Part 1. Information About Principal of the Regional Center Middle Name: Last Patrick Francis Hogan In Care Of: CMB Illinois Regional Center, LLC Street Address/P.O. Box: 7819 42nd Street W. City: Rock Island (**b)(6**) State: IL Zip Code: 61201 Date of Birth Fax Number Telephone Number (mm/dd/yyyy) (include area code): (855) 852-5133 (include area code): (309)797-1550 Web site address; www.cmbeb5visa.com USCIS-assigned number for the Designated Regional Center (attach the RCW 1311251126/ID1311251126 Regional Center's most recently issued approval notice) Part 2. Application Type (check one) a. Supplement for the Fiscal Year Ending September 30, 2014 (YYYY) b. Supplement for a Series of Fiscal Years Beginning on October 1, _____ (YYYY) and Ending on September 30, ____ (YYYY) Part 3. Information About the Regional Center (Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.) A. Name of Regional Center: CMB Illinois Regional Center, LLC Street Address/P.O. Box: 7819 42nd Street W. City: Rock Island Zip Code: 61201 State: IL Web site Fax Number Telephone (include area code): (855) 852-5133 Address: www.cmbeb5visa.com (include area code): (309),797-1550 B. Name of Managing Company/Agency: CMB Illinois Regional Center, LLC Street Address/P.O. Box: 7819 42nd Street W. Zip Code: 61201 City: Rock Island State: IL Web site Fax Number Telephone (309) 797-1550 (855) 852-5133 Address: www.cmbeb5visa.com (include area code): (include area code): C. Name of Other Agent: N/A Street Address/P.O. Box: City: State: Zip Code: Web site Fax Number Telephone

(include area code):

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

(include area code):

Address:

				*		
P	art 3. Information About the Re	gional Center (Continued)				
	nswer the following questions for the time em, attach a continuation sheet, indicate the			extra space is ne	eded to complete any	
1.	Identify the aggregate EB-5 capital invest the regional center. (Note: Separately ide					
	Aggregate EB-5 Capital Investment \$.00	Aggregate Direct and Indirect Jo	ob Creation	Aggregate 0	e Jobs Maintained	
2.	Identify each industry that has been the fo aggregate EB-5 capital investment and job businesses".)					
	a. Industry Category Title: Construction			NAICS Code fo	r the Industry Category	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Jo	ob Creation:	Aggregate Jobs Maintained:		
	\$.00	0 .		0		
	b. Industry Category Title:			NAICS Code fo	the Industry Category	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:		Aggregate Jobs Maintained:		
	c. Industry Category Title:	1	, , , , , , , , , , , , , , , , , , ,	NAICS Code for the Industry Categor		
,	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Jo	b Creation:	Aggregate Jobs	Maintained:	
	Provide the following information for each regional center that has received EB-S investigations.		e located within	n the geographic	: scope of your	
	a. Name of Commercial Enterprise:	Industr	y Category Tit	le:		
	N/A				, L	
	Address (Street Number and Name):	City:		State:	Zip Code:	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect	Job Creation:	Aggregate Job	os Maintained:	
ŀ	Does this EB-5 commercial enterprise ser have or will create or maintain jobs for EB		other business	entities that	□ No □ Yes	

(1) Business Name:		Industry Category Title:			
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect J	idirect Job Creation: Jobs)		tained:	
(2) Business Name		Industry Category	Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Ic	ob Creation: Jobs Maintained:		ained:	
b. Name of Commercial Enterprise:		Industry Category	, Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation	on: Aggregate	Jobs Maintained:	
Does this EB-S commercial enterprise serve have or will create or maintain jobs for EB-		ent into other busines	ss entities that	□ No □ Yes	
If yes, then identify the name and address o creation/maintenance associated with each j		ss, as well as the am	ount of EB-5 ca	apital investment and job	
(1) Business Name:		Industry Category	Title:		
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code	
EB-5 Capital Investment	Direct and Indirect Joi	b Creation	Jobs Main	tained	

ert 3. Information About the Regio	nal Center (Continu	ued)		
(2) Business Name:		Industry Category	Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	-5 Capital Investment: Direct and Indirect Jo		Job Creation: Jobs Maintained:	
c. Name of Commercial Enterprise:		Industry Category	Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation	on: Aggregate	: Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each j	EB-5 purposes? f each job creating busine	*		No Yes
(1) Business Name:		Industry Category	Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	EB-5 Capital Investment: Direct and Indirect Io		ob Creation: Jobs Maintained:	
(2) Business Name:		Industry Category 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 Catego	ry Title:	•
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct	and Indirect Job Crea	tion: Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for		ntment into other busin	ess entities	□ No □ Ye
Tyes, then identify the name and address of the creation/maintenance associated with each			mount of EB-5 ca	apital investment and
(1) Business Name:		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect	ct Job Creation:	Jobs Maintained:	
(2) Business Name:		Industry Categor	y Title:	· · · · · · · · · · · · · · · · · · ·
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect	et 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 Creat	ion: Aggregate	Jobs Maintained:

