

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

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

REC'D CSC 15DEC29 21:57
5233

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last JENSEN | First Peter | Middle Torben |
| In Care Of: The Jensen Law Firm PLLC | | |
| Street Address/P.O. Box: 1212 Avenue of the Americas, FL16 | | |
| City: New York | State: NY | Zip Code: 10036 |
| Date of Birth (mm/dd/yyyy) (b)(6) | Fax Number (include area code): 212-737-5900 | Telephone Number (include area code): 212-737-5800 |
| Web site address: jensenlaw.com | | |

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

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: New York Dream Regional Center LLC (F.K.A. Tri-State USA Regional Center, LLC)

| | | |
|--|---|--|
| Street Address/P.O. Box: 1212 Avenue of the Americas, FL16 | | |
| City: New York | State: NY | Zip Code: 10036 |
| Web site Address: under construction | Fax Number (include area code): 212-737-5900 | Telephone (include area code): 212-921-0988 |

B. Name of Managing Company/Agency: Twin Boys Investment LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 1212 Avenue of the Americas, FL16 | | |
| City: New York | State: NY | Zip Code: 10036 |
| Web site Address: N/A | Fax Number (include area code): 212-737-5900 | Telephone (include area code): 212-737-5800 |

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): |



RCW1600454117

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 |
|-----------------------------------|--|---------------------------|
| | | N/A |

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: Hotel Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: Based on economic report: 197.8 | Aggregate Jobs Maintained: N/A |
| b. Industry Category Title: Architect and Engineering | | NAICS Code for the Industry Category 5 4 1 3 1 0 |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: Based on economic report: 20.9 | Aggregate Jobs Maintained: N/A |
| c. Industry Category Title: Hotel Operation | | NAICS Code for the Industry Category 5 6 1 1 1 1 (See Addendum 1) |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: Based on economic report: 337.1 | Aggregate Jobs Maintained: N/A |

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: LYZC LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 39-01 Main Street, Ste. 501 | City: Flushing | State: NY | Zip Code: 11354 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |
| 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 | | | |

(b)(4)

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: 37-25 12th Street LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 39-01 Main Street, Ste. 501 | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (b)(4) | | N/A | |
| (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: FOREST AVENUE FUND, LP | | Industry Category Title: Residential Apartments | |
| Address (Street Number and Name): 62-41 Forest Avenue | City: Ridgewood | State: NY | Zip Code: 11385 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | N/A | |

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: 62-41 Forest Avenue LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 40-28 College Point Boulevard, T2-PH115 | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| (b)(4) | | N/A | |

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: SPA CASTLE CRESCENT FUND, LP | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 167-17 Northern Blvd. | City: Flushing | State: NY | Zip Code: 11358 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |

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: C. Castle, LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 167-17 Northern Blvd. | City: Flushing | State: NY | Zip Code: 11358 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | N/A | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (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: Barrel Proof 128 Invetors' Fund LP | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 1212 Avenue of the Americas, FL16 | City: New York | State: NY | Zip Code: 10036 |

(b)(4)

| | | |
|---|--|--|
| Aggregate EB-5 Capital Investment: [REDACTED] | Aggregate Direct and Indirect Job Creation: [REDACTED] | Aggregate Jobs Maintained: N/A |
|---|--|--|

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: Barrel Proof 128 Hospitality LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 1212 Avenue of the Americas, FL16 | City: New York | State: NY | Zip Code: 10036 |

(b)(4)

| | | |
|---|--|--------------------------------|
| EB-5 Capital Investment: [REDACTED] | Direct and Indirect Job Creation: [REDACTED] | Jobs Maintained: N/A |
|---|--|--------------------------------|

| | | | |
|--|--|---------------------------------|------------------|
| (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: Hotels | |
| Address Street Number and Name: | City: Flushing | State: NY | Zip Code: 11358 |
| 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 checked="" 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 |
| N/A | N/A | N/A |

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 |
| N/A | N/A | N/A |

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.

