

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

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

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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 (mm/dd/yyyy)	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW 1311251126/ID1311251126

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

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

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

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

C. Name of Other Agent: N/A

Street Address/P.O. Box:

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



RCW1500552355

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Part 3. Information About the Regional Center (Continued)

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

1. Identify the aggregate EB-5 capital investment and job creation 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: Construction		NAICS Code for the Industry Category 2 3	
Aggregate EB-5 Capital Investment: \$.00	Aggregate Direct and Indirect Job Creation: 0	Aggregate Jobs Maintained: 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:		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: N/A		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

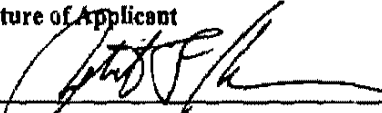
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

Signature of Applicant 	Printed Name of Applicant Patrick F. Hogan	Date (mm/dd/yyyy) 12/15/2014
Daytime Phone Number (Area/Country Codes) (309) 797-1550	E-Mail Address pat@cmbcb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member		

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

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

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

☐ No ☐ Yes

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



**U.S. Citizenship
and Immigration
Services**

March 31, 2014

Patrick Hogan
CMB Illinois Regional Center, LLC
7819 42nd 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).

I. Executive Summary of Adjudication

Effective the date of this notice, USCIS approves the Form I-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.

B. Industry Categories

NAICS	Industry Name
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 I&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).
2. 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 Matter of Ho, 22 I&N Dec. 206 (Assoc. Comm'r 1998).
4. Legally executed organizational documents of the commercial enterprise.

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 30th 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 29th 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 USCIS.ImmigrantInvestorProgram@uscis.dhs.gov.

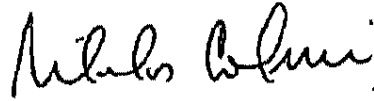
CMB Illinois Regional Center, LLC

ID1311251126

RCW1311251126

Page 4

Sincerely,

A handwritten signature in black ink, appearing to read "Nicholas Colucci". The signature is fluid and cursive, with the first name "Nicholas" and last name "Colucci" clearly distinguishable.

Nicholas Colucci

Chief, Immigrant Investor Program

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

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

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

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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 (mm/dd/yyyy): [REDACTED]	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW 1311251126/ID1311251126

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

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

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

C. Name of Other Agent: N/A

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



RCW1500552355

egarcia2 I924A 12/29/2014

Part 3. Information About the Regional Center *(Continued)*

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

1. Identify the aggregate EB-5 capital investment and job creation 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 \$.00	Aggregate Direct and Indirect Job Creation 0	Aggregate Jobs Maintained 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: Construction		NAICS Code for the Industry Category 2 3
Aggregate EB-5 Capital Investment: \$.00	Aggregate Direct and Indirect Job Creation: 0	Aggregate Jobs Maintained: 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:		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: N/A		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

e. Name of Commercial Enterprise:		Industry Category Title:	
Address Street Number and Name:	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 3. Information About the Regional Center *(Continued)*

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

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

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

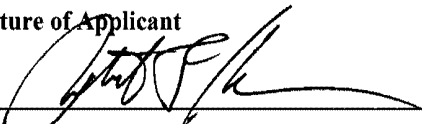
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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 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 Patrick F. Hogan	Date (mm/dd/yyyy) 12/15/2014
Daytime Phone Number (Area/Country Codes) (309) 797-1550	E-Mail Address pat@cmbbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member		

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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 (mm/dd/yyyy) [REDACTED]	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW 1311251126 / ID 1311251126

Part 2. Application Type (Select one)

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

Part 3. Information About the Regional Center

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

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

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

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

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

C. Name of Other Agent:

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



RCW1534453554

egarcia2 I924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

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)(4)

a. Industry Category Title: Construction		NAICS Code for the Industry Category 2 3	
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
b. 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: CMB Indiana Infrast. Invest. Group 43, L.P.		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

