital Investment: Direct and		rect Job Creation:	Jobs Main	ntained:

4. Provide the total number of approved, denied and revoked Form 1-526 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.)



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.)



**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 compete 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	Date (mm/dd/yyyy)
dent to	Patrick F. Hogan	12/15/2014
Daysme Phone Number (Area/Country Codes)	E-Mail Address	
(309)797-1550	pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Mar	aging Member, President, CEO, etc.)	illif unne Undelanning

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		·	
<b>Daytime Phone Number</b> (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	

Form 1-924A 01/03/13 Y Page 7

	Department of Homeland Security U.S. Citizenship and Immigration Serv	rices				Suppl	For lement to F	m I-924A, orm I-924
	Part 1. Information About	t Principa	l of the Regi	onal Center				
	Name: Last		First			Middl	e	
	Hogan		····	rick		Fran	cis	
	In Care Of: CMB Southeast R	Regional	Center, LL	C				
	Street Address/P.O. Box: 7819	42nd Stre	eet W.			ſ		
	City: Rock Island			State: 1L	·····	Zip	Code: 61201	
5)	Date of Birth (mm/dd/yyyy)	Fax Numbe (include ar		852-5133		one Number e area code)	: (309) 797-	1550
	Web site address; www.cmbeb5v	∕isa.com						_
	USCIS-assigned number for the De Regional Center's most recently iss			attach the RCW12	312508	00 / RC	ID1231250800	0
	Part 2. Application Type (	check one)	)					
	<b>b.</b> Supplement for a Series of	Fiscal Years	Beginning on	October 1, (	<i>YYYY)</i> an	d Ending on	September 30, _	(NYN)
	Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en	t the Regio	onal Center	r additional manager	nent com	panies/agen	cies, regional cer	hter
	Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en center.)	t <b>the Regio</b> d, to provide ntities who a	information for re or will be in	r additional manager volved in the manage	nent com	panies/agen	cies, regional cer	hter
	Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en center.) A. Name of Regional Center: CMI	t <b>the Regic</b> d, to provide <sup>:</sup> ntities who a B Southea	information for re or will be in ast Regiona	r additional manager volved in the manage	nent com	panies/agen	cies, regional cer	hter
	Part 3. Information About(Use a continuation sheet, if needed principals, agents, individuals, or encenter.)A. Name of Regional Center:CMIStreet Address/P.O. Box:781	t <b>the Regic</b> d, to provide <sup>:</sup> ntities who a B Southea	information for re or will be in ast Regiona	r additional manager volved in the manag 1 Center, LLC	nent com	panies/agen	cies, regional cer l administration o	nter of the regional
	Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en center.) A. Name of Regional Center: CMI	t <b>the Regic</b> d, to provide ntities who a B Southes 9 42nd S	onal Center information for re or will be int ast Regiona treet W.	r additional manager volved in the manage 1 Center, LLC State: IL	nent com ement, ov	panies/agen ersight, and	cies, regional cer l administration o Zip Code: 6120	nter of the regional 01
	Part 3. Information About         (Use a continuation sheet, if needed         principals, agents, individuals, or encenter.)         A. Name of Regional Center: CMI         Street Address/P.O. Box: 781         City: Rock Island         Web site	t the Regic d, to provide ntities who a B Southes 9 42nd S .com	onal Center information for re or will be in ast Regiona treet W. Fax Number (include area	r additional manager volved in the manager 1 Center, LLC State: <u>11</u> State: <u>11</u> code): (855) 852	nent com ement, ov	panies/agen ersight, and Telephone (include ar	cies, regional cer l administration o Zip Code: 6120	nter of the regional 01
	Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en- center.) A. Name of Regional Center: CMI Street Address/P.O. Box: 781 City: Rock Island Web site Address: www.cmbeb5visa.	t the Regic d, to provide ntities who a B Southea .9 42nd S .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast	r additional manager volved in the manager 1 Center, LLC State: <u>11</u> State: <u>11</u> code): (855) 852	nent com ement, ov	panies/agen ersight, and Telephone (include ar	cies, regional cer l administration o Zip Code: 6120	nter of the regional 01
	Part 3. Information About         (Use a continuation sheet, if needed         principals, agents, individuals, or encenter.)         A. Name of Regional Center: CMI         Street Address/P.O. Box: 781         City: Rock Island         Web site         Address: www.cmbeb5visa.         B, Name of Managing Company/A	t the Regic d, to provide ntities who a B Southea .9 42nd S .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast	r additional manager volved in the manager 1 Center, LLC State: <u>11</u> State: <u>11</u> code): (855) 852	nent com ement, ov	panies/agen ersight, and Telephone (include ar	cies, regional cer l administration o Zip Code: 6120	nter of the regional 01 797-1550
	Part 3. Information About         (Use a continuation sheet, if needed         principals, agents, individuals, or end         center.)         A. Name of Regional Center: CMI         Street Address/P.O. Box: 781         City: Rock Island         Web site         Address: www.cmbeb5visa.         B. Name of Managing Company/A         Street Address/P.O. Box: 781	t the Regic d, to provide ntities who a B Southea 9 42nd S com agency: CME 9 42nd S	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast	r additional manager volved in the manager al Center, LLC State: IL code): (855) 852 Regional Cen State: IL (855) 852	- 5133	panies/agen ersight, and Telephone (include ar	Zip Code: 612( 22ip Code: 612) 22ip Code: 612( 22ip Code: 612) 22ip Code: 612	nter of the regional 01 797-1550
•	Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en- center.) A. Name of Regional Center: CMI Street Address/P.O. Box: 781 City: Rock Island Web site Address: www.cmbeb5visa. B. Name of Managing Company/A Street Address/P.O. Box: 781 City: Rock Island Web site	t the Regic d, to provide ntities who a B Southea 9 42nd S com agency: CME 9 42nd S	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast treet W.	r additional manager volved in the manager al Center, LLC State: IL code): (855) 852 Regional Cen State: IL (855) 852	- 5133	panies/agen versight, and Telephone (include ar LC Telephone	Zip Code: 612( 22ip Code: 612) 22ip Code: 612( 22ip Code: 612) 22ip Code: 612	nter of the regional 01 797-1550
•	Part 3. Information About         (Use a continuation sheet, if needed         principals, agents, individuals, or end         center.)         A. Name of Regional Center: CMI         Street Address/P.O. Box: 781         City: Rock Island         Web site         Address: www.cmbeb5visa.         B. Name of Managing Company/A         Street Address/P.O. Box: 781         City: Rock Island         Web site         Address: www.cmbeb5visa.         Address: www.cmbeb5visa.	t the Regic d, to provide ntities who a B Southea 9 42nd S com agency: CME 9 42nd S	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast treet W.	r additional manager volved in the manager al Center, LLC State: IL code): (855) 852 Regional Cen State: IL (855) 852	- 5133	panies/agen versight, and Telephone (include ar LC Telephone	Zip Code: 612( 22ip Code: 612) 22ip Code: 612( 22ip Code: 612) 22ip Code: 612	nter of the regional 01 797-1550
•	<ul> <li>Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or en- center.)</li> <li>A. Name of Regional Center: CMI Street Address/P.O. Box: 781 City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.</li> <li>B. Name of Managing Company/A Street Address/P.O. Box: 781 City: Rock Island</li> <li>Street Address: www.cmbeb5visa.</li> <li>City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.</li> <li>C. Name of Other Agenti:</li> </ul>	t the Regic d, to provide ntities who a B Southea 9 42nd S com agency: CME 9 42nd S	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast treet W.	r additional manager volved in the manager al Center, LLC State: IL code): (855) 852 Regional Cen State: IL (855) 852	- 5133	panies/agen versight, and Telephone (include ar LC Telephone	Zip Code: 612( 22ip Code: 612) 22ip Code: 612( 22ip Code: 612) 22ip Code: 612	nter of the regional 01 797-1550
•	<ul> <li>Part 3. Information About (Use a continuation sheet, if needed principals, agents, individuals, or el- center.)</li> <li>A. Name of Regional Center: CMI Street Address/P.O. Box: 781 City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.</li> <li>B. Name of Managing Company/A Street Address/P.O. Box: 781 City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.</li> <li>City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.</li> <li>C. Name of Other Agenti: Street Address/P.O. Box:</li> </ul>	t the Regit d, to provide ntities who a B Southea 9 42nd S com gency: CME 9 42nd S com	onal Center information for re or will be int ast Regiona treet W. Fax Number (include area Southeast treet W.	r additional manager volved in the manager al Center, LLC State: IL code): (855) 852 Regional Cen State: IL (855) 852 code): State:	- 5133	panies/agen versight, and Telephone (include ar LC Telephone	zip Code: 612 (309) Zip Code: 612 (309) Zip Code: 612 (309) ea code):	nter of the regional 01 797-1550