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 HOTTE | First Daniel | Middle |
|---------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 8890 West Oakland Park Boulevard, Suite 201

| | | | |
|-------------------------------|--------|---|---|
| City: Sunrise | (b)(6) | State: FL | Zip Code: 33351 |
| Date of Birth (mm/dd/yyyy) | | Fax Number (include area code): (954) 749-7148 | Telephone Number (include area code): (954) 749-8990 |

Web site address: www.eb5ameriholdings.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1107350177

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: EB-5 Ameri-Holdings LLC

Street Address/P.O. Box: 8890 West Oakland Park Boulevard, Suite 201

| | | |
|--|---|--|
| City: Sunrise | State: FL | Zip Code: 33351 |
| Web site www.eb5ameriholdings. Address: com | Fax Number (include area code): (954) 749-7148 | Telephone (include area code): (954) 749-8990 |

B. Name of Managing Company/Agency: AHLPL, LLC

Street Address/P.O. Box: 8890 West Oakland Park Boulevard, Suite 201

| | | |
|--|---|--|
| City: Sunrise | State: FL | Zip Code: 33351 |
| Web site www.eb5ameriholdings. Address: com | Fax Number (include area code): (954) 749-7148 | Telephone (include area code): (954) 749-8990 |

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): |



RCW1535553754

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Part 3. Information About the Regional Center (Continued)

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

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

| | | |
|--|---|----------------------------------|
| Aggregate EB-5 Capital Investment TBD | Aggregate Direct and Indirect Job Creation TBD | Aggregate Jobs Maintained TBD |
|--|---|----------------------------------|

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

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

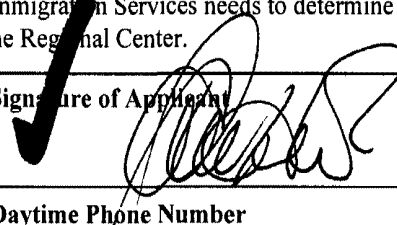
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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.

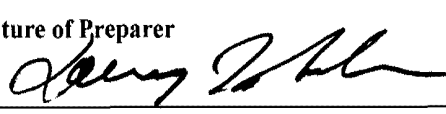
| | | |
|--|--|---|
| Signature of Applicant  | Printed Name of Applicant Daniel Hotte | Date (mm/dd/yyyy) DEC 16 2015 |
| Daytime Phone Number (Area/Country Codes) (954) 749-8990 | E-Mail Address daniel.hotte@eb5ameriholdings.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager 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 Larry J. Behar | Date (mm/dd/yyyy) DEC 16 2015 |
| Firm Name and Address Behar Law Group 888 SE Third Avenue, Suite 400 Fort Lauderdale, FL 33316 | | |
| Daytime Phone Number (Area/Country Codes) (954) 524-8888 | Fax Number (Area/Country Codes) (954) 524-0088 | E-Mail Address larry@eb-5lawyers.com |

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 Li | First Lisa | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 1001 Bayhill Drive, 2nd Floor | | |
| City: San Bruno | (b)(6) | State: CA Zip Code: 94066 |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): None | Telephone Number (include area code): (415) 279-0482 |
| Web site address: www.csrcusa.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID 1127150321 | | |

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: **California Sunshine Regional Center LLC**

| | | |
|---|--|---|
| Street Address/P.O. Box: 1001 Bayhill Drive, 2nd Floor | | |
| City: San Bruno | State: CA | Zip Code: 94066 |
| Web site Address: www.csrcusa.com | Fax Number (include area code): None | Telephone (include area code): (415) 279-0482 |

B. Name of Managing Company/Agency: **None**

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

C. Name of Other Agent: **None**

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

**RCW1532353453**

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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".)

(b)(4)

| | | |
|---|---|--|
| a. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category <u>2</u> <u>3</u> <u>6</u> <u>2</u> <u>2</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|--|
| b. Industry Category Title: Lessors of Nonresidential Building (Except Miniwarehouse) | | NAICS Code for the Industry Category <u>5</u> <u>3</u> <u>1</u> <u>1</u> <u>2</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| c. Industry Category Title: Residential Building Construction | | NAICS Code for the Industry Category <u>2</u> <u>3</u> <u>6</u> <u>1</u> |
| 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:

(b)(4)

| | | | | | |
|--|---|---|---------------------------|--|--|
| a. Name of Commercial Enterprise: Riverside Business Park Funding, LP | | Industry Category Title: Residential Building Construction | | | |
| Address (Street Number and Name): 1001 Bayhill Drive, 2nd Floor | City: San Bruno | State: CA | Zip Code: 94066 | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | | | |
| | | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|--|-----------------------------------|--|---------------------------|
| (1) Business Name: Pacific Sunshine Development LLC | | Industry Category Title: Residential Building Construction | |
| Address (Street Number and Name): 275 Main Street, Suite 450 | City: Watsonville | State: CA | Zip Code: 95076 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

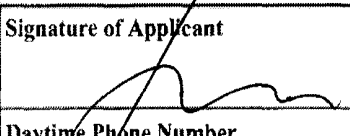
(b)(4)

| 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.

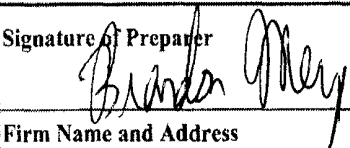
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Lisa Li | Date (mm/dd/yyyy) 11/13/2015 |
| Daytime Phone Number (Area/Country Codes) (415) 279-0482 | E-Mail Address casunshinerc@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Brandon Meyer | Date (mm/dd/yyyy) 11/16/2015 |
| Firm Name and Address Meyer Law Group 50 Francisco Street STE 450 San Francisco CA USA 94133 | | |
| Daytime Phone Number (Area/Country Codes) 415-416-6638 | Fax Number (Area/Country Codes) | E-Mail Address brandon@meyerlawgroup.us |

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 XIE | First Jeff | Middle Zhengquan |
| In Care Of: | | |
| Street Address/P.O. Box: 2525 Bethany Church Road | | |
| City: Alpharetta (b)(6) | State: GA | Zip Code: 30004 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (678) 380-0668 | Telephone Number (include area code): (678) 380-0698 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034750105

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: Georgia Regional Center, LLC.

| | | |
|--|---|--|
| Street Address/P.O. Box: 1770 Indian Trail Lilburn Road, Suite 450 | | |
| City: Norcross | State: GA | Zip Code: 30093 |
| Web site Address: www.gaeb5.com | Fax Number (include area code): (678) 380-0668 | Telephone (include area code): (470) 545-1640 |

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

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

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): |



RCW1532453455

maginger 1924A 11/19/2015

Part 3. Information About the Regional Center (Continued)

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

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

| 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: Student Housing/Apartments | | NAICS Code for the Industry Category 5 3 1 1 9 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Hotel/Apartments Mixed Use | | NAICS Code for the Industry Category 7 2 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Lessors of Real Estate | | NAICS Code for the Industry Category 5 3 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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: Bolton Park, LP | | Industry Category Title: 531190/531311 | |
| Address (Street Number and Name): 1888 Hollywood Road | City: Atlanta | State: GA | Zip Code: 30318 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | (b)(4) | N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise: Bolton Atlanta, LP | | Industry Category Title: 7211/5311/2362 | |
| Address (Street Number and Name): 348 Mitchell Street SW | City: Atlanta | State: GA | Zip Code: 30313 |
| 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: N/A | | 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: N/A | | 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: Atlantic American Fortune Fund, LP | | Industry Category Title: | |
| Address (Street Number and Name): 101 E Kennedy Blvd, #3300 | City: Tempa | State: FL | Zip Code: 33602 |
| Aggregate EB-5 Capital Investment: <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div> (b)(4) | 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: TPKG 13th Street Development, LLC. | | Industry Category Title: Lessors of Real Estate | |
| Address (Street Number and Name): 207 13th Street | City: Atlanta | State: GA | Zip Code: 30309 |
| EB-5 Capital Investment: <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div> (b)(4) | Direct and Indirect Job Creation: | Jobs Maintained: N/A ✓ | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (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 |
| | | | |

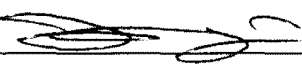
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Jeff Zhengquan Xie | Date (mm/dd/yyyy) 11/16/2015 |
| Daytime Phone Number (Area/Country Codes) (678) 984-6572 | E-Mail Address jeff@gaeb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|----------------|--------|
| Name: Last STARR | First David | Middle |
|---------------------|----------------|--------|

In Care Of: Ameri-Link Capital Regional Center, LLC

Street Address/P.O. Box: 7334 Blanco Road, Suite 200

| | | |
|--------------------------|-----------|-----------------|
| City: San Antonio (b)(6) | State: TX | Zip Code: 78216 |
|--------------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 210-341-8573 | Telephone Number (include area code): 210-341-8097 |
|----------------------------|--|--|

Web site address: <http://ameri-linkcapital.com>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1326251213/ID1129250338

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: Ameri-Link Capital Regional Center

Street Address/P.O. Box: 7334 Blanco Road, Suite 200

| | | |
|-------------------|-----------|-----------------|
| City: San Antonio | State: TX | Zip Code: 78216 |
|-------------------|-----------|-----------------|

| | | |
|---|--|---|
| Web site Address: http://ameri-linkcapital.com | Fax Number (include area code): 210-341-8573 | Telephone (include area code): 210-341-8097 |
|---|--|---|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|-------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|-------------------|---------------------------------|--------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | |
|---------------------------------|--------------------------------|
| Fax Number (include area code