1924A

egarcia2

12/29/2014

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

	Part 1. Information About Principal of the Regional Center								
	Name: Last		First			Midd	le		
•	Hogan Patrick					Fran	ncis		
	In Care Of: CMB Pennsylvani	a Regional Cer	iter,	LLC					
	Street Address/P.O. Box: 7819 42nd Street W.								
	City: Rock Island	t		State: IL		Zip	Code: 61201		
o)(6)	Date of Birth (mm/dd/yyyy)	Fax Number (include area code)	: (855)	852-5133		ne Numbei area code,	r): (309)797-1550		
	Web site address: www.cmbeb5visa.com								
	USCIS-assigned number for the De Regional Center's most recently iss			ttach the RCW 1	2348508	55/ RC	ID1234850855		
	Part 2. Application Type (check one)							
	a. Supplement for the Fiscal Y	ear Ending Septemb	er 30,	2014 <i>(YYYY)</i>					
	b. Supplement for a Series of	Fiscal Years Beginni	ng on C	October 1, (<i>YYYY)</i> and	Ending or	September 30,(YYYY		
	Part 3. Information About	the Regional Ce	nter						
	(Use a continuation sheet, if needed principals, agents, individuals, or er center.)								
	A. Name of Regional Center: CMI	3 Pennsylvania	Regio	onal Center,	LLC	.,			
	Street Address/P.O. Box: 781	9 42nd Street	₩.						
	City: Rock Island		··············	State: IL			Zip Code: 61201		
	Web site Address: www.cmbeb5visa.	com Fax Nu	mber e area c	ode): (855)852~	5133	Telephone (include ar	rea 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		<u>.</u>		Zip Code: 61201		
•	Web site Address: www.cmbeb5visa.	com Fax Num		(855) 852- ode):		elephone include ar	(309) 797-1550 ea code):		
	C. Name of Other Agent: N/A	C. Name of Other Agent: N/A							
	Street Address/P.O. Box:								
	City:			State:			Zip Code:		
	Web site	Fax Nun		.f. }		elephone			
		(înclude	area co	ae):		nclude are	ea code): Form I-924A 01/03/13 Y Page 1		

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 Lidentify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the result aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "trouble businesses".) a. Industry Category Title: Construction Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Title: C. Industry Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): 7819 42nd Street W. Rock Island Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: Aggregate Jobs Maintained:	Answer the following questions to item, attach a continuation sheet, it		in Part 2 of this form. Note in provide the response.	: If extra space is ne	eeded to compl ete any
2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the result aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "trouble businesses".) a. Industry Category Title: Construction Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category	Identify the aggregate EB-5 cap the regional center. (Note: Sep	nital investment and job crearately identify jobs mainta	ation has been the focus of E ined through investments in	B-5 capital investmerroubled businesse	ents sponsored throug s.")
aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "trouble businesses".) a. Industry Category Title: Construction Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: b. Industry Category Title: 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 Inve	estment Aggregate Di	rect and Indirect Job Creation	n Aggregat	te Jobs Maintained
aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "trouble businesses".) a. Industry Category Title: Construction Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title:	Thursies and industry that has	accorate facus of ED 6 acris	tal increase are a second th		Carray and the result
Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: Description	aggregate EB-5 capital investme				
Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Catego	a. Industry Category Title:	· · · · · · · · · · · · · · · · · · ·		NAICS Code fo	or the Industry Catego
b. Industry Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): City: Rock Island IL Eip Code: TL 61201	Construction			2 3	
Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): City: Rock Island III. 61201	Aggregate EB-5 Capital Inve	estment: Aggregate Di	rect and Indirect Job Creation	n: Aggregate Job	s Maintained:
Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: NAICS Code for the Industry Category Title: NAICS Code for the Industry Category Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): City: Rock Island II. 61201					
c. Industry Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): City: 7819 42nd Street W. Rock Island Indistry Category Title: Zip Code: TI, 61201	b. Industry Category Title:			NAICS Code fo	or the Industry Catego
c. Industry Category Title: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): City: 7819 42nd Street W. Rock Island Indistry Category Title: Zip Code: TI, 61201					· · · · · · · · · · · · · · · · · · ·
Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: 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 Address (Street Number and Name): City: 7819 42nd Street W. Rock Island IL 61201	Aggregate EB-5 Capital Inve	estment: Aggregate Dis	ect and Indirect Job Creation	Aggregate Jobs	Maintained:
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 Address (Street Number and Name); City: Rock Island Industry Category Title: 23 Lip Code: 7819 42nd Street W. Rock Island IL 61201	c. Industry Category Title:			NAICS Code fo	or the Industry Catego
regional center that has received EB-5 investor capital: a. Name of Commercial Enterprise: CMB Pennsylvania Infr. Inv. Group 33, LP Address (Street Number and Name): City: 7819 42nd Street W. Rock Island Industry Category Title: 23 Lip Code: The Code: The Code of the Cod	Aggregate EB-5 Capital Inve	estment: Aggregate Dir	ect and Indirect Job Creation	1: Aggregate Jobs	: Maintained:
CMB Pennsylvania Infr. Inv. Group 33, LP 23 Address (Street Number and Name): City: State: Zip Code: 7819 42nd Street W. Rock Island IL 61201			amercial enterprise located v	vithin the geographic	c scope of your
Address (Street Number and Name): City: State: Zip Code: 7819 42nd Street W. Rock Island IL 61201	a. Name of Commercial Enterp	nise:	Industry Category	y Title:	-
7819 42nd Street W. Rock Island IL 61201	CMB Pennsylvania In	fr. Inv. Group 33,	LP 23		
	Address (Street Number and	Name); City:		State:	Zip Code:
Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained:	7819 42nd Street W.	Rock Isl	and	IL	61201
	Aggregate EB-5 Capital Inve	stment: Aggregate D	irect and Indirect Job Creation	on: Aggregate Jol	bs Maintained:

Part 3. Information About the Regional Center (Continued) If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. **Industry Category Title:** (1) Business Name: (2) Business Name Industry Category Title: Address (Street Number and Name): State: City: 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 No · Yes have or will create or maintain jobs for EB-5 purposes? If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. (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

art 3. Information About the Region	nal Center (Continu	ed)			
(2) Business Name:	2) Business Name:		Industry Category Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect In	ob Creation:	Jobs Mai	ntained:	
c. Name of Commercial Enterprise:		Industry Category 7	Citle:		
Address (Street Number and Name):	City:		State:	Zip Code:	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation	Aggregat	e Jobs Maintained:	
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for I If yes, then identify the name and address of creation/maintenance associated with each job.	EB-5 purposes? each job creating busine			No Yes	
(1) Business Name:	,	Industry Category T	itle:	· · · · · · · · · · · · · · · · · · ·	
Address (Street Number and Name):	City:	<u></u>	State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintained:		
(2) Business Name:		Industry Category Ti	tle:		
Address (Street Number and Name):	City:	,	State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect John	o Creation:	Jobs Maint	ained:	

d. Name of Commercial Enterprise:		Industry Category T	itle:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct an	d Indirect Job Creation:	Aggregate	: Jobs Maintained:
Does this EB-5 commercial enterprise serv hat have or will create or maintain jobs for	EB-5 purposes?			□ No □ 3
f yes, then identify the name and address of observation/maintenance associated with each			nt of EB-5 ca	ipital investment and
(1) Business Name:		Industry Category Ti	tle:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Main	tained:
(2) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:	<u>I</u>	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	bb Creation;	Jobs Maint	ained;
Name of Commercial Enterprise:		Industry Category Tit	le:	
Address Street Number and Name:	City:		State:	Zip Code: '
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate :	Tobs Maintained:

Part 3. Info	rmation Abo	ut the Region	nal Center	(Continued)
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(1) Business Name:		Industry Category T	itle:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Job Creation: Job		Jobs Mai	obs Maintained:	
(2) Business Name:		Industry Category T	itle:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Mai	ntained:	

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

	Form I-526 Petition Final Case Actions					
/L\%/\d\	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 Cas	se 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.

- -	•	rmation on penalties in the instructions be ion, he or she must compete Part 5 .	fore completing this section. If
submitted with it are all tri	e and correct. I authorize	ne United States of America, that this supplem the release of any information from my records for the benefit being sought. I also certify that I	s that U.S. Citizenship and
Signature of Applicant		Printed Name of Applicant	Date (mm/dd/yyyy)
147		Patrick F. Hogan	12/15/2014
Daytime Phone Number (Area/Country Codes)		E-Mail Address	
(309)797-1550		pat@cmbeb5visa.com	
Relationship to the Region	onal Center Entity (Mana	ging Member, President, CEO, etc.)	
			•
Part 5. Signature of	Person Preparing Th	nis Form, If Other Than Above <i>(Sign</i>	Below)
you by Fax or E-mail?	ve: In the event of a Reque	est for Evidence (RFE), may the USCIS contact	No Yes
Signature of Preparer	,	Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	,