8

-

ł

art 3. Information About the Reg	nonal Center (Continued)		1
nswer the following questions for the time permission attach a continuation sheet, indicate the	period identified in Part 2 of this form. Note: I	f extra space is	needed to complete
	nent and job creation has been the focus of EB- ntify jobs maintained through investments in "tr		
Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggreg	ate Jobs Maintained
Identify each industry that has been the for	cus of EB-5 capital investments sponsored throu	igh the Regiona	l Center, and the res
	creation. (Note: Separately identify jobs main		
a. Industry Category Title:		NAICS Code	for the Industry Cat
Construction		2	······
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jo	bs Maintained:
b. Industry Category Title:		NAICS Code	for the Industry Cate
			• •
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Ic	bs Maintained:
c. Industry Category Title:		NAICS Code	for the Industry Cat
c. moushy category rate.		INAICS CODE	tor the moustry Can
	T	<u>_</u>	<u></u>
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jo	bs Maintained:
Provide the following information for each	job creating commercial enterprise located with	hin the geogram	hic scope of your
regional center that has received EB-5 inve			···· ···· ··· ··· ··· ··· ··· ··· ···
a. Name of Commercial Enterprise:	Industry Category 7	Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Autress (Sucer Muniper and Mane).	City.	Jiale,	
	· · · · · · · · · · · · · · · · · · ·		
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation	Aggregate .	lobs Maintained:

. .

Form I-924A 01/03/13 Y Page 2

(1) Business Name:	1	Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Main	tained:
(2) Business Name		Industry Catego	ry Title:	,
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Main	ained:

. Name of Commercial Enterprise:		Industry Catego	Industry Category Title:		
Address (Street Number and Name):	City:	I	State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Dire	ect and Indirect Job Crea	tion: Aggregate	e Jobs Maintained:	
Does this EB-5 commercial enterprise serv have or will create or maintain jobs for EB- If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	-5 purposes? of each job creating	business, as well as the	amount of EB-5 c	No Yes	
· · ·					
Address (Street Number and Name):	City:		State:	Zip Code	
EB-5 Capital Investment	B-5 Capital Investment Direct and Indirect Jo		Jobs Main	ntained	

Form 1-924A 01/03/13 Y Page 3

A T C AL AL AL AND T	10 10 10		w	······································	
rt 3. Information About the Regi	onal Center (Conti	nued)			
(2) Business Name:		Industry Catego	ory Title:	Title:	
Address (Street Number and Name);	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirec	t Job Creation:	Jobs Mai	ntained:	
c. Name of Commercial Enterprise:	<u></u>	Industry Catego	ry Title:		
Address (Street Number and Name):	City:	•	State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Direct a	and Indirect Job Crea	tion: Aggregate	e Jobs Maintained:	
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each	ve as a vehicle for inves or EB-5 purposes? of each job creating bus			No Yes apital investment and jol	
that have or will create or maintain jobs fo If yes, then identify the name and address	ve as a vehicle for inves or EB-5 purposes? of each job creating bus		amount of EB-5 c		
that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each	ve as a vehicle for inves or EB-5 purposes? of each job creating bus	iness, as well as the a	amount of EB-5 c		
that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:	ve as a vehicle for inves or EB-5 purposes? of each job creating bus i job creating business.	iness, as well as the a	amount of EB-5 c ry Title:	apital investment and job	
that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each (1) Business Name: Address (Street Number and Name):	ve as a vehicle for inves or EB-5 purposes? of each job creating bus job creating business. City:	iness, as well as the a	amount of EB-5 c ry Title: State: Jobs Main	apital investment and job	
that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each (1) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	ve as a vehicle for inves or EB-5 purposes? of each job creating bus job creating business. City:	iness, as well as the a Industry Catego	amount of EB-5 c ry Title: State: Jobs Main	apital investment and job	

O

Form 1-924A 01/03/13 Y Page 4

11

rt 3. Information About the Regio	onal Center (Continu	ied)		
d. Name of Commercial Enterprise:		Industry Category Ti	tle:	,,,,,
Address (Street Number and Name):	City:	· ·	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	d Indirect Job Creation:	Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for		ent into other business e	l intitics	No Ye
If yes, then identify the name and address of job creation/maintenance associated with ea			nt of EB-5 ca	ipital investment and
(1) Business Name:		Industry Category Ti	tle:	<b></b>
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Main	tained:
(2) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	ob Creation:	Jobs Main	tained;
. Name of Commercial Enterprise:		Industry Category Tit	le:	h,,
Address Street Number and Name:	City:	· ·	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
		Indirect Job Creation:		

O

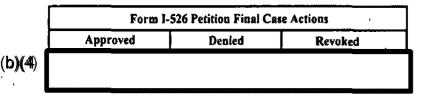
Form 1-924A 01/03/13 Y Page 5

.

(1) Business Name:	Indust	Industry Category Title:		
Address (Street Number and Name):	City:	State:	Zip Code:	
EB-5 Capital Investment: Direct and Indirect Je		Creation: Jobs Mainfained:		
(2) Business Name:	Indust	iry Category Title:		
Address (Street Number and Name):	City:	State:	Zip Code:	
EB-5 Capital Investment: Direct and Indirect Jo		on: Jobs Mai		

.

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.)



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>b)(4</b> )						

**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.

Form 1-924A 01/03/13 Y Page 6

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 compete 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	Date (mm/dd/yyyy)
Juley Je	Patrick F. Hogan	12/09/2013
Daytime Phone Number (Area/Country Codes)	E-Mail Address	
3097971550	pat@cmbeb5visa.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 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 Prepa		Date (mm/dd/yyyy)
Firm Name and Address		·····•	<u>;</u> , ,	
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	)	

Form 1-924A 01/03/13 Y Page 7

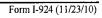
Poly Horiz Const Const

C30056

		·····			
Do Not Write in Th Action Block	June *		W1231250800 2 1924 11/07/2012 red e License No.		
Part 1. Information About Princip	al of the Regional Ce	nter			
Name: Last	First		Middle		
Hogan	Patrick		Francis		
C/0:					
Street Address/P.O. Box: 7819 42nd St	reet West	······································			
City: Rock Island (b)(6)	State: IL		Zip Code: 61201		
Date of Birth (mm/dd/yyyy):	Pate of Birth Fax Number (255) 552 5122 Telephone Number (200) For 1550				
Web site address: www.cmbeb5visa.com	n				
Part 2. Application Type (Check or	le)				
<b>a.</b> Initial Application for Designation as	a Regional Center				
<b>b.</b> Amendment to an approved Regional Regional Center's previous approval r		ne previous applica	tion receipt number, if any (also attach the		
Part 3. Information About the Reg	ional Center	·····			
(Use a continuation sheet, if needed, to provid principals, agents, individuals or entities who center.)					
A. Name of Regional Center: CMB Southe	east Regional Cent	er, LLC			

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

City: Rock Island	State: IL		Zip Code: 61201
Web site address:	Fax Number (include area code):	Telephone N	umber (include area code):
www.cmbeb5visa.com	(855) 852-5133	(309) 79	7-1550





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

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

City: Rock Island	State: IL		Zip Code: 61201
	Fax Number (include area code):	Telephone N	umber (include area code):
www.cmbeb5visa.com	(855) 852-5133	(309) 79	97-1550

#### C. Name of Other Agent:

Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code): Tel	lephone 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.)

