

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
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In Care Of: CMB Pennsylvania Regional Center, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy) [REDACTED]	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

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

RCW 1234850855/ RC ID1234850855

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 Pennsylvania 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 Pennsylvania 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):



RCW1500552351

egarcia2 1024A 12/28/2014

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	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained
(b)(4)		

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

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

(b)(4)		
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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 Pennsylvania Infr. Inv. Group 33, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)			
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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

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:

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(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.)

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

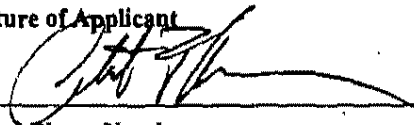
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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@cmbes5visa.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

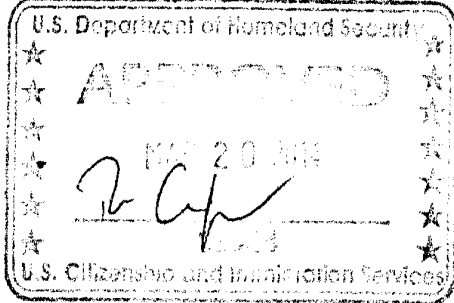
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/Country Codes)	E-Mail Address	

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

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

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

Action Block



RCW1234850855

WMERRIWE 1924 12/12/2012

☒ G-28 attached

Attorney's State License No.

146597 / 208665

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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): 	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

(b)(6)

Part 2. Application Type (Check one)

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

Part 3. Information About the Regional Center

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

A. Name of Regional Center: CMB Pennsylvania 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



Form I-924 (11/23/10)

Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Pennsylvania 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.)

(b)(4)

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

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

c. Organization Structure for the Regional Center:

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

☐ 2. Corporation

☐ 3. Partnership (including Limited Partnership)

☒ 4. Limited Liability Company (LLC)

☐ 5. Other (Explain) _____

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

☒ 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 Pennsylvania Regional Center, LLC intends to include the entire state of Pennsylvania 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 Pennsylvania 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 Pennsylvania 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.

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



Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

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?

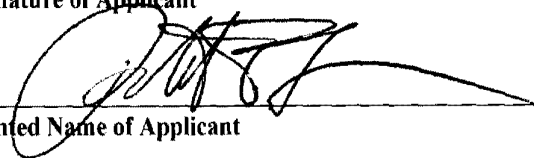
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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)
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		



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 Pennsylvania Regional Center, LLC		
Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	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 1234850855 / RC ID 1234850855

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 Pennsylvania 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 Pennsylvania Regional Center, LLC

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

C. Name of Other Agent:

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



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Part 3. Information About the Regional Center (Continued)

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

1. Identify the aggregate EB-5 capital investment and job creation 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".)

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 Maryland Infrast. Invest. Group 37 LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
(b)(4)			
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

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

(1) Business Name: SHF Project Owner, LLC C/O Woodridge Captial		Industry Category Title: Construction	
Address (Street Number and Name): 1999 Avenue of the Stars	City: Suite 2850, Los Angeles	State: CA	Zip Code: 90067
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(b)(4)

(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: CMB Pennsylvania Infr. Invest. Group 46 LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Ave. 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? ☐ 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.

(b)(4)

(1) Business Name: RE Projects - NYD, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 3090 Olive St., Suite 300	City: Dallas	State: TX	Zip Code: 75219
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)		

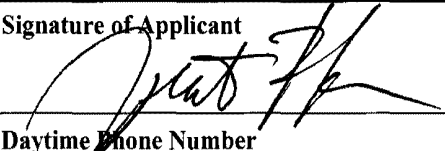
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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) 12/08/2015
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-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)

<p>Action Block</p> 	<p>RCW1419151803</p> <p>egarcia2 1924 07/10/2014</p> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. 146597/208665</p>
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Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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C/O: CMB Export LLC

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): 	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	---------------------------------------------------------

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): Approval of exemplar I-526 petition

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 Pennsylvania Regional Center, LLC

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

C. Name of Other Agent:

Street Address/P.O. Box:

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

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

N/A

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

CMB Pennsylvania Regional Center, LLC is a limited liability company. Ownership of the Regional Center is held ☐ by the Patrick F. Hogan Trust and ☐ by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member

b. Date the Regional Center was established(mm/dd/yyyy): 10/09/2012

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.

Entire state of Pennsylvania (as reflected on USCIS's regional center designation letter, dated March 20, 2014)

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 Pennsylvania Regional Center, LLC are being conducted through an affiliated regional center entity, CMB Export LLC. CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Pennsylvania 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, signed by Patrick F. Hogan regarding CMB Pennsylvania Regional Center, LLC's promotional activities.