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

(b))(6)

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

Action Block U.S. Department of Nomeland Security RCW1234850855 WMERRIWE 1924 12/12/2012
W.S. Clizenshio and innaistiction Services Attorney's State License No. 146597 / 208665
Part 1. Information About Principal of the Regional Center Name: Last First Middle
Hogan Patrick Francis
C/O:
Street Address/P.O. Box: 7819 42nd Street West
Date of Birth (mm/dd/yyyy): Fax Number (include area code): (855) 852-5133 Telephone Number (include area code): (309) 797-1
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 attack 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 reg 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: Fax Number (include area code): Telephone Number (include area c
www.cmbeb5visa.com (855) 852-5133 (309) 797-1550

Form I-924 (11/23/10)

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:	Fax Number (include area code)	: Telephone Number (include area coo
www.cmbeb5visa.com	(855) 852-5133	(309) 797-1550
. Name of Other Agent:	······································	- I
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code)	Telephone Number (include area cod

(**b**))(4)

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)
activity, along with evidence of the funds committed to the for the regional center that addresses how EB-5 investors w opportunities will be offered to the investors, and how they Please refer to Operational Plan and state	for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest. The ment from Mr. Hogan regarding promotional
activities.	
source of capital and the alien investor's ability to fully inve prospective plans in this regard if they differ from past prac	
CMB Pennsylvania Regional Center, LLC will prospective EB-5 investors, including law Operational Plan and statement from Mr. Ho	ful source of funds. Please refer to
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?
NAICS Code for the Industry Category: 0 0 0 0 2 3	☐ No - Attach an explanation X Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes



Part 3. Information About the Regional Center (Continue	ed)	
8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	ership and control of the comme	ercial entity(s) in which the
As outlined in the sample Limited Partnership Agrestructured as a limited partnership with CMB Penns Partner or Co-General Partner. The General Partner partnership, and EB-5 investors will collectively enterprise.	sylvania, LLC serving will hol interc	_
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 commerci	ial enterprise?
No X Yes - Attach an explanation and documentation that outl will be paid.		
e. Has or will the Regional Center or any of its principals or agents received through EB-5 capital investment activities from this commercial entergrequired of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that outl will be paid.	ines when and under what circu	mstances these remittances
Part 4. Applicant Signature Read the information on penalties someone helped you prepare this petition, he or she must c		ompleting this section. If
I certify, under penalty of perjury under the laws of the United States of Anall true and correct. I authorize the release of any information from my recommon determine eligibility for the benefit being sought. I also certify that I have	ords that U.S. Citizenship and In	nmigration Services needs
Signature of Applicant	Daytime Phone Number (Area/Country Codes)	Date (mm/dd/yyyy)
ib To The second se	(309) 797-1550	
Printed Name of Applicant	E-Mail Address	L
Patrick F. Hogan	pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President	lent, CEO, etc.)	
President		



Form I-924 (11/23/10) Page 5

Supplement to Form I-924

	Name: Last		First			Mid	dle		
	Hogan		Patr	rick		i	ncis		
	In Care Of: CMB Pennsylvan	nia Regional Cer	nter,	LLC					
	Street Address/P.O. Box: 7819 42nd Street W.								
	City: Rock Island			State: IL		Zi	p Code: 61	201	
3	Date of Birth (mm/dd/yyyy)	Fax Number (include area code)	: (855)	852-5133		one Numb e area cod	er e): (309)	797-1	550
	Web site address: www.cmbeb5	5visa.com							
	USCIS-assigned number for the I Regional Center's most recently is				7 1234850	855 / R	C ID 123	348508	55
	Part 2. Application Type	(Select one)							
	a. Supplement for the Fiscal	Year Ending Septemb	per 30,	2015 (YYYY)					
	☐ b. Supplement for a Series o	of Fiscal Years Beginni	ing on C	October 1,	_ <i>(YYYY)</i> an	d Ending (on Septemb	er 30,	(YYYY)
	Device Alexander Device Alexander								
	Part 3. Information Abou	it the Regional Co	enter						
	(Use a continuation sheet, if need principals, agents, individuals, or center.)	ed, to provide informa entities who are or wil	tion for	olved in the ma	nagement, o				
	(Use a continuation sheet, if need principals, agents, individuals, or	ed, to provide informa entities who are or wil	tion for	olved in the ma	nagement, o				
	(Use a continuation sheet, if need principals, agents, individuals, or center.)	ed, to provide informa entities who are or wil	tion for Il be inve	olved in the ma	nagement, o				
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Cl Street Address/P.O. Box: 78 City: Rock Island	ed, to provide informa entities who are or wil	tion for Il be inve	olved in the ma	nagement, o			ration of	the regional
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Cl Street Address/P.O. Box: 78	ed, to provide informa entities who are or wil MB Pennsylvania 319 42nd Street	Regio	olved in the ma	nagement, o	Talanhar	Zip Code	e: 6120	the regional
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site	ed, to provide informa entities who are or wil MB Pennsylvania 319 42nd Street Fax Nu (includ)	Regio W.	olved in the maconal Center State: IL ode): (855)	nagement, or	Telephor (include	Zip Code	e: 6120	the regional
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa B. Name of Managing Company.	ed, to provide informa entities who are or wil MB Pennsylvania 319 42nd Street Fax Nu (includ)	Regio W.	olved in the maconal Center State: IL ode): (855)	nagement, or	Telephor (include	Zip Code	e: 6120	the regional
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa B. Name of Managing Company.	ed, to provide informa entities who are or will mb Pennsylvania B19 42nd Street Fax Nu (includ /Agency: CMB Penn	Regio W.	olved in the maconal Center State: IL ode): (855)	nagement, or	Telephor (include	Zip Code	e: 6120	1 797-1550
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa B. Name of Managing Company/ Street Address/P.O. Box: 78	ed, to provide informa entities who are or will make Pennsylvania 319 42nd Street Fax Nu (includ Agency: CMB Penn Penn B19 42nd Street Fax Nu	Region W.	State: IL State: IL (855) 8	nagement, or	Telephor (include	Zip Code area code):	e: 6120 (309)	1 797-1550
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa B. Name of Managing Company/ Street Address/P.O. Box: 78 City: Rock Island Web site	ed, to provide informa entities who are or will make Pennsylvania 319 42nd Street Fax Nu (includ Agency: CMB Penn Penn B19 42nd Street Fax Nu	Region W. We area construction for all be involved with the area construction with the area construct	State: IL State: IL (855) 8	nagement, or	Telephor (include	Zip Code area code): Zip Code	e: 6120 (309)	1 797-1550
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa B. Name of Managing Company/ Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa	ed, to provide informa entities who are or will make Pennsylvania 319 42nd Street Fax Nu (includ Agency: CMB Penn Penn B19 42nd Street Fax Nu	Region W. We area construction for all be involved with the area construction with the area construct	State: IL State: IL (855) 8	nagement, or	Telephor (include	Zip Code area code): Zip Code	e: 6120 (309)	1 797-1550
	(Use a continuation sheet, if needs principals, agents, individuals, or center.) A. Name of Regional Center: Classification Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa B. Name of Managing Company/ Street Address/P.O. Box: 78 City: Rock Island Web site Address: www.cmbeb5visa City: Rock Island Company/ City: Rock Island Web site Address: www.cmbeb5visa Company/ City: Rock Island	ed, to provide informa entities who are or will make Pennsylvania 319 42nd Street Fax Nu (includ Agency: CMB Penn Penn B19 42nd Street Fax Nu	Region W. We area construction for all be involved with the area construction with the area construct	State: IL State: IL (855) 8	nagement, or	Telephor (include	Zip Code area code): Zip Code	e: 6120 (309)	1 797-1550



Form 1-924A 03/18/15 Y Page 1

	nswer the following questions for the time p m, attach a continuation sheet, indicate the			f extra space is	needed to complete any	
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.")					
1	Aggregate EB-5 Capital Investment	Aggregate Direct and	Indirect Job Creation	Aggreg	gate Jobs Maintained	
	Identify each industry that has been the foc aggregate EB-5 capital investment and job businesses".)					
	a. Industry Category Title:			NAICS Code	for the Industry Categor	
	Construction			2 3	3	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:	
	b. Industry Category Title:			NAICS Code	for the Industry Categor	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bbs Maintained:	
	c. Industry Category Title:			NAICS Code	for the Industry Categor	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:	
	Provide the following information for each regional center that has received EB-5 inve	-	enterprise located with	nin the geograp	hic scope of your	
	a. Name of Commercial Enterprise:		Industry Category T	itle:		
	CMB Maryland Infrast. Inve	st. Group 37 LP	Construction			
	Address (Street Number and Name):	City:		State:	Zip Code:	
	7819 42nd Street W.	Rock Island		IL	61201	

If yes, then identify the name and address o creation/maintenance associated with each j		ss, as well as the amour	nt of EB-5 c	apital investment and	
(1) Business Name:		Industry Category Ti	tle:		
SHF Project Owner, LLC C/O	Woodridge Captial	Construction			
Address (Street Number and Name):	City:		State:	Zip Code:	
1999 Avenue of the Stars	Suite 2850, Los	s Angeles	CA	90067	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	tained:	
(2) Business Name	······	Industry Category Tit	tle:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	tained:	
b. Name of Commercial Enterprise: CMB Pennsylvania Infr. Inves	st. Group 46 LP	Industry Category Ti	tle:		
Address (Street Number and Name):	City:		State:	Zip Code:	
7819 42nd Ave. W	Rock Island		IL	61201	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:	
Does this EB-5 commercial enterprise serve		nt into other business e	entities that		
have or will create or maintain jobs for EB-				□ No 🗶 Y	
If yes, then identify the name and address o creation/maintenance associated with each j		ss, as well as the amoun	nt of EB-5 c	apital investment and	
(1) Business Name:		Industry Category Ti	tle:		
RE Projects - NYD, LLC		Construction			
Address (Street Number and Name):	City:		State:	Zip Code	
3090 Olive St., Suite 300	Dallas		TX	75219	
EB-5 Capital Investment	Direct and Indirect Job	Creation	Jobs Mai	ntained	

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(2) Business Name:		Industry Catego	rv Title:	
(-)				
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	EB-5 Capital Investment: Direct and Indirect Jo		Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Categor	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creat	ion: Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serv	e as a vehicle for investme	ent into other busin	ess entities	
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	EB-5 purposes? of each job creating busine			☐ No ☐ Yes
that have or will create or maintain jobs for If yes, then identify the name and address of	EB-5 purposes? of each job creating busine		mount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	EB-5 purposes? of each job creating busine	ess, as well as the a	mount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	r EB-5 purposes? of each job creating busine job creating business.	ss, as well as the a	mount of EB-5 c	Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Address (Street Number and Name):	r EB-5 purposes? of each job creating busine job creating business. City:	ss, as well as the a	mount of EB-5 c y Title: State: Jobs Main	Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	r EB-5 purposes? of each job creating busine job creating business. City:	Industry Categor	mount of EB-5 c y Title: State: Jobs Main	Zip Code:

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

t 3. Information About the Region				
f yes, then identify the name and address of ob-creation/maintenance associated with ea			mount of EB-5 ca	apital investment and
(1) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Inc	lirect Job Creation:	Jobs Mai	ntained:
(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Ind	lirect Job Creation:	Jobs Mai	ntained:

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

ſ	Form I-	526 Petition Final Cas	se 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 Cas	e Actions	
	Approved	Denied	Revoked	
(b))(44)				

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.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center. Signature of Applicant **Printed Name of Applicant** Date (mm/dd/yyyy) Patrick F. Hogan Daytime Mone Number E-Mail Address (Area/Lountry Codes) (309) 797-1550 pat@cmbeb5visa.com Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below) I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center. Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact No X Yes you by Fax or E-mail? Signature of Preparer Printed Name of Preparer Date (mm/dd/yyyy) Firm Name and Address Fax Number (Area/ E-Mail Address Daytime Phone Number (Area/Country Codes) Country Codes)

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.

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

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

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

Do Not Write in This Block - fo	or USCIS Use	Only (except G	-28 block b	elow)
Action Block U.S. Department of Homeland Security	****	Fe Hill	V14191 1924 icense No.	151803 07/10/2014
Part 1. Information About Principal of the R	Regional Cent	er		
Name: Last	First		Middle	
Hogan	Patrick		Franc	cis
C/O: CMB Export LLC				
Street Address/P.O. Box: 7819 42nd Street Wes	t			
City: Rock Island	State: IL		Zip Co	ode: 61201
Date of Birth (mm/dd/yyyy): Fax Number (include area	(300	797-1655 T	elephone Nur nclude area c	mber ode): (309) 797-1550
Web site address: www.cmbeb5visa.com				
Part 2. Application Type (Check one)				
a. Initial Application for Designation as a Regional C	Center			
b. Amendment to an approved Regional Center applied Regional Center's previous approval notice): Applied				nber, if any (also attach the
Part 3. Information About the Regional Cent	ter			
(Use a continuation sheet, if needed, to provide information principals, agents, individuals or entities who are or will be center.)				
A. Name of Regional Center: CMB Pennsylvania R	egional Cer	ter, LLC		
Street Address/P.O. Box: 7819 42nd Street We	est			
City: Rock Island	State: IL			Zip Code: 61201
Web site address:	Fax Number (i	nclude area code):	Telephone N	lumber (include area code):
www.cmbeb5visa.com	(309) 797-	1655	(309) 79	97-1550

. 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
. 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
individuals or entities who are or will be in	avolved in the management, oversight, and admi	ncies, regional center principals, agent nistration of the regional center.)

	ote: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the resp
1a	Describe the structure, ownership and control of the regional center entity.
R	MB Pennsylvania Regional Center, LLC is a limited liability company. Ownership of t egional Center is held by the Patrick F. Hogan Trust and by the Joan L. Hog rust, Patrick F. Hogan, Managing Member
L_ b	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)
	Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form 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 a
3.	Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic a
	ntire state of Pennsylvania (as reflected on USCIS's regional center designation le ated March 20, 2014)
	Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regio center. The administration, oversight, and management functions for CMB Pennsylvania Regional
Ce LI th re Pe	ne administration, oversight, and management functions for CMB Pennsylvania Regional enter, LLC are being conducted through an affiliated regional center entity, CMB ExpLC. CMB Export LLC has been operating as a regional center for over 17 years, and arroughout this period, has properly complied with all monitoring and reporting equirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CM ennsylvania Regional Center, LLC's regional center designation. Additionally, there everal full-time employees that assist with the monitoring and reporting requirement or USCIS.

for the regional center that addresses how EB-5 investors v opportunities will be offered to the investors, and how they	
Please refer to the attached statement, s Pennsylvania Regional Center, LLC's promo	
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's ctice.
CMB Pennsylvania Regional Center, LLC reg prospective EB-5 investors, including law attached statement by Patrick F. Hogan.	rularly conducts due diligence in evaluating ful source of funds. Please refer to the
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction NAICS Code for the Industry Category: 2 3 0 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title: NAICS Code for the Industry Category:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	No - Attach an explanation

EB-5 alien investors have or will make their capital	tive structure of ownership and control of the commercial entity(s) in val investments
CMB Pennsylvania Regional Center, LLC is se new commerical enterprise - CMB Pennsylvania	eeking approval of an exemplar I-526 petition for an affi a Infrastructure Investment Group 33, LP. As reflected in o-General Partner (CMB Pennsylvania Regional Center, LLC)
b. Date commercial enterprise established, if any (mm	m/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 princ	cipals or agents have an equity stake in the commercial enterprise?
No X Yes - Attach an explanation and docu	cumentation that outlines when and under what circumstances these re
	cipals or agents receive fees, profits, surcharges, or other like remittand his commercial enterprise, beyond the minimum capital investment thr
No Yes - Attach an explanation and doct will be paid.	cumentation that outlines when and under what circumstances these re
Part 4. Applicant Signature Read the inform someone helped you prepare this petition	e United States of America, that this form and the evidence submitted remation from my records that U.S. Citizenship and Immigration Service
	also certify that I have authority to act on behalf of the Regional Cente
all true and correct. I authorize the release of any inform	
all true and correct. I authorize the release of any inform to determine eligibility for the benefit being sought. I al	Daytime Phone Number (Area/Country Codes) Date (mm/dd/yy
all true and correct. I authorize the release of any inform to determine eligibility for the benefit being sought. I al Signature of Applicant	Daytime Phone Number (Area/Country Codes) (309) 797-1550
all true and correct. I authorize the release of any inform to determine eligibility for the benefit being sought. I all Signature of Applicant Printed Name of Applicant	Daytime Phone Number (Area/Country Codes) (309) 797-1550 E-Mail Address pat@cmbeb5visa.com

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

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

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

☐ No [

X Yes

Signature of Preparer

Printed Name of Preparer

Date (mm/dd/yyyy)

Lincoln Stone / Elsie Arias

7/9/201

Firm Name and Address

Stone Grzegorek & Gonzalez LLP

800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017

Daytime Phone Number (Area/Country Codes)

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

(213) 627-8997

(213) 627-8998

Lincoln@sggimmigration.com / Elsie@sggimmigration com

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

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

Do Not Write in Th	Only (except	G-28 block	below)		
Action Block				V1520	452807 4 07/23/2015
			G-28 attache	ed.	
			Attorney's State	License No.	
			146597/208	3665	
Part 1. Information About Princip	al of the	Regional Cen	ter		
Name: Last		First		Midd	le
Hogan		Patrick		Fran	icis
C/O: CMB Pennsylvania Regional	Center,	LLC			
Street Address/P.O. Box: 7819 42nd Str	eet Wes	t			
City: Rock Island		State: L		Zip	^{Code:} 61201
Date of Birth (mm/dd/yyyy)	Fax Number (include ar	er ea code): (309)	797-1655	Telephone N (include area	(umber code): (309) 797-1550
Web site address: www.cmbeb5visa.c	om				
Part 2. Application Type (Check or	ne)				
a. Initial Application for Designation as	s a Regional	Center			
b. Amendment to an approved Regional Regional Center's previous approval a commercial enterprise. (RC ID: 1	notice): Re	equest for ap		-	• •
Part 3. Information About the Reg					
(Use a continuation sheet, if needed, to provide principals, agents, individuals or entities who center.)	de informati	on for additional			
A. Name of Regional Center: CMB Penr	sylvania	Regional C	enter, LLC		
Street Address/P.O. Box: 7819 42nd	Street W	est			
City: Rock Island		State: L			Zip Code: 61201
Web site address:	- A791	Fax Number (include area code)	: Telephone	Number (include area code):
www.cmbeb5visa.com		(309) 797-	1655	(309) 7	97-1550
			No.		

B. Name of Managing Company/Agency: CMB Export, LLC				
Street Address/P.O. Box: 7819 42nd Street	eet West	-		
City: Rock Island	State: L		Zip Code: 61201	
Web site address:	Fax Number (include area code):	Telephone N	Number (include area code):	
www.cmbeb5visa.com	(309) 797-1655	(309) 79	97-1550	
C. Name of Other Agent:		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address/P.O. Box:				
City:	State:		Zip Code:	
Web site address:	Fax Number (include area code):	Telephone N	lumber (include area code):	
D. Continuation, if needed, to provide information individuals or entities who are or will be involv				

	Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the re
	1a. Describe the structure, ownership and control of the regional center entity.
	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 ("M Hogan") is the Managing Member of CMB Pennsylvania.
į	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 Formal 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
:	3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic
	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 geog scope to the Washington-Baltimore-Arlington, DC-MD-VA-WV-PA Combined Statistical Are (CSA).
4	4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor a capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the region center.
1	The administration, oversight, and management functions for CMB Pennsylvania Regional Center, LLC are being conducted through an affiliated regional center entity, CMB Export L 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 Pennsylv 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 activities.	. Hogan regarding CMB Pennsylvania's promotional		
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's ctice.		
CMB Pennsylvania regularly conducts due dincluding lawful source of funds. Please refer	iligence in evaluating prospective EB-5 investors, r 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		

CMB Pennsylvania owns	commercial enterprise - CMB Pennsylvania Infrastructure Investment Group 46, LP. ("CMB Group 46"). As reflected in the attached exemplar petition documents, the co-General Partne (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 remit 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 thresh required of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and documentation that outlines when and under what circumstances these remit will be paid. Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section will be paid. Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section will be paid. Part 5. I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted wit all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services 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 07/14/2015	8a. Describe and document the current and/or prospective EB-5 alien investors have or will make their capital it		ip and control of the com	nercial entity(s) in which
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	Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)	Printed Name of Applicant	`		101/11/2013
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)		Patrick F. Hogan	pa	at@cmbeb5visa.co	m
LABORDON TO BOOK AND AND AND TO THE PARTY AND THE PARTY AN	•	Relationship to the Regional Center Entity (Managir	ng Member, President	t, CEO, etc.)	

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.

Center, and the answers and	information provided by t	he Regional Center.	_			
Attorney or Representative you by Fax or E-mail?	e: In the event of a Reque	st for Evidence (RFE), may the USCIS contact	No	Yes		
Signature of Preparer		Printed Name of Preparer	Date (m	m/dd/yyyy)		
1 90V	` `	Lincoln Stone / Elsie Arias	7/20	42015		
Firm Name and Address	Firm Name and Address					
Stone Grzegorek & 800 Wilshire Blvd.,		eles, CA 90017				
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address Lincoln@sggimmigration.com /				
(213) 627-8997	(213) 627-8998	Elsie@sggimmigration.com				

Under the Immigrant Investor Pilot Program

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		146597/208665				
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Naı	me: Last		First		Midd	
	Hogan ———————————		Patrick		Fran	ncis
C/0	D: CMB Pennsylvania Regional	Center, I	LC			
Stre	eet Address/P.O. Box: 7819 42nd Str	eet West				
Cit	^{y:} Rock Island		State: IL		Zip	Code: 61201
7	te of Birth m/dd/yyyy)	Fax Numbe (include are	r a code): (309) 79	97-1655	Telephone N (include are	Number a code): (309) 797-1550
We	eb site address: www.cmbeb5visa.c	om				
Pa	Part 2. Application Type (Check one)					
	a. Initial Application for Designation as a Regional Center					
X	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)					
					2348508	55)
Pa	rt 3. Information About the Reg	gional Cen	ter	(RC ID: 12		
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Part 3. Information About the Regional Cent	er (Continued)		North Control of the
B. Name of Managing Company/Agency: CMB Pennsylvania Regional Center, LLC			
Street Address/P.O. Box: 7819 42nd Street We	est		
City: Rock Island	State: IL		Zip Code: 61201
Web site address:	Fax Number (include area code):	Telephone N	Number (include area code):
www.cmbeb5visa.com	(309) 797-1655	(309) 79	97-1550
C. Name of Other Agent:			
Street Address/P.O. Box:			
City:	State:		Zip Code:
Web site address:	Fax Number (include area code):	Telephone N	Jumber (include area code):
individuals or entities who are or will be involved in the N/A - management structure unchanged fr Pennsylvania Regional Center, LLC ("CMI	rom initial regional center		

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the res
1a. Describe the structure, ownership and control of the regional center entity.
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 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
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic
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 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 a capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the region center.
The administration, oversight, and management functions for CMB Pennsylvania Regional Center, LLC are being conducted through an affiliated regional center entity, CMB Export Ll 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 Pennsylv Regional Center, LLC's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

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Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.
Please refer to the attached statement by Mr activities.	. Hogan regarding CMB Pennsylvania's promotional
	a supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's tice.
including lawful source of funds. Please refer	
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
<u>·</u>	Yes

EB-5 alien investors have or will make their capital investor	cture of ownership and control of the com nents.	mercial entity(s) in w	
CMB Pennsylvania is seeking approval of an commercial enterprise - CMB Maryland Infras 37"). As reflected in the attached exemplar pennsylvania) owns of this enterprise. Tremaining of CMB Group 37.	structure Investment Group 37,	LP. ("CMB Gro eral Partner (CM	
b. Date commercial enterprise established, if any (mm/dd/yyy	_{yy):} 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 comme	rcial enterprise?	
No Yes - Attach an explanation and documentate will be paid.	ion that outlines when and under what cire	cumstances these rem	
e. Has or will the Regional Center or any of its principals or a through EB-5 capital investment activities from this comm required of the EB-5 alien entrepreneurs?			
No Yes - Attach an explanation and documentation will be paid.	ion that outlines when and under what circ	cumstances these rem	
Part 4. Applicant Signature Read the information of someone helped you prepare this petition, he or I certify, under penalty of perjury under the laws of the United all true and correct. I authorize the release of any information fi	she must compete Part 5. States of America, that this form and the from my records that U.S. Citizenship and	evidence submitted w Immigration Services	
to determine eligibility for the benefit being sought. I also certification	fy 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/yyy)	
Printed Name of Applicant	E-Mail Address		
Patrick F. Hogan	pat@cmbeb5visa.co	pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Men	nber, President, CEO, etc.)		

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 X Yes ☐ No you by Fax or E-mail? Printed Name of Preparer Date (mm/dd/yyyy) Signature of Preparer Lincoln Stone / Elsie Arias Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017 **Daytime Phone Number** Fax Number (Area/ E-Mail Address (Area/Country Codes) Country Codes) Lincoln@sggimmigration.com / Elsie@sggimmigration.com (213) 627-8997 (213) 627-8998