CMB Southeast Regional Center, LLC will be operated by the same principals, management team, and highly-experienced staff that operate the CMB Export LLC and CMB Summit LLC regional centers (collectively, the "CMB Regional Centers.") The CMB Regional Centers have operated collectively for more than 15 years and have raised capital from over EB5 investors. CMB's senior management is comprised of the following individuals:

President:Patrick F. Hogan (hereinafter "Mr. Hogan")Senior Vice President:Kraig A. SchwigenExecutive Director:Ky BoyleDirector of Company Operations:Pam Ellis

(b))(4)

Form I-924 (11/23/10) Page 2

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 Southeast Regional Center, LLC is wholly-owned and controlled by Mr. Hogan.

**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?

X 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 Southeast Regional Center, LLC intends to include the entire states of Florida and Georgia within its geographic scope as a regional center (please see attached map).

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 CMB Regional Centers have been operating collectively for over 15 years. Throughout this period, Mr. Hogan has overseen the regional centers' successful compliance with all monitoring and reporting requirements with USCIS, and will continue to follow compliance procedures for CMB Southeast Regional Center, LLC. CMB Export LLC is among a very small group of regional centers with investors that have obtained I-829 approvals, based in part on evidence of job creation. To ensure that job creation is carefully tracked, CMB Export includes reporting requirements in loan agreements with the third-party borrower receiving EB-5 capital. CMB Export and outside experts track the spending activities of each borrowing entity and the resulting job creation from the capital expenditures, which is later provided to each investor for their I-829 petition.



Form I-924 (11/23/10) Page 3

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 statement from Mr. Hogan regarding 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 Southeast Regional Center, LLC will conduct due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to Operational Plan and statement from Mr. Hogan for additional details.

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

Industry Category Title:	Is the Form I-924 application supported by an economic analysis and
Construction	underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category: 0  0  0  2  3	<ul> <li>No - Attach an explanation</li> <li>X Yes</li> </ul>
Industry Category Title:	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?
NAICS Code for the Industry Category:	<ul> <li>No - Attach an explanation</li> <li>Yes</li> </ul>
Industry Category Title:	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?
NAICS Code for the Industry Category:	<ul> <li>No - Attach an explanation</li> <li>Yes</li> </ul>
	Earth L024 (11/23/10) Page 4



Form I-924 (11/23/10) Page 4

Part 3.	Information	About the	Regional	Center	(Continued)
	TILLOI MIGGINOM	THOOME CHIC	ree Stomat	Contor	( Commany

**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 Southeast Regional Center, LLC serving as a General Partner or Co-General Partner. The General Partner will hold interest in the limited partnership, and EB-5 investors will collectively own the remaining 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 X 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 X Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.
<b>Part 4.</b> Applicant Signature Read the information on penalties in the instructions before completing this section. If
<b>I ALL T. ADDINANT DEMALULE</b> AGAIN IN THORMATOR OF DEMANDES IN THE HIST ACTIONS DEFORE COMPLETING THIS SECTION. If

someone helped you prepare this petition, he or she must compete 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.

309) 797-1550	10/16/2012
-Mail Address	1 1
at@cmbeb5visa.com	
it, CEO, etc.)	

President/Managing Member



# 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 X Yes

Signature of Preparer	<b>.</b>	Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy)		
Firm Name and Address Stone & Grzegorek LLP 800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017					
Daytime Phone Number (Area/Country Codes)	<b>Fax Number</b> (Area/ Country Codes)	E-Mail Address			
(213) 627-8997	(213) 627-8998	elsie@lskglaw.com / lincoln@lskgla	aw.com		



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

(**b**)(6)

egarcia2

1924A

12/10/2015

đ į

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

Name: Last	First			Middle	e
Hogan	Pat	rick		Franc	cis
In Care Of: CMB Southeast Region	al Center, LL(	C			
Street Address/P.O. Box: 7819 42nd S	Street W.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City: Rock Island	Sta			Zip C	Code: 61201
				e Number area code):	(309) 797-1550
Web site address: www.cmbeb5visa.c	om				
USCIS-assigned number for the Designate Regional Center's most recently issued app			231250800	0 / RC 1	ID 1231250800
Part 2. Application Type (Select	one)				
<b>a.</b> Supplement for the Fiscal Year End	ling September 30,	<u>2015</u> (YYYY)			
<b>b.</b> Supplement for a Series of Fiscal Y	ears Beginning on (	October 1, (	<i>YYYY)</i> and	Ending on	September 30,(
Part 3. Information About the R	egional Center				
Part 3. Information About the R (Use a continuation sheet, if needed, to pro principals, agents, individuals, or entities w center.)	vide information for				
(Use a continuation sheet, if needed, to pro principals, agents, individuals, or entities w	vide information for tho are or will be inv	volved in the manage	gement, ove		
(Use a continuation sheet, if needed, to pro principals, agents, individuals, or entities w center.)	vide information for tho are or will be inv cheast Regiona	volved in the manage	gement, ove		
(Use a continuation sheet, if needed, to pro principals, agents, individuals, or entities w center.) A. Name of Regional Center: CMB Sout	vide information for tho are or will be inv cheast Regiona	volved in the manage	gement, ove		
(Use a continuation sheet, if needed, to pro principals, agents, individuals, or entities w center.) A. Name of Regional Center: CMB Sout Street Address/P.O. Box: 7819 42n	vide information for who are or will be inv theast Regiona d Street W.	volved in the manag	gement, ove	rsight, and	administration of the rep
(Use a continuation sheet, if needed, to pro principals, agents, individuals, or entities w center.) A. Name of Regional Center: CMB Sout Street Address/P.O. Box: 7819 42n City: Rock Island Web site	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area o	Volved in the manager Ll Center, LLC State: IL code): <sup>(855)</sup> 852	2-5133	rsight, and Felephone include are	administration of the rep Zip Code: 61201
<ul> <li>(Use a continuation sheet, if needed, to proprincipals, agents, individuals, or entities we center.)</li> <li>A. Name of Regional Center: CMB Sout Street Address/P.O. Box: 7819 42n City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> <li>B. Name of Managing Company/Agency:</li> </ul>	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area o	Volved in the manager Ll Center, LLC State: IL code): <sup>(855)</sup> 852	2-5133	rsight, and Felephone include are	administration of the rep Zip Code: 61201
<ul> <li>(Use a continuation sheet, if needed, to proprincipals, agents, individuals, or entities we center.)</li> <li>A. Name of Regional Center: CMB Sout Street Address/P.O. Box: 7819 42n City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> <li>B. Name of Managing Company/Agency:</li> </ul>	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area of CMB Southeast	Volved in the manager Ll Center, LLC State: IL code): <sup>(855)</sup> 852	2-5133	rsight, and Felephone include are	administration of the rep Zip Code: 61201
<ul> <li>(Use a continuation sheet, if needed, to proprincipals, agents, individuals, or entities we center.)</li> <li>A. Name of Regional Center: CMB Soute Street Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> <li>B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42n</li> </ul>	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area of CMB Southeast	Volved in the manage I Center, LLC State: IL code): (855) 85: Regional Cer State: IL (855) 85:	gement, ove	rsight, and Felephone include are	administration of the reg         Zip Code: 61201         ea code): (309) 797-         Zip Code: 61201         (309) 797-
<ul> <li>(Use a continuation sheet, if needed, to proprincipals, agents, individuals, or entities we center.)</li> <li>A. Name of Regional Center: CMB Soute Street Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> <li>B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>City: Rock Island</li> <li>Web site</li> </ul>	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area of CMB Southeast d Street W. Fax Number	Volved in the manage I Center, LLC State: IL code): (855) 85: Regional Cer State: IL (855) 85:	gement, ove	rsight, and Felephone include are C	administration of the reg         Zip Code: 61201         ea code): (309) 797-         Zip Code: 61201         (309) 797-
<ul> <li>(Use a continuation sheet, if needed, to proprincipals, agents, individuals, or entities we center.)</li> <li>A. Name of Regional Center: CMB South Street Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> <li>B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address/P.O. Box: 7819 42n</li> <li>City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> </ul>	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area of CMB Southeast d Street W. Fax Number	Volved in the manage I Center, LLC State: IL code): (855) 85: Regional Cer State: IL (855) 85:	gement, ove	rsight, and Felephone include are C	administration of the reg         Zip Code: 61201         ea code): (309) 797-         Zip Code: 61201         (309) 797-
<ul> <li>(Use a continuation sheet, if needed, to proprincipals, agents, individuals, or entities we center.)</li> <li>A. Name of Regional Center: CMB Soute Street Address/P.O. Box: 7819 42n City: Rock Island</li> <li>Web site Address: www.cmbeb5visa.com</li> <li>B. Name of Managing Company/Agency: Street Address/P.O. Box: 7819 42n City: Rock Island</li> <li>City: Rock Island</li> </ul>	vide information for tho are or will be inv theast Regiona d Street W. Fax Number (include area of CMB Southeast d Street W. Fax Number	Volved in the manage I Center, LLC State: IL code): (855) 85: Regional Cer State: IL (855) 85:	gement, ove	rsight, and Felephone include are C	administration of the reg         Zip Code: 61201         ea code): (309) 797-         Zip Code: 61201         (309) 797-