Part 3. Information About the Regional Center (Continued	Part :	3.	Information	About	the :	Regional	Center	(Continued
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If yes, then identify the name and address of job creation/maintenance associated with earths.		ss, as well as the a	mount of EB-5 ca	apital investment and	
(1) Business Name:		Industry Category Title:			
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintained:		
(2) Business Name:		Industry Category Title:			
Address (Street Number and Name):	City:	;	State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maii	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.)

Form I-526 Petition Final Case Actions						
Approved	Denled	Revoked				
0	. 0	0				

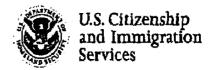
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Form I-829 Petition Final Case Actions							
Approved	Denied	Revoked					
0	0	0					

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 ing someone helped you prepare this pet	formation on penalties in the instructions before ition, he or she must compete Part 5 .	e completing this section. If					
submitted with it are all true and correct. I authorize	the United States of America, that this supplementa e the release of any information from my records tha for the benefit being sought. I also certify that I hav	t U.S. Citizenship and					
Signature of Applicant	Printed Name of Applicant	Date (mm/dd/yyyy)					
Daytime Phone Number (Area/Country Codes)	Patrick F. Hogan E-Mall Address	12/15/2014					
(309)797-1550 pat@cmbeb5visa.com							
Relationship to the Regional Center Entity (Man Managing Member	naging Member, President, CEO, etc.)						
(<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>					
Part 5. Signature of Person Preparing	This Form, If Other Than Above (Sign Be	elow)					
I declare that I prepared this form using information the answers and information are those provided by t	provided by someone with authority to act on behal he Regional Center.	f of the Regional Center, and					
Attorney or Representative: In the event of a Requou by Fax or E-mail?	uest for Evidence (RFE), may the USCIS contact	□ No □ Yes					
Signature of Preparer	Printed Name of Preparer	Date (mm/dd/yyyy)					
Firm Name and Address							
Daytime Phone Number (Area/ (Area/Country Codes) Fax Number (Area/ Country Codes)	E-Mail Address	,					
·—·—·—································							

B.S. Department of Homeland Security U.S. Citizenship and Immigration Services Immigrant Investor Program Washington, DC 20529



March 31, 2014

Patrick Hogan
CMB Illinois Regional Center, LLC
7819 42rd Street West
Rock Island, IL 61201

Application:

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

Program

Applicant(s):

CMB Illinois Regional Center, LLC

Re:

Initial Regional Center Designation CMB Illinois Regional Center, LLC RCW 1311251126/ID1311251126

This notice is in reference to the Form I-924, Application for Regional Center Under the Immigrant Investor Pilot Program that was filed by the applicant with the U.S. Citizenship and Immigration Services ("USCIS") on 04/22/2013. The Form I-924 application was filed to request approval of initial regional center designation under the Immigrant Investor Program. The Immigrant Investor Program was established under § 610 of the Department of Commerce, Justice and State, the Judiciary, and Related Agencies Appropriations Act of 1993 (Pub. L. 102-395, Oct. 6, 1992, 106 Stat. 1874).

1. Executive Summary of Adjudication

Effective the date of this notice, USCIS approves the Form 1-924 request to designate CMB Illinois Regional Center as a qualifying participant in the Immigrant Investor Program.

II. Regional Center Designation

USCIS approves the applicant's request to focus, promote economic growth, and offer capital investment opportunities in the following geographic area and industry categories:

A. Geographic Area

State	Counties
Illinois	All Counties

Note: Pursuant to the Policy Memorandum on EB-5 Adjudications Policy (PM-602-0083), an amendment request is not required if investment opportunities arise outside the geographic area referenced above. USCIS will evaluate eligibility upon the filing of an initial Form I-526 related to that new investment opportunity.

www.uscls.gov

CMB Illînois Regional Center, LLC ID1311251126 RCW1311251126 Page 2

B. Industry Categories

NAICS	Industry Name's and the first of the state o	
23	Construction	

Note: Pursuant to the Policy Memorandum on EB-5 Adjudications Policy (PM-602-0083), an amendment request is not required if investment opportunities arise outside the industry categories referenced above. USCIS will evaluate eligibility upon the filing of an initial Form I-526 related to that new investment opportunity.