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

(1) Business Name: MSA North Mezz Borrower, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61204
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			
(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:	

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

Part 3. Information About the Regional Center (Continued)

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

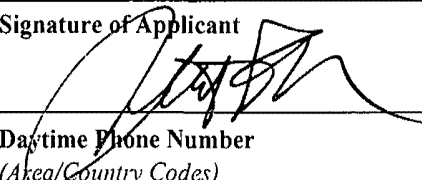
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

Signature of Applicant 	Printed Name of Applicant Patrick F. Hogan	Date (mm/dd/yyyy) 12/8/2015
Daytime Phone Number (Area/Country Codes) (309) 797-1550	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member		

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

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

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

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

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

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

REC'D CSC 13PRR22 28-21

C30056

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RCW1311251126

egarcia2 1924 04/22/2013

☒ G-28 attached

Attorney's State License No.

146597 / 208665

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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C/O:

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

City: Rock Island	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy): (b)(6)	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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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): _____

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 West

City: Rock Island	State: IL	Zip Code: 61201
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Web site address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Illinois 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): (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



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
- ☐ 3. Partnership (including Limited Partnership)
- ☒ 4. Limited Liability Company (LLC)
- ☐ 5. Other (Explain) _____

*★ LLC has not
been established.
Should be 10/30/2012*

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

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

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

CMB 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.



Part 3. Information About the Regional Center (Continued)

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

Please refer to Operational Plan and 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 Illinois 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:

Construction

NAICS Code for the Industry Category:

0 0 0 0 2 3

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:

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



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?

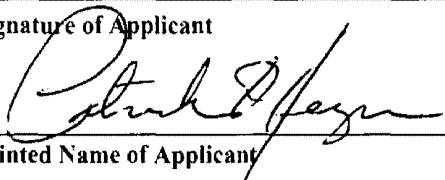
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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

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

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must 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) 12/10/12
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member		

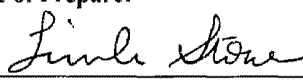


Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

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


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

☐ No ☒ Yes

Signature of Preparer 	Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy) 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) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address elsie@lskglaw.com / lincoln@lskglaw.com



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

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)	
Action Block	 RCW1523852878 egarcia2 1924 08/26/2015
	<input checked="" type="checkbox"/> G-28 attached
	Attorney's State License No. 146597/208665

Part 1. Information About Principal of the Regional Center

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

C/O: CMB Illinois Regional Center, LLC

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

City: Rock Island	(b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy)		Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

Web site address:

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): Expansion of geographic scope (Indiana); Approval of I-526 exemplar for affiliated new commercial enterprise. (ID: 1311251126)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

C. Name of Other Agent:

Street Address/P.O. Box:

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

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

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

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)

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

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

Industry Category Title: Construction	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: 2 3 0 0 0 0	
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? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the 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? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: 	

Part 3. Information About the Regional Center (Continued)

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

CMB Illinois is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Indiana Infrastructure Investment Group 43, LP ("CMB Group 43"). As reflected in the attached exemplar petition documents, the co-General Partner (CMB Illinois) owns 20% of this enterprise. The EB-5 investors will own collectively the remaining 80% of CMB Group 43.

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) _____

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


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

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

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

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

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

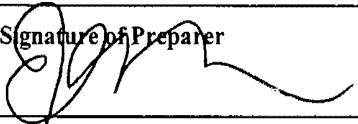
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 8/7/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Illinois 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?

☐ No ☒ Yes

Signature of Preparer 	Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy) 8/25/2013
Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com

RC Name	RCNumber	NCE Name	1528 Receipt Number	Country of Birth	1526 Action	1526 Action Date	1829 Receipt Number	1829 Action	1829 Action Date
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR	(b)(6)	CHINA	(b)(6)				
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		CANAD					
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		CHINA					
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		CHINA					
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		CHINA					
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CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		CHINA					
CMB ILLINOIS REGIONAL CENTER LLC	ID1311251126	CMB INDIANA INFRASTR		VETN					

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