5338

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 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

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:		NAICS Code for the Industry Category
Construction		2 3
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

**b)((4)** 

(**b)**((44)

<b>b.</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:	J	NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

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:		Industry Category Tit	le:		
CMB North Carolina Inf. Inv	. Group 50, L.P.	Construction			
Address (Street Number and Name):	City:		State:	Zip Code	:
7819 42nd Street W.	Rock Island		IL	61201	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintain	ed:
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-		ent into other business	entities that	🗌 No	X Yes

Form I-924A 03/18/15 Y Page 2

(**b**)((4)

1) Business Name:		Industry Catego	ry Title:	
MAG Bear Lake Holdings, LLC		Constructio	n	
Address (Street Number and Name):	City:	I	State:	Zip Code:
15442 Knoll Trail Dr. Stel30	Dallas		TX	75248
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Main	tained:
	I Direct and mun	er soo creation.	L HUDS MAIN	
		Industry Categor		
(2) Business Name Address (Street Number and Name):	City:			Zip Code:

b. Name of Commercial Enterprise:		Industry Category Ti	ile:	
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:		Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve a have or will create or maintain jobs for EB-5 If yes, then identify the name and address of e creation/maintenance associated with each job	purposes? each job creating busines			No Yes Yes
(1) Business Name:		Industry Category Tit	ile:	
Address (Street Number and Name):	City:	L	State:	Zip Code
EB-5 Capital Investment	Direct and Indirect Jol	b Creation	Jobs Mait	ntained

(2) Business Name:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintained:	
c. Name of Commercial Enterprise:		Industry Category Tit	ile:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:
Does this EB-5 commercial enterprise serve a that have or will create or maintain jobs for E If yes, then identify the name and address of a creation/maintenance associated with each job (1) Business Name:	B-5 purposes? each job creating busine		nt of EB-5 c	No Yes Apital investment and job
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 Tit	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	tained:

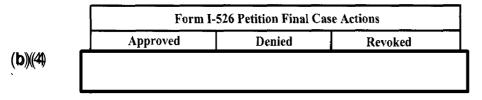
Part 3.	Information	About th	e Regional	Center	(Continued)
---------	-------------	----------	------------	--------	-------------

ə 14

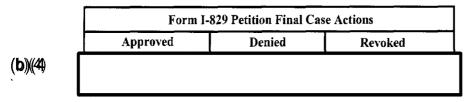
d. Name of Commercial Enterprise:	Name of Commercial Enterprise:		tle:	
Address (Street Number and Name):	City:	I	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:
Does this EB-5 commercial enterprise serve a that have or will create or maintain jobs for E		nt into other business e	ntities	No Yes
If yes, then identify the name and address of e job creation/maintenance associated with each		s, as well as the amour	nt of EB-5 capit	al investment and
(1) Business Name:		Industry Category Tit	tle:	jet //*********************
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintair	ned:
(2) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ned:
e. Name of Commercial Enterprise:		Industry Category Tit	le:	
Address Street Number and Name:	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for El		nt into other business en	lntities	No Yes

(1) Business Name:	Indu	stry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Cre	tion:	Jobs Main	ntained:
(2) Business Name:	Indu	stry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Crea	tion:	Jobs Main	ntained:

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.)



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.)



**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 compete 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	Date (mm/dd/yyyy)
state	Patrick F. Hogan	12/8/2015
Daytime Thone Number (Awar Country Codes)	E-Mail Address	
(309) 797-1550	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?

🗙 Yes

No No

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

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

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

(**b**)(6)

Name: Last	First			Middl	e
Hogan	Patr	ick		Fran	cis
In Care Of: CMB Southeast Regional	Center, LLC				
Street Address/P.O. Box: 7819 42nd Str	eet W.	ana daanaa ahaanaa Tahaanaa Taha			
City: Rock Island		State: IL		Zip	Code: 61201
Date of Birth   Fax Numb     (mm/dd/yyyy)   (include ar)	er 'ea code): (855)	852-5133	Telephone (include a		; (309) 797-1550
Website address: www.cmbeb5visa.com					
USCIS-assigned number for the Designated Regional Center's most recently issued approva	•		31250800	/ RC	ID1231250800
Part 2. Application Type (check one,	)				
X a. Supplement for the Fiscal Year Ending	September 30,	2013 (YYYY)			
<b>b.</b> Supplement for a Series of Fiscal Years	Beginning on O	ctober 1, (	<i>YYYY)</i> and E	inding or	September 30,(YYY)
Part 3. Information About the Regio	onal Center			·	
rincipals, agents, individuals, or entities who a enter.) A. Name of Regional Center: CMB Souther Street Address/P.O. Box: 7819 42nd S	ast Regional				
City: Rock Island		State: IL			Zip Code: 61201
Website Address: www.cmbeb5visa.com	Fax Number (include area c	ode): (855) 852	2-5133 T. (i	elephone nclude ar	
<b>3.</b> Name of Managing Company/Agency: CM	B Southeast	Regional Cen	ter, LLC		
Street Address/P.O. Box: 7819 42nd S	treet W.				
City: Rock Island		State: IL			Zip Code: 61201
Website Address: www.cmbeb5visa.com	Fax Number (include area co	(855) 852 ode):		elephone aclude ar	(309) 797-155 ea code):
C. Name of Other Agent:				<u>.</u>	
Street Address/P.O. Box:					
City:		State:			Zip Code:
Web site Address:	Fax Number (include area co	ode):		lephone clude ar	ea code):
s (sociation) a sub-tradition and the sub-		116 H. BIRG 1900			Form I-924A 01/03/13 Y Page

maginger

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 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:		NAICS Code for the Industry Category
Construction		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:	I	NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

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:		Industry Category Titl	e:	
Address (Street Number and Name):	City:	<u>.</u>	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	Indirect Job Creation:	Aggregate Job	s Maintained:
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5		ent into other business o	entities that	No Yes

Form I-924A 01/03/13 Y Page 2

(1) Business Name:	Industry Ca	tegory Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Main	tained:
(2) Business Name	Industry Ca	egory Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Main	tained:

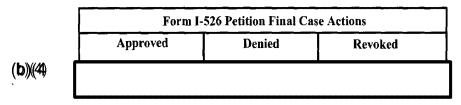
<b>b.</b> Name of Commercial Enterprise:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5 If yes, then identify the name and address of creation/maintenance associated with each jo	5 purposes? f each job creating busine			No Yes Yes
(1) Business Name:		Industry Category Tit	tle:	
Address (Street Number and Name):	City:	<u></u>	State:	Zip Code
EB-5 Capital Investment	Direct and Indirect Jo	b Creation	Jobs Main	itained

		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	I Indirect Job Creat	tion: Aggregate	e Jobs Maintained:
Does this EB-5 commercial enterprise serv	e as a vehicle for investm	ent into other busir	less entities	
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	r EB-5 purposes? of each job creating busing		mount of EB-5 c	No Yes Apital investment and job
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	r EB-5 purposes? of each job creating busing	ess, as well as the a	mount of EB-5 c	استعما العدييينية
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	r EB-5 purposes? of each job creating busing job creating business.	ess, as well as the a Industry Categor	mount of EB-5 c ry Title:	apital investment and job
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Address (Street Number and Name):	r EB-5 purposes? of each job creating busine job creating business.	ess, as well as the a Industry Categor	mount of EB-5 c ry Title: State: Jobs Main	apital investment and job
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	r EB-5 purposes? of each job creating busine job creating business.	ess, as well as the a Industry Categor ob Creation:	mount of EB-5 c ry Title: State: Jobs Main	apital investment and job

d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jol	os Maintained:
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB		nt into other business e	ntities	No Yes
If yes, then identify the name and address of ea job creation/maintenance associated with each		s, as well as the amoun	t of EB-5 capita	al investment and
(1) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:	L	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ed:
(2) Business Name:	L	Industry Category Titl	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ed:
e. Name of Commercial Enterprise:		Industry Category Tit	le:	
Address Street Number and Name:	City:	L	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Job	s Maintained:
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB		nt into other business en	ntities	🗌 No 🗌 Yes

(1) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job	Creation:	Jobs Mai	ntained:
(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job	Creation:	Jobs Mai	ntained:

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.)



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 Ca	se Actions
	Approved	Denied	Revoked
( <b>b</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 compete 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	Date (mm/dd/yyyy)
they be	Patrick F. Hogan	12/09/2013
Daytime Phone Number (Area/Country Codes)	E-Mail Address	
3097971550	pat@cmbeb5visa.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 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?

Yes

No No

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

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

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

Name: Last	Firs	t		Midd	le
Hogan	Pat	rick		Fran	ncis
n Care Of: CMB Southeast Regi	onal Center, LI	ιC		k	
Street Address/P.O. Box: 7819 42n	d Street W.				
City: Rock Island		State: IL		Zip	Code: 61201
· · · · · · · · · · · · · · · · · · ·	(Number clude area code): (85!	5)852-5133		e Number area code,	r ): (309)797-1550
Web site address: www.cmbeb5visa	a.com				
USCIS-assigned number for the Design Regional Center's most recently issued	-		1231250	800/RC	ID1231250800
Part 2. Application Type (che	ck one)				
$\mathbf{X}$ <b>a.</b> Supplement for the Fiscal Year	Ending September 30.	2014 <i>(YYYY)</i>			
b. Supplement for a Series of Fisc			(VVV) and	Ending or	n September 30, (YY
b. Supplement for a series of the	ar 1 cars beginning on		1111) and	Linung of	1 September 50,(11)
Dant 2 Information About the	Degional Contor				
				·	
Use a continuation sheet, if needed, to rincipals, agents, individuals, or entitie enter.)	provide information for es who are or will be in	volved in the manag	gement, ove		
Use a continuation sheet, if needed, to principals, agents, individuals, or entition center.)	provide information for es who are or will be in	volved in the manag	gement, ove		
Use a continuation sheet, if needed, to principals, agents, individuals, or entition tenter.) A. Name of Regional Center: CMB S	provide information for es who are or will be in	volved in the manag	gement, ove		
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie enter.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island	provide information for es who are or will be in outheast Region 2nd Street W.	volved in the manag	gement, ove	ersight, and	d administration of the regio Zip Code: 61201
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie center.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4	provide information for s who are or will be in outheast Region 12nd Street W.	volved in the manag	gement, ove	rsight, and	d administration of the regio Zip Code: 61201
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie center.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor	provide information for es who are or will be in outheast Region 2nd Street W. Fax Number <i>(include area)</i>	State: IL code): <sup>(855)</sup> 852	-5133	Felephone	d administration of the regio Zip Code: 61201
Use a continuation sheet, if needed, to orincipals, agents, individuals, or entition enter.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.com B. Name of Managing Company/Agen	provide information for es who are or will be in outheast Region 2nd Street W. Fax Number <i>(include area)</i>	State: IL code): <sup>(855)</sup> 852	-5133	Felephone	d administration of the regio Zip Code: 61201
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie center.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor B. Name of Managing Company/Agen	provide information for es who are or will be in outheast Region 22nd Street W. Fax Number (include area Cy: CMB Southeas	State: IL code): <sup>(855)</sup> 852	-5133	Felephone	d administration of the regio Zip Code: 61201
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie center.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor B. Name of Managing Company/Agen Street Address/P.O. Box: 7819 4	provide information for es who are or will be in outheast Region 22nd Street W. Fax Number (include area cy: CMB Southeas 22nd Street W. Fax Number	volved in the manage al Center, LLC State: IL code): (855)852 t Regional Cer State: IL (855)852	-5133 1 -5133 1 -5133 1	Felephone	d administration of the regio Zip Code: 61201 rea code): (309) 797-155 Zip Code: 61201 (309) 797-155
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie center.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor 3. Name of Managing Company/Agen Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor	provide information for es who are or will be in outheast Region 22nd Street W. Fax Number <i>(include area</i> cy: CMB Southeas 22nd Street W. Fax Number	volved in the manage al Center, LLC State: IL code): (855)852 t Regional Cer State: IL (855)852	-5133 1 -5133 1 -5133 1	Felephone C C C	d administration of the regio Zip Code: 61201 rea code): (309) 797-155 Zip Code: 61201 (309) 797-155
City: Rock Island Web site Address: www.cmbeb5visa.cor B. Name of Managing Company/Agen Street Address/P.O. Box: 7819 4 City: Rock Island Web site	provide information for es who are or will be in outheast Region 22nd Street W. Fax Number <i>(include area</i> cy: CMB Southeas 22nd Street W. Fax Number	volved in the manage al Center, LLC State: IL code): (855)852 t Regional Cer State: IL (855)852	-5133 1 -5133 1 -5133 1	Felephone C C C	d administration of the regio Zip Code: 61201 rea code): (309) 797-155 Zip Code: 61201 (309) 797-155
Use a continuation sheet, if needed, to orincipals, agents, individuals, or entitie enter.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor B. Name of Managing Company/Agen Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor C. Name of Other Agent: N/A	provide information for es who are or will be in outheast Region 22nd Street W. Fax Number <i>(include area</i> cy: CMB Southeas 22nd Street W. Fax Number	volved in the manage al Center, LLC State: IL code): (855)852 t Regional Cer State: IL (855)852	-5133 1 -5133 1 -5133 1	Felephone C C C	d administration of the regio Zip Code: 61201 rea code): (309) 797-155 Zip Code: 61201 (309) 797-155
Use a continuation sheet, if needed, to principals, agents, individuals, or entitie center.) A. Name of Regional Center: CMB S Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor B. Name of Managing Company/Agen Street Address/P.O. Box: 7819 4 City: Rock Island Web site Address: www.cmbeb5visa.cor C. Name of Other Agent: N/A Street Address/P.O. Box:	provide information for es who are or will be in outheast Region 22nd Street W. Fax Number <i>(include area</i> cy: CMB Southeas 22nd Street W. Fax Number	volved in the manage al Center, LLC State: IL code): (855) 852 t Regional Cer State: IL (855) 852 code): State:	gement, ove -5133  1 -5133  1 -5133  1 (1)	Felephone <i>C</i> <i>C</i> <i>C</i>	d administration of the regio Zip Code: 61201 rea code): (309) 797-155 (309) 797-155 rea code): Zip Code: Zip Code:

.

**C**30060

(**b**)(6)

maginger

1924A

01/22/2015

.

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 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
ſ			

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".)

ſ	I. Industry Category Title:		NAICS Code for the Industry Categor		
	Construction	2 3			
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:		

(**b)**((4)

(**b)**((4))

	NAICS Code for the Industry Category		
Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:		
·	NAICS Code for the Industry Category		
Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:		
	1		

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:		Industry Category Title:				
CMB Infrastructure Investment Group 26, L.P		23				
Address (Street Number and Name):	City:		State:	Zip Code	Zip Code:	
7819 42nd Street W.	Rock Island		IL	61201		
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:		Aggregate Jobs Maintained:			
Does this EB-5 commercial enterprise serving have or will create or maintain jobs for EB		ent into other business	entities that	🗌 No	X Yes	

(**b)**((4)

Form I-924A 01/03/13 Y Page 2

(**b**))((4)

If yes, then identify the name and address of ea creation/maintenance associated with each job		s, as well as the amour	it of EB-5 ca	pital investment and job
(1) Business Name:		Industry Category Tit	ile:	
RE Projects ~ JCCC A-1, LLC		23		
Address (Street Number and Name):	City:	••••••••••••••••••••••••••••••••••••••	State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mainta	ained:
(2) Business Name		Industry Category Tit	le:	
Address (Street Number and Name):	City:	L	State: TX	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mainta	ained:

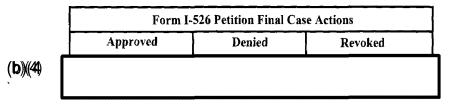
b. Name of Commercial Enterprise:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:	L	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:
Does this EB-5 commercial enterprise serve a have or will create or maintain jobs for EB-5 If yes, then identify the name and address of e creation/maintenance associated with each job	purposes? each job creating busines			No Yes
(1) Business Name:		Industry Category Tit	ile:	
Address (Street Number and Name):	City:	L	State:	Zip Code
EB-5 Capital Investment	Direct and Indirect Jo	Creation	Jobs Maintai	ned

(2) Business Name:		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Main	ntained:
c. Name of Commercial Enterprise:		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	l Indirect Job Creat	tion: Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs fo If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	r EB-5 purposes? of each job creating busine		mount of EB-5 ca	No Yes No No No
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maint	ained:
(2) Business Name:		Industry Category	y Title:	
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maint	ained:

d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jol	os Maintained:
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB		nt into other business e	ntities	🗌 No 🗌 Yes
If yes, then identify the name and address of ea job creation/maintenance associated with each		s, as well as the amour	it of EB-5 capita	al investment and
(1) Business Name:		Industry Category Tit	ile:	
Address (Street Number and Name):	City:	L	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ed:
(2) Business Name:		Industry Category Titl	e:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jol	O Creation:	Jobs Maintain	ed:
e. Name of Commercial Enterprise:		Industry Category Tit	le:	
Address Street Number and Name:	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	Indirect Job Creation:	Aggregate Job	s Maintained:
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB-		t into other business er	ntities	No Yes

(1) Business Name:		Industry Catego	ory Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Main	Jobs Maintained:	
(2) Business Name:		Industry Catego	ory Title:		
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	ntained:	

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.)



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>b</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 compete 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	Date (mm/dd/yyyy)
after 90	Patrick F. Hogan	12/15/2014
Dayame Phone Number	E-Mail Address	
(Area/Country Codes)		
(309)797-1550	pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managin	g 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 Ves

Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address	1.21.21.21.21.21.21.21.21.21.21.21.21.21	<u> </u>	
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number</b> (Area/ Country Codes)	E-Mail Address	

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

r

(**b**)(6)

2 • •

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

,

Name: Last	Fir	st		Middle
Hogan	Pa	Patrick		Francis
In Care Of: CMB Southeast Reg	gional Center, L	LC		
Street Address/P.O. Box: 7819 42	nd Street W.			
City: Rock Island		State: IL		Zip Code: 61201
· · · · · · · · · · · · · · · · · · ·	ax Number include area code): (85	5)852-5133	Telephone N (include are	Number 2a code): (309)797-1550
Web site address: www.cmbeb5vi	sa.com			
USCIS-assigned number for the Desi Regional Center's most recently issue			123125080	0/RC ID1231250800
Part 2. Application Type (ch	eck one)		<u> </u>	
<b>a.</b> Supplement for the Fiscal Yea	ar Ending September 30	2014 <i>(YYYY)</i>		
				1' 0 , 1 40
<b>b.</b> Supplement for a Series of Fin	scal Years Beginning or	1 October 1, (-	YYYY) and En	ding on September 30,(Y
D	ha Dariana LO	-		
Part 3. Information About the	ue Regional Center	-		
principals, agents, individuals, or enti				
principals, agents, individuals, or enti center.)	ties who are or will be i	nvolved in the manag	ement, oversi	
principals, agents, individuals, or enti center.)	ties who are or will be i Southeast Regior	nvolved in the manag	ement, oversi	
principals, agents, individuals, or enti center.) A. Name of Regional Center: CMB	ties who are or will be i Southeast Regior	nvolved in the manag	ement, oversi	
principals, agents, individuals, or enticenter.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819	ties who are or will be i Southeast Region 42nd Street W.	nvolved in the managenal Center, LLC	ement, oversi	ght, and administration of the regi
principals, agents, individuals, or enticenter.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.co	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are	nvolved in the manage nal Center, LLC State: IL a code): (855)852-	-5133 Tel (inc	ght, and administration of the regized Zip Code: 61201
principals, agents, individuals, or enti- center.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.co B. Name of Managing Company/Age	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are	nvolved in the manage nal Center, LLC State: IL a code): (855)852-	-5133 Tel (inc	ght, and administration of the regized Zip Code: 61201
principals, agents, individuals, or enti- center.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.co B. Name of Managing Company/Age	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are ency: CMB Southeas	nvolved in the manage nal Center, LLC State: IL a code): (855)852-	-5133 Tel (inc	ght, and administration of the regized Zip Code: 61201
principals, agents, individuals, or enticenter.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.co B. Name of Managing Company/Age Street Address/P.O. Box: 7819	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are ency: CMB Southeas 42nd Street W. Fax Number	nvolved in the manage nal Center, LLC State: IL a code): (855)852- st Regional Cen State: IL (855)852-	-5133 Tele -5133 Tele .ter, LLC	ght, and administration of the reginner Zip Code: 61201 ephone clude area code): (309) 797-15
principals, agents, individuals, or enti- center.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.cd B. Name of Managing Company/Age Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.cd	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are ency: CMB Southeas 42nd Street W. Fax Number	nvolved in the manage nal Center, LLC State: IL a code): (855)852- st Regional Cen State: IL (855)852-	-5133 Tele -5133 Tele .ter, LLC	ght, and administration of the reginne Zip Code: 61201 ephone clude area code): (309) 797-15 Zip Code: 61201 ephone (309) 797-15
principals, agents, individuals, or enti- center.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.cd B. Name of Managing Company/Age Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.cd	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are ency: CMB Southeas 42nd Street W. Fax Number	nvolved in the manage nal Center, LLC State: IL a code): (855)852- st Regional Cen State: IL (855)852-	-5133 Tele -5133 Tele .ter, LLC	ght, and administration of the reginne Zip Code: 61201 ephone clude area code): (309) 797-15 Zip Code: 61201 ephone (309) 797-15
principals, agents, individuals, or enti- center.) A. Name of Regional Center: CMB Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.co B. Name of Managing Company/Age Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.co C. Name of Other Agent: N/A	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are ency: CMB Southeas 42nd Street W. Fax Number	nvolved in the manage nal Center, LLC State: IL a code): (855)852- st Regional Cen State: IL (855)852-	-5133 Tele -5133 Tele .ter, LLC	ght, and administration of the reginne Zip Code: 61201 ephone clude area code): (309) 797-15 Zip Code: 61201 ephone (309) 797-15
City: Rock Island Web site Address: www.cmbeb5visa.cd B. Name of Managing Company/Age Street Address/P.O. Box: 7819 City: Rock Island Web site Address: www.cmbeb5visa.cd C. Name of Other Agent: N/A Street Address/P.O. Box:	ties who are or will be i Southeast Region 42nd Street W. Fax Number (include are ency: CMB Southeas 42nd Street W. Fax Number	nvolved in the manage nal Center, LLC State: IL a code): (855)852- st Regional Cen State: IL (855)852- a code): State:	-5133 Tele -5133 Tele iter, LLC -5133 Tele (inc Tele	ght, and administration of the reginne Zip Code: 61201 ephone Zip Code: 61201 Zip Code: 61201 ephone (309) 797-15 Jude area code):

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 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 Crea	ation Aggregate Jobs Maintained

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:		NAICS Code for the Industry Category
Construction		2 3
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

(**b))(**4)

D))(44

(**b)**((4))

<b>b.</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:

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:

. Name of Commercial Enterprise:		Industry Category Tit	le:		
CMB					
Address (Street Number and Name):	City:	<u></u>	State:	Zip Code	:
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	Indirect Job Creation:	Aggregate J	lobs Maintaine	ed:
Does this EB-5 commercial enterprise ser- have or will create or maintain jobs for EE		ent into other business	entities that	] No	X Ye

Form I-924A 01/03/13 Y Page 2

(**b**)((4)

(1) Business Name:	job creating busines:	s. Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indi	rect Job Creation:	Jobs Main	tained:
(2) Business Name		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indi	rect Job Creation:	Jobs Maint	tained:

b. Name of Commercial Enterprise:		Industry Category Tit	ile:	
Address (Street Number and Name):	City:	L	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jol	bs Maintained:
Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p If yes, then identify the name and address of ea creation/maintenance associated with each job	ourposes? ach job creating busines			No Yes Xes Investment and job
(1) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:	<b>6</b>	State:	Zip Code
EB-5 Capital Investment	Direct and Indirect Job	Creation	Jobs Maintair	ned

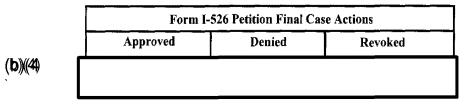
(2) Business Name:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:	L	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Maintained:	
c. Name of Commercial Enterprise:		Industry Category Tit	lle:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for E If yes, then identify the name and address of creation/maintenance associated with each joe (1) Business Name:	EB-5 purposes? each job creating busine		nt of EB-5 c	No Yes Apital investment and job
(1) Business Name.			uc.	
Address (Street Number and Name):	City:	- <u> </u>	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	tained:
(2) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	tained:

.

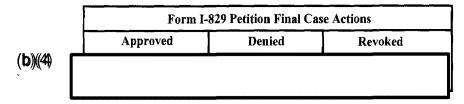
d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for		nt into other business e	ntities	No Yes
If yes, then identify the name and address o job creation/maintenance associated with ea		ss, as well as the amoun	nt of EB-5 ca	apital investment and
(1) Business Name:		Industry Category Tit	tle:	
Address (Street Number and Name):	City:	<u>i</u>	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	bb Creation:	Jobs Main	
(2) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	tained:
e. Name of Commercial Enterprise:		Industry Category Tit	tle:	
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 that have or will create or maintain jobs for		nt into other business e	ntities	No Yes

(1) Business Name:	In	lustry Category 7	itle:	
Address (Street Number and Name):	City:	<u></u>	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Cr	eation:	Jobs Mai	ntained:
(2) Business Name:	Inc	lustry Category 7	ìitle:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Cr	eation:	Jobs Mai	ntained:

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.)



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.)



**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 compete 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	Date (mm/dd/yyyy)
der Th	Patrick F. Hogan	12/15/2014
Daytime Phone Number (Area/Country Codes)	E-Mail Address	
(309)797-1550	pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing	g 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 No

Yes

030000

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

OMB No. 1615-0061; Expires 01/31/2015 Form I-924, Application for Regional Center **Under the Immigrant Investor Pilot Program** 

Zip Code: 61201

(include area code): (309) 797-1550

Telephone Number

Action Block	RCW1520452806
	maginger 1924 07/23/2015
	G-28 attached
	Attorney's State License No.
	146597/208665

#### Part 1. Information About Principal of the Regional Center First Name: Middle Last Hogan Patrick Francis C/O: CMB Southeast Regional Center, LLC Street Address/P.O. Box: 7819 42nd Street West

State: IL

/ <b>L</b> \//27\	Date of Birth
( <b>b))(</b> 6)	(mm/dd/vvvv

City: Rock Island

(include area code): (309) 797-1655 (mm/dd/yyyy) Web site address:

www.cmbeb5visa.com

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): Requests for expansion of geographic scope and

I-526 exemplar for affiliated new commercial enterprise. (ID: 1231250800)

Fax Number

## 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 Southeast Regional Center, LLC

City: Rock Island	State: 1		Zip Code: 61201
Web site address:	Fax Number (include area code):	Telephone N	umber (include area code):
www.cmbeb5visa.com	(309) 797-1655	(309) 79	7-1550

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

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

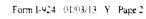
City: Rock Island	State: 1	Zip Code: 61201
Web site address:	Fax Number (include area code):	Telephone Number (include area code):
www.cmbeb5visa.com	(309) 797-1655	(309) 797-1550

#### C. Name of Other Agent:

Street Address/P.O. Box:			
City:	State:	Zip Code:	
Web site address:	Fax Number (include area code):	Telephone N	Jumber (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



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 Southeast Regional Center, LLC ("CMB Southeast") is a limited liability company. Ownership of the Regional Center is hele by the Patrick F. Hogan Trust and by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Southeast.

b. Date the Regional Center was established(mm/dd/yyyy): 09/24/2012

c. Organization Structure for the Regional Center:

	1. Agency of a U.S. State or	Territory (identify)	
--	------------------------------	----------------------	--

**2.** Corporation

(**b))(4**)

- **3.** Partnership (including Limited Partnership)
- X 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.

Per USCIS letter (dated September 16, 2013), CMB Southeast has authorization to operate within the entire states of Florida and Georgia.

In this I-924 filing, CMB Southeast is seeking to expand to its geographic scope to Jackson County, North Carolina.

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 Southeast 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 Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

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 Southeast'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 Southeast regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Patrick F. Hogan.

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

Industry Category Title:         Construction         NAICS Code for the Industry Category:         2       3       0       0       0	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?
Industry Category Title:	Is the Form 1-924 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?
Industry Category Title:	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?

(b))((4)

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 Southeast is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB North Carolina Infrastructure Investment Group 50, LP. ("CMB Group 50"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Southeast owns of this enterprise. The EB-5 investors will own collectively the remaining of CMB Group 50.
b. Date commercial enterprise established, if any (mm/dd/yyyy): 02/18/2015
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 X 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?

Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances **□** No 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 compete 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)Date (mm/dd/yyyy)						
Vatry Try	(309) 797-1550	07/14/2015					
Printed Name of Applicant	E-Mail Address						
Patrick F. Hogan	Pat@cmbeb5visa.com						
Relationship to the Regional Center Entity (Managing Member, Pre	sident, CEO, etc.)						

President/Managing Member of CMB Southeast Regional Center, LLC and CMB Export LLC

39

## 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 XYes

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

OMB No. 1615-0061; Expires 01/31/201\_

**C**30056

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

Form	I-924,	Application	n for Re	egional	Center
Under	the In	ımigrant In	vestor	Pilot P	rogram

I RCW1424051865 egarcia2 1924 08/28/2014 S G-28 attached Attorney's State License No. 146597/157532
ck Francis
ck Francis
IL Zip Code: 61201
(309) 797–1655 Telephone Number (include area code): (309) 797–15
Note the previous application receipt number, if any (also attach for review of exemplar I-526 petition.

A. Name of Regional Center: CMB Southeast 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):Telep(309)797-1655(30)	phone Number (include area code): 09) 797-1550

#### B. Name of Managing Company/Agency: N/A

State: FL	Zip Code:
Fax Number (include area code):	Telephone Number (include area code):

#### C. Name of Other Agent:

Street Address/P.O. Box:			
City:	State:	Zip Code:	
Web site address:	Fax Number (include area code):	Telephone N	lumber (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

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 Southeast Regional Center, LLC ("CMB Southeast") is a limited liability company, ownership of which is held by the Patrick F. Hogan Trust, and by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member. (**b**))((44) b. Date the Regional Center was established(mm/dd/yyyy): 09/25/2012 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 1-924 or regional center proposal or amendment that was denied? Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any. X No 3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.

Per USCIS letter (dated September 16, 2013), CMB Southeast has authorization to operate within the entire states of Florida and Georgia.

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 Southeast Regional Center, LLC 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. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Southeast Regional Center, LLC's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

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, signed by Patrick Hogan regarding CMB Southeast'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 So	uthea	st regular	ly conc	lucts di	le d	diligend	ce in e	valuati	.ng	pros	spective H	EB-5	
invest	ors,	including	lawḟul	source	of	funds.	Please	refer	to	the	attached	statement	by
Patric	k Hog	an.											

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

Industry Category Title:	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?
NAICS Code for the Industry Category:         2       3       0       0       0	<ul> <li>No - Attach an explanation</li> <li>Yes</li> </ul>
Industry Category Title:	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?
NAICS Code for the Industry Category:	<ul> <li>No - Attach an explanation</li> <li>Yes</li> </ul>
Industry Category Title:	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?
NAICS Code for the Industry Category:	<ul> <li>No - Attach an explanation</li> <li>Yes</li> </ul>

ح -	Ba. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which EB-5 alien investors have or will make their capital investments.
<b>1</b> )	CMB Southeast is seeking approval of an exemplar I-526 petition for ar affiliated new commercial enterprise - CMB Florida Infrastructure Investment Group 26, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Southeast owns of this enterprise. The EB-5 investors will collectively own of CMB Florida Infrastructure Investment Group 26, LP.
L	b. Date commercial enterprise established, if any (mm/dd/yyyy):01/15/2014
	c. Organization Structure for commercial enterprise:
	1. Corporation
	I 2. Partnership (including Limited Partnership)
	3. Limited Liability Company (LLC)
	<b>4.</b> 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 X Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittan 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 X Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittat will be paid.

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	<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 8/27/2014
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	Pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, Pre-	sident, CEO, etc.)	
Owner/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?

 Signature of Preparer

 Date (mm/dd/vvvv

Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
mhou	in Aut	Lincoln Stone / Michele Franchett	8-12-2014
Firm Name and Address	·		(
Stone Grzegorek & 🛛	Gonzalez LLP		
800 Wilshire Blvd.	, Suite 900, Los Ar	ngeles, CA 90017	
Daytime Phone Number	Fax Number (Area/	E-Mail Address	
(Area/Country Codes)	Country Codes)		
(213) 627-8997	(213) 627-8998	Michele@sggimmigration.com Lincoln@sggimmigration.com	





Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0061; Expires 01/31/2015

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

Atto	G-28 attached orney's State License No. 6597/208665

Part 1.	Part 1. Information About Principal of the Regional Center						
Name:	Last	First	Middle				
	HOGAN	Patrick	Francis				

C/O: CMB Southeast Regional Center LLC

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

City: Rock Island		State:	IL			Zip Code:	61201	L
Date of Birth (mm/dd/yyyy)	Fax Number (include area	a code):	(855)	852-5133	Telepho (include	one Number e 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): Requests for approval of exemplar I-526 petition and

expansion of georgraphic scope for CMB Southeast Regional Center LLC

#### 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 Southeast Regional Center LLC

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

City: Rock Island	State: IL	State: IL		
Web site address:	Fax Number (include area code):	Telephone 1	Number (include area code):	
www.cmbeb5visa.com	(855) 852-5133	(309) 7	97-1550	

Form I-924 01/03/13 Y Page 1

Spedd

ir?

TU WE



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

City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code) (309) 797-1550
C. Name of Other Agent: N/A		L
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 respons
a. Describe the structure, ownership and control of the regional center entity.
CMB Southeast Regional Center LLC is a limited liability company. Patrick Hogan is the sole owner and managing member of CMB Southeast Regional Center LLC.
b. Date the Regional Center was established(mm/dd/yyyy): <u>08/15/1997</u> (CMB Export LLC)
c. Organization Structure for the Regional Center: 09/16/2013 (CMB Southeast Regional Center LLC)
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
<b>5.</b> Other (Explain)
Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-92 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.
. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
CMB Southeast Regional Center LLC's ("CMB Southeast") geographic scope currently encompasses Florida and Georgia. It now seeks to expand its geographic scope to include Tennessee, which is contiguous to its current region.

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.

CMB Southeast Regional Center, LLC is operated by the same principals, management team, and highly-experienced staff that operate the CMB Export LLC and CMB Summit LLC regional centers (collectively, the "CMB Regional Centers.") The CMB Regional Centers have operated collectively for more than 15 years, and chroughout this period, have properly complied with all monitoring and reporting requirements. Patrick Hogan is familiar with all USCIS requirements to maintain CMB Export LLC and CMB Southeast Regional Center LLC's regional center designations. Additionally, CMB Export LLC has several full-time employees to assist with the monitoring and reporting requirements.

activity, along with for the regional cent opportunities will be	evidence of the funds committed to ter that addresses how EB-5 investors offered to the investors, and how t	the regional center for pror rs will be recruited, the met hey will subscribe or comm		peration
	attached letter, signed LLC and CMB Export LLC'		regarding CMB Southeast vities.	

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	Southea	st	Regional	Cente	er LLC	and	CMB	Export	LLC	rec	gularly	COL	nduct	due	diligence	in
eval	uating	pro	spective	EB-5	invest	tors,	ind	cluding	lawf	ul	source	of	funds	s, ar	ti-money	
laun	dering	and	l anti-ter	rroris	st scr	eenir	ıg.									

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

Industry Category Title: Construction NAICS Code for the Industry Category:          2       3       0       0       0	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?
Industry Category Title:	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? No - Attach an explanation Yes
Industry Category Title: NAICS Code for the Industry Category:	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? No - Attach an explanation Yes

	$\bigcirc$

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.

expansion of geographic scope, as well as approval of new commercial enterprise - CMB Tennessee Infrastructure will collectively own of CMB Tennessee Infrastructure

b. Date commercial enterprise established, if any (mm/dd/yyyy): 07/10/2013

- c. Organization Structure for commercial enterprise:
  - [] 1. Corporation

(**b))(**44)

- 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 Xes 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 X 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 compete 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) 12/04/2013			
Printed Name of Applicant	E-Mail Address				
Patrick F. Hogan pat@cmbeb5visa.com					
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/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	1	Printed Name of Preparer	Date (mm/dd/yyyy)				
174VV	New York Control of the Control of t	Lincoln Stone / Elsie Arias	12/4/2013				
Firm Name and Address STONE GRZEGOREK & GONZALEZ LLP							
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address elsie@sggimmigration.com					
(213) 627-8997	(213) 627-8998	lincoln@sggimmigration.com					