III. Job Creation

USCIS approves the geographic area and industry categories noted above based on the economic impact analysis presented and reviewed in conjunction with the adjudication of this regional center proposal.

This hypothetical project does not have the factual details necessary to be in compliance with the requirements described in Matter of Ho. 22 l&N Dec. 206 (Assoc. Comm'r 1998), and therefore, USCIS's approval of the hypothetical job creation estimates presented in the Form I-924 will not be accorded deference and may not be relied upon by an individual investor when filing the Form I-526. The business plan and job creation estimates will receive a de novo review by USCIS when an individual investor files Form I-526. Once an actual project is adjudicated upon the filing of the initial Form I-526, USCIS will give deference to subsequent Forms I-526 when the critical assumptions remain materially unchanged from the initially-approved Form I-526.

When filing Form I-526, it will be the responsibility of the individual investor to submit a comprehensive, detailed and credible business plan, showing by a preponderance of the evidence that his or her investment in the new commercial enterprise will create not fewer than 10 full-time positions. If prior to filing a form I-829, the job creation estimated in the business plan submitted by the individual investor materially changes or will not be realized, then it will be the responsibility of the EB-5 investor to notify USCIS of an agreed upon methodology to allocate job creation among eligible investors.

IV. Guidelines for Filing Form I-526 Petitions

Each individual petition, in order to demonstrate that it is affiliated with the CMB Illinois Regional Center, LLC, in conjunction with addressing all the requirements for an individual immigrant investor petition, shall also contain the following:

- 1. A copy of this regional center approval notice and designation letter including all subsequent amendment approval letters (if applicable).
- An economic impact analysis which reflects a job creation methodology required at 8 CFR § 204.6
 (j)(4)(iii) and shows how the capital investment by an individual immigrant investor will create not fewer than ten (10) indirect jobs for each immigrant investor.
- ,3. A comprehensive, detailed and credible business plan for an actual project that contains the factual details necessary to be in compliance with the requirements described in <u>Matter of Ho</u>, 22 I&N Dec. 206 (Assoc. Comm'r 1998).
- 4. Legally executed organizational documents of the commercial enterprise.

CMB Illinois Regional Center, LLC ID1311251126 RCW1311251126 Page 3

Note: The project reviewed with this Form I-924 application is a hypothetical project. Organizational and transactional documents associated with the new commercial enterprise (NCE) submitted with this Form I-924 have not been reviewed to determine compliance with program requirements since these documents will receive de novo review in subsequent filings (e.g., an amended Form I-924 application with a Form I-526 exemplar or the first Form I-526 petition filed by an investor under the regional center project).

V. Designee's Responsibilities in the Operations of the Regional Center

As provided in 8 CFR § 204.6 (m)(6), to ensure that the regional center continues to meet the requirements of section 610(a) of the Appropriations Act, a regional center must provide USCIS with updated information to demonstrate the regional center is continuing to promote economic growth, improved regional productivity, job creation, and increased domestic capital investment in the approved geographic area. Such information must be submitted to USCIS on an annual basis or as otherwise requested by USCIS. The applicant must monitor all investment activities under the sponsorship of the regional center and to maintain records in order to provide the information required on the Form I-924A Supplement to Form I-924. Form I-924A, Supplement to Form I-924 Application is available in the "Forms" section on the USCIS website at www.uscis.gov.

Regional centers that remain designated for participation in the Immigrant Investor Program as of September 30% of a calendar year are required to file Form I-924A Supplement in that year. The Form I-924A Supplement with the required supporting documentation must be filed on or before December 29% of the same calendar year.

The failure to timely file a Form I-924A Supplement for each fiscal year in which the regional center has been designated for participation in the Immigrant Investor Program will result in the issuance of an intent to terminate the participation of the regional center in the Immigrant Investor Program, which may ultimately result in the termination of the designation of the regional center.

The regional center designation is non-transferable.

VI. Legal Notice

This approval and designation of a Regional Center under the Immigrant Investor Program does not constitute or imply an endorsement or recommendation by USCIS, the United States Government or any instrumentality thereof, of the investment opportunities, projects or other business activities related to or undertaken by such Regional Center. Except as expressly set forth in this approval and designation, USCIS has not reviewed any information provided in connection with or otherwise related to the Regional Center for compliance with relevant securities laws or any other laws unrelated to eligibility for designation as a Regional Center. Accordingly USCIS makes no determination or representation whatsoever regarding the compliance of either the Regional Center or associated New Commercial Enterprises with such laws.

Each Regional Center designated by USCIS must monitor and oversee all investment offerings and activities associated with, through or under the sponsorship of the Regional Center. The failure of an associated New Commercial Enterprise to comply with all laws and regulations related to such investment offerings and activities may result in the issuance by USCIS of a notice of intent to terminate the Regional Center designation.

If the applicant has any questions concerning the regional center designation under the Immigrant Investor Program, please contact the USCIS by email at <u>USCIS.ImmigrantInvestorProgram@uscis.dhs.gov</u>.

CMB Illinois Regional Center, LLC ID1311251126 RCW1311251126 Page 4

Sincerely,

Nicholas Colucci Chief, Immigrant Investor Program

Miles Colum

cc: Lincoln Stone
Stone & Grzegorek LLP
800 Wilshire Blvd., Suite 900
Los Angeles, CA 90017

Form I-924A,

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

Supplement to Form I-924

	·				
Part 1. Information About Pr	incipal of the Regi	onal Center			
Name: Last	First	First		Middle	
Hogan	Pat	Patrick		rancis	
In Care Of: CMB Illinois Region	onal Center, LLC				
Street Address/P.O. Box: 7819 42r	d Street W.				
City: Rock Island (b)(6)		State: IL		Zip Code: 61201	
Date of Birth Fa	x Number sclude area code): (855	5) 852-5133	Telephone Num	ode): (309) 797-1550	
Web site address: www.cmbeb5vis	a.com				
USCIS-assigned number for the Desig Regional Center's most recently issued			31125 11 26/II	01311251126	
Part 2. Application Type (che	ck one)				
a. Supplement for the Fiscal Year	Ending September 30,	2014 (YYYY)			
b. Supplement for a Series of Fisc	cal Years Beginning on	October 1, (YYYY) and Ending	g on September 30,(YYYY)	
Part 3. Information About the	e Regional Center				
(Use a continuation sheet, if needed, to principals, agents, individuals, or entiticenter.)					
A. Name of Regional Center: CMB I	llinois Regional	. Center, LLC			
Street Address/P.O. Box: 7819	42nd Street W.				
City: Rock Island		State: IL		Zip Code: 61201	
Web site Address: www.cmbeb5visa.com	Fax Number (include area	code): ⁽⁸⁵⁵⁾ 852-	Telepho (includ	one e area code): ⁽³⁰⁹⁾ 797-1550	
B. Name of Managing Company/Ager	cy: CMB Illinois	Regional Cent			
Street Address/P.O. Box: 7819	12nd Street W.				
City: Rock Island		State: IL		Zip Code: 61201	
Web site Address: www.cmbeb5visa.com	Fax Number (include area	(855) 852 <i>-</i> code):		one (309) 797-1550 e area code):	
C. Name of Other Agent: N/A					
Street Address/P.O. Box:		nonnens anna seologennilla mentalativa metalativa			
City:		State:		Zip Code:	
Web site Address:	Fax Number (include area	code):	Telepho	one e area code):	
BII O K BRE MAD BEI I EI MAD EI ANNE BOENE BEINE BEINE OEN BENNE MAD EI DE BENNE DE SEN BENNE BENNE BENNE BENN	·				

RCW1500552355 12/29/2014 egarcia2 1924A

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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
\$.00	0	0

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:	gregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation:		
\$.00	0	0	
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:	Andrea de sindre d'accompany and a company a	NAICS Code for the Industry Category	
Aggregate EB-5 Capital Investment:	Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation:		

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	· ·	
N/A				
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	ndirect Job Creation:	Aggregate Jobs	Maintained:
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5		ent into other business e	ntities that	☐ No ☐ Yes

If yes, then identify the name and address of eacreation/maintenance associated with each job		s, as well as the amoun	t of EB-5 car	pital investment and job
(1) Business Name:		Industry Category Title:		
Address (Street Number and Name): City:			State:	Zip Code:
EB-5 Capital Investment:	B-5 Capital Investment: Direct and Indirect Jo		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 Job Creation:		Jobs Maintained:	
b. 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	Jobs Maintained:
Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p		nt into other business e	ntities that	☐ No ☐ Yes
If yes, then identify the name and address of eacreation/maintenance associated with each job		s, as well as the amour	nt of EB-5 ca	pital investment and job
(1) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:		State:	Zip Code
EB-5 Capital Investment	Direct and Indirect Jol	o Creation	Jobs Main	tained

(2) Business Name:		Industry Category Title:			
Address (Street Number and Name): City:			State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs 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 Indirect Job Creation		tion: Aggregate	n: Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs for	· EB-5 purposes?				
	EB-5 purposes? of each job creating busi		umount 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	EB-5 purposes? of each job creating busi	ness, as well as the a	umount 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:	EB-5 purposes? of each job creating business.	Industry Catego	ry 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):	EB-5 purposes? of each job creating business. City:	Industry Catego	ry 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:	EB-5 purposes? of each job creating business. City:	Industry Catego	ry Title: State: Jobs Main	apital investment and	

Part 3. Information About the Regional Center (Continued) d. Name of Commercial Enterprise: **Industry Category Title:** City: Address (Street Number and Name): State: Zip Code: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities Yes ☐ No that have or will create or maintain jobs for EB-5 purposes? If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. Industry Category Title: (1) Business Name: Zip Code: Address (Street Number and Name): City: State: EB-5 Capital Investment: Direct and Indirect Job Creation: Jobs Maintained: (2) Business Name: Industry Category Title: Address (Street Number and Name): City: State: Zip Code: EB-5 Capital Investment: Direct and Indirect Job Creation: Jobs Maintained: e. Name of Commercial Enterprise: Industry Category Title: Address Street Number and Name: City: State: Zip Code: Aggregate Direct and Indirect Job Creation: Aggregate EB-5 Capital Investment: Aggregate Jobs Maintained: Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities □ No □ Yes that have or will create or maintain jobs for EB-5 purposes?

(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 Maintained:	
(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b 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.)

Form I-526 Petition Final Case Actions					
Approved	Denied	Revoked			
0	0	0			

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			
0	0	0			

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.

		mation on penalties in the instructions before on, he or she must compete Part 5 .	completing this section. If
submitted with it are all true	and correct. I authorize the	e United States of America, that this supplemental ne release of any information from my records that if the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	- /I	Printed Name of Applicant	Date (mm/dd/yyyy)
(the)	/k	Patrick F. Hogan	12/15/2014
Daytime Phone Number (Area/Country Codes)		E-Mail Address	
(309)797-1550		pat@cmbeb5visa.com	
Relationship to the Region	nal Center Entity (Mana	ging Member, President, CEO, etc.)	
Managing Member			
L			
Part 5. Signature of	Person Preparing Th	is Form, If Other Than Above (Sign Be	
I declare that I prepared this the answers and information	form using information p	rovided by someone with authority to act on behalf	
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	

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

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

OMB No. 1615-0061; Expires 03/31/2016

Part 1. Information About	Principal of the	Regio	nal Center			
Name: Last		First			Mic	ldle
Hogan		Patrick		Fra	ancis	
In Care Of: CMB Illinois Re	gional Center,	LLC				
Street Address/P.O. Box: 7819 4	2nd Street W.		,			
City: Rock Island (b)			State: IL		Z	ip Code: 61201
Date of Birth (mm/dd/yyyy)	Fax Number (include area code):	(855)	852-5133		one Numb	per le): (309) 797-1550
Web site address: www.cmbeb5v	isa.com					
USCIS-assigned number for the De Regional Center's most recently issu		enter (at		311251	126 / 1	ID 1311251126
Part 2. Application Type (S	Select one)	***	***************************************			
a. Supplement for the Fiscal Y	ear Ending Septemb	er 30.	2015 (ΥΥΥΥ)			
b. Supplement for a Series of I	Fiscal Years Beginni	ng on O	ctober 1,(<i>YYYY)</i> an	d Ending	on September 30,(YYYY)
Part 3. Information About	the Regional Ce	nter				
(Use a continuation sheet, if needed principals, agents, individuals, or encenter.)						
A. Name of Regional Center: CME	Illinois Reg	ional	Center, LLC			
Street Address/P.O. Box: 781	9 42nd Street	W.				
City: Rock Island	AA		State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax Nu (include	mber e area co	ode): ⁽⁸⁵⁵⁾ 852	2-5133	Telephor	ne area code): (309) 797-1550
B. Name of Managing Company/A	gency: CMB Illin	nois F	egional Cent	er, LL	С	
Street Address/P,O, Box: 781	9 42nd Street	W .		·		10 10 10 10 10 10 10 10 10 10 10 10 10 1
City: Rock Island			State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax Nui (include		(855) 852 de):	2-5133	Telephor (include	ne (309) 797-1550 area code):
C. Name of Other Agent:	•					
Street Address/P.O. Box:						######################################
City:			State:			Zip Code:
Web site	Fax Nur (include		de):		Telephor	



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

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.")

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ŧ	140 / NOTE:

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".)

(b)((44)

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. 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:

a. Name of Commercial Enterprise:		Industry Category Tit	le:	
CMB Indiana Infrast. Invest	. Group 43, L.P.	Construction		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		ır	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:
Does this EB-5 commercial enterprise serv have or will create or maintain jobs for EB		ent into other business	entities that	☐ No 🛛 Yes

(b))(4)

(**b**)((4)

If yes, then identify the name and address of eac creation/maintenance associated with each job of		s, as well as the amount	t of EB-5 capita	al investment and job
(1) Business Name: Industry Ca			le:	-
MSA North Mezz Borrower, LLC		Construction		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61204
EB-5 Capital Investment:	Direct and Indirect Jol	b Creation:	Jobs Maintaine	ed:
/AN TN		T.		
(2) Business Name		Industry Category Titl	le:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Maintained:	
b. 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 Jobs Maintained:	
Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 pe		nt into other business en	ntities that	No Yes
If yes, then identify the name and address of ea creation/maintenance associated with each job		is, as well as the amoun	nt of EB-5 capit	al investment and job
(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 Maintained	

ert 3. Information About the Region	onal Center (Continu	ned)		
(2) Business Name:		Industry Categor	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Mair	ntained:
c. Name of Commercial Enterprise:		Industry Categor	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	d Indirect Job Creat	ion: Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	EB-5 purposes? of each job creating busin			☐ No ☐ Yes apital investment and job
(1) Business Name:		Industry Categor	ry 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:	l	Industry Category	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Main	tained:

J. Name of Commercial Enterprises		Industry Catago			
d. Name of Commercial Enterprise:		Industry Categor	y liue:		
Address (Street Number and Name):	City:		State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Direc	ct and Indirect Job Creat	ion: Aggregate	L Jobs Maintained:	
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address o	EB-5 purposes?			☐ No ☐ Yes	
job creation/maintenance associated with ea					
(1) Business Name:	Parameter and the second secon	Industry Categor	y 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 Category	y Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indir	rect Job Creation:	Jobs Main	Jobs Maintained:	
e. Name of Commercial Enterprise:		Industry Categor	y Title:		
Address Street Number and Name:	City:		State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Direc	ct and Indirect Job Creat	ion: Aggregate	e Jobs Maintained:	

Part 3. Information About the Regional Center (Continued) If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. (1) Business Name: Industry Category Title: Address (Street Number and Name): City: Zip Code: State: EB-5 Capital Investment: Direct and Indirect Job Creation: Jobs Maintained: (2) Business Name: Industry Category Title: Address (Street Number and Name): State: Zip Code: City: EB-5 Capital Investment: Direct and Indirect Job Creation: Jobs Maintained:

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

	Form I-	526 Petition Final Ca	se Actions
48 N // 44	Approved	Denied	Revoked
(D))((41)			

5. Provide the total number of approved, denied and revoked Form 1-829 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 Signates someone helped you prepare	•	mation on penalties in the instructions before he must compete Part 5.	completing this section. If
submitted with it are all true	and correct. I authorize th	e United States of America, that this supplemental are release of any information from my records that I the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	7	Printed Name of Applicant	Date (mm/dd/yyyy)
149		Patrick F. Hogan	Date (mm/dd/yyyy) 2/2/2015
Daytime Phone Number (Akea/Country Codes)		E-Mail Address	
(309) 797-1550		pat@cmbeb5visa.com	
I declare that I prepared this the answers and information	form using information properties are those provided by the	is Form, If Other Than Above (Sign Be rovided by someone with authority to act on behal Regional Center. est for Evidence (RFE), may the USCIS contact	
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	

OMB No. 1615-0061; Expires 09/.

Department of Homeland SecurityU.S. Citizenship and Immigration Services

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

Do Not Write in This	Block - fo	or USCIS Use	Only (except G	-28 blocl	k below)
Action Block Action Block	<u></u>		RCV egarcia2 G-28 attached Attorney's State I 146597 / 208	/131 · 19:	
Part 1. Information About Principal	l of the R	egional Cent	er		
Name: Last	F	rirst		Midd	le
Hogan	1	Patrick		Fran	ncis
C/O:				<u> </u>	
Street Address/P.O. Box: 7819 42nd Str	eet West				
City: Rock Island		State: IL		Zij	p Code: 61201
0	ax Number	er Telephone Number			Number ea code): ⁽³⁰⁹⁾ 797-1550
Part 2. Application Type (Check one					
 a. Initial Application for Designation as a b. Amendment to an approved Regional C Regional Center's previous approval no 	Center application	cation. Note the	previous applicati	on receipt	number, if any (also attach the
Part 3. Information About the Region (Use a continuation sheet, if needed, to provide principals, agents, individuals or entities who are center.)	information re or will be	n for additional i	management, ove		
A. Name of Regional Center: CMB Illinoi	s Regio	nal Center,	LLC		
Street Address/P.O. Box: 7819 42nd S	treet We	est			
City: Rock Island		State: IL Zip Code: 6120		Zip Code: 61201	
Web site address: www.cmbeb5visa.com		Fax Number (ii (855) 852-	nclude area code): 5133		Provided area code): 797-1550



Form 1-924 (11/23/10)

Part 3. Information About the Regi	ional Center (Continued)	
B. Name of Managing Company/Agency: CN	MB Illinois Regional Center, LL	C
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): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

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

CMB Illinois 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 1,000 EB-5 investors. CMB's senior management consists of the following individuals:

President:

Patrick F. Hogan (hereinafter "Mr. Hogan")

Senior Vice President:

Kraig A. Schwigen

Executive Director:

Ky Boyle

VP of Company Operations: Pam Ellis



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

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Illinois 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
2. Corporation 3. Partnership (including Limited Partnership) 5. Mark less trablished. 5. Mark less trablished.
✓ 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?
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 Illinois Regional Center, LLC intends to include the entire state of Illinois 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 Illinois 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 his/her I-829 petition.



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Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the for the regional center that addresses how EB-5 investors wopportunities will be offered to the investors, and how they	
	ement from Mr. Hogan regarding promotional
activities.	
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's etice.
	nduct due diligence in evaluating prospective
*	f funds. Please refer to Operational Plan and
statement from Mr. Hogan for additional d	etails.
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
Construction	job creation through EB-5 investments in this industry category?
	No - Attach an explanation
NAICS Code for the Industry Category:	□ Van
0 0 0 0 2 3	X Yes
Industry Catagory Tislo	Is the Form I-924 application supported by an economic analysis and
Industry Category Title:	underlying business plan for the determination of prospective EB-5
	job creation through EB-5 investments in this industry category?
	No - Attach an explanation
NAICS Code for the Industry Category:	No - Attach an explanation
	Yes
	
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 Cotagony	No - Attach an explanation
NAICS Code for the Industry Category:	
	Yes



Part 3. Information About the Regional Center (Continued) 8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments. As outlined in the sample Limited Partnership Agreement, each organized offering will be structured as a limited partnership with CMB Illinois Regional Center, LLC serving as a General Partner or Co-General Partner. The General Partner will hold 20% interest in the limited partnership, and EB-5 investors will collectively own the remaining 80% of the enterprise. **b.** Date commercial enterprise established, if any (mm/dd/yyyy): c. Organization Structure for commercial enterprise: 1. Corporation 2. Partnership (including Limited Partnership) ☐ 3. Limited Liability Company (LLC) 4. Other (Explain) d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise? □ No 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 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 Studden Stage Signature of Applicant	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan Relationship to the Regional Center Entity (Managing Member, Pre	pat@cmbeb5visa.com sident, CEO, etc.)	
Dragidant /Maraging Marahan		



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

Printed Name of Preparer

Date (mm/dd/yyyv)

Lincoln Stone / Elsie Arias

04/12/2013

Firm Name and Address

Stone & Grzegorek LLP

800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017

Daytime Phone Number (Area/Country Codes)

Fax Number (Area/ Country Codes) E-Mail Address

(213) 627-8997

(213) 627-8998

elsie@lskglaw.com / lincoln@lskglaw.com



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

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

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

Do Not W	rite in Th	is Block - :	for USCIS Use	Only fercent				
Action Block		RCW1523852878						
			egarcia2 1924 08/26/2015					
			G-28 attache	ttached				
		Attorney's State License No.						
		146597/208665						
Part 1. Information Abou	ıt Princip	al of the	Regional Cen	ter				
Name: Last			First]	Middle	A M	
Hogan			Patrick		F	-ranci	s	
C/O: CMB Illinois Regiona	al Center	, LLC						
Street Address/P.O. Box: 7819	42nd Str	eet West						
City: Rock Island	(b)(6)		State: L	State: L			Zip Code: 61201	
Date of Birth (mm/dd/yyyy)	`	Fax Numbo (include ar	er ea code): (309)	797-1655	Telepho (include	one Num e area co	nber ode): (309) 797-1550	
Web site address:								
Part 2. Application Type	(Check or	ne)						
a. Initial Application for De	signation as	a Regional	Center					
b. Amendment to an approve	-							
Regional Center's previou							a); Approval of	
I-526 exemplar for affilia Part 3. Information Abou				se. (ID: 13112	20112	(0)		
(Use a continuation sheet, if needs				management com	panies/	agencies	s. Regional Center	
principals, agents, individuals or ecenter.)								
A. Name of Regional Center: C	MB Illino	is Regior	nal Center, L	LC				
Street Address/P.O. Box: 78	19 42nd	Street W	est			-		
City: Rock Island			State: L	State: L		Zip Code: 61201		
Web site address:			Fax Number (include area code)	: Telep	hone N	umber (include area code):	
www.cmbeb5visa.com	n		(309) 797-	7-1655 ° (309) 797-1550			7-1550	
***************************************				The state of the s				

	IB Expor	t, LLC					
Street Address/P.O. Box: 7819 42nd St	reet We	st					
City: Rock Island		State: IL Zip Code: 6120					
Web site address:		Fax Number (include area code): Telephone Number (include					
www.cmbeb5visa.com		(309) 797-1655	07-1550				
C. Name of Other Agent:		* ***********************************	<u> </u>				
Street Address/P.O. Box:							
City:		State:		Zip Code:			
Web site address:		Fax Number (include area code):	Number (include area code):				
N/A - management structure uncha							
Regional Center, LLC ("CMB Illinoi	is")						

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Illinois is a limited liability company. Ownership of the Regional Center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Illinois.
b. Date the Regional Center was established(mm/dd/yyyy): 10/30/2012
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 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.
Current geographic scope consists of entire state of Illinois (as reflected on USCIS's regional center designation letter, dated March 31, 2014).
In this I-924 filing, CMB Illinois is seeking to expand to expand its geographic scope to the entire state of Indiana.
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 Illinois 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. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Illinois Regional Center, LLC's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	s for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.
Please refer to the attached statement by Mr activities.	. Hogan regarding CMB Illinois' promotional
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's effice.
CMB Illinois regularly conducts due diligence lawful source of funds. Please refer to the att	e in evaluating prospective EB-5 investors, including tached statement by Mr. Hogan.
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction NAICS Code for the Industry Category: 2 3 0 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? 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
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:	☐ No - Attach an explanation ☐ Yes
	I

Part 3. Information About the Regional Center (Continue	ed)	
8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	ership and control of the comme	ercial entity(s) in which the
CMB Illinois is seeking approval of an I-526 exemplar enterprise - CMB Indiana Infrastructure Investment Gr in the attached exemplar petition documents, the co-G this enterprise. The EB-5 investors will own collectively	oup 43, LP ("CMB Grou General Partner (CMB III	up 43"). As reflected linois) owns 20% of
b. Date commercial enterprise established, if any (mm/dd/yyyy): 10/21	/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)	y - wan and 65000000000000000000000000000000000000	
d. Has or will the Regional Center or any of its principals or agents have	an equity stake in the commerci	al enterprise?
No Yes - Attach an explanation and documentation that outly will be paid.	ines when and under what circu	mstances these remittances
e. Has or will the Regional Center or any of its principals or agents receive through EB-5 capital investment activities from this commercial enterprequired of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that outless will be paid.	ines when and under what circui	mstances these remittances
Part 4. Applicant Signature Read the information on penalties, someone helped you prepare this petition, he or she must describe the source of	-	empleting this section. If
I certify, under penalty of perjury under the laws of the United States of Ar all true and correct. I authorize the release of any information from my reco to determine eligibility for the benefit being sought. I also certify that I have	ords that U.S. Citizenship and In	migration Services needs
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
stat 9 //2-	(Area/Country Codes) (309) 797-1550	8/7/2015
Printed Name of Applicant	E-Mail Address	V 1/ 20/3
Patrick F. Hogan	pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President	dent, CEO, etc.)	
President/Managing Member of CMB Illinois Regional	Center, LLC and CMB	Export LLC
•		

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

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

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

X Yes ☐ No

gnature of Preparer

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RC Name	RCNumber	NCE Name	1528 Receipt Number	Country of Birth	1526 Action	IS26 Action Date	1829 Receipt Number	1829 Action	US29 Action Date
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251128	CMB INDIANA INFRASTRI		CHINA					
CMB ILLINOIS REGIONAL CENTER ILC	ID1311251126	CMB INDIANA INFRASTRI		CANAD					
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		CHINA					
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