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

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

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

Industry Category Title:

Construction

NAICS Code for the Industry Category:

2 3 0 0 0 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:

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.

(b)(4) CMB Pennsylvania Regional Center, LLC is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Pennsylvania Infrastructure Investment Group 33, LP. As reflected in the attached exemplar petition documents, the co-General Partner (CMB Pennsylvania Regional Center, LLC) owns ☐ of this enterprise. The EB-5 investors will own collectively the remaining ☐ of CMB Pennsylvania Infrastructure Investment Group 33, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 01/15/2014

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?

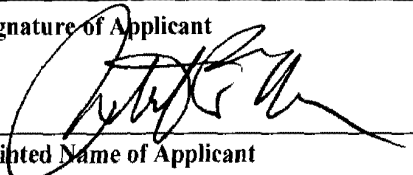
☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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.

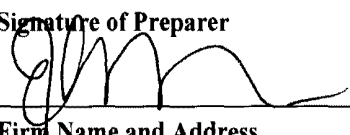
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/ President of CMB Pennsylvania Regional 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) 7/9/2014
Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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

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

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

Action Block



RCW1520452807

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☒ 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: CMB Pennsylvania Regional Center, LLC

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) 	Fax Number (include area code): (309) 797-1655	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): Request for approval of I-526 exemplar for affiliated new commercial enterprise. (RC ID: 1234850855)

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 Pennsylvania 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): (309) 797-1655	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 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 Pennsylvania Regional Center, LLC ("CMB Pennsylvania")

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.

(b)(4)

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

b. Date the Regional Center was established(mm/dd/yyyy): 10/09/2012

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 Pennsylvania (as reflected on USCIS's regional center designation letter, dated March 20, 2014).

In the pending I-924 (RCW1419151803), CMB Pennsylvania requested to expand its geographic scope to the Washington-Baltimore-Arlington, DC-MD-VA-WV-PA Combined Statistical Area (CSA).

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 Pennsylvania 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 Pennsylvania 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 Pennsylvania's promotional activities.

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

CMB Pennsylvania 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

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:

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.

(b)(4) CMB Pennsylvania is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Pennsylvania Infrastructure Investment Group 46, LP. ("CMB Group 46"). As reflected in the attached exemplar petition documents, the co-General Partner (CMB Pennsylvania) owns [] of this enterprise. The EB-5 investors will own collectively the remaining [] of CMB Group 46.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 12/05/2014

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 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.

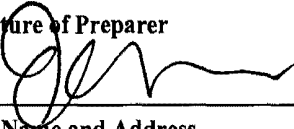
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 07/14/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Pennsylvania 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) 7/22/2015
Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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

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

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

Action Block



RCW1502652573

kivo 1924 01/26/2015

☒ 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: CMB Pennsylvania Regional Center, LLC

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

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

Web site address:
www.cmbeb5visa.com

Part 2. Application Type (Check one)

- ☐ a. Initial Application for Designation as a Regional Center
- ☒ b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Requests for expansion of geographic scope and I-526 exemplar for affiliated new commercial enterprise. (RC ID: 1234850855)

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 Pennsylvania 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 Pennsylvania 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

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 Pennsylvania Regional Center, LLC ("CMB Pennsylvania")

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.

(b)(4) CMB Pennsylvania is a limited liability company. Ownership of the Regional Center is held by the Patrick F. Hogan Trust and by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Pennsylvania.

b. Date the Regional Center was established(mm/dd/yyyy): 10/09/2012

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 Pennsylvania (as reflected on USCIS's regional center designation letter, dated March 20, 2014).

In this I-924 filing, CMB Pennsylvania is seeking to expand to expand its geographic scope to the Washington-Baltimore-Arlington, DC-MD-VA-WV-PA Combined Statistical Area (CSA).

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 Pennsylvania 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 Pennsylvania 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 Pennsylvania's promotional activities.

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

CMB Pennsylvania 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: <div>Construction</div>	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: <div>2 3 0 0 0 0</div>	
Industry Category Title: <div></div>	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: <div>— — — — —</div>	
Industry Category Title: <div></div>	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: <div>— — — — —</div>	

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.

(b)(4) CMB Pennsylvania is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Maryland Infrastructure Investment Group 37, LP. ("CMB Group 37"). As reflected in the attached exemplar petition documents, the co-General Partner (CMB Pennsylvania) owns [] of this enterprise. The EB-5 investors will own collectively the remaining [] of CMB Group 37.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 09/17/2014

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 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.

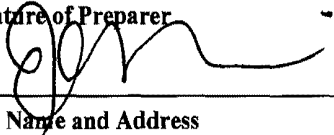
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Pennsylvania 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) 1/23/2015
Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017			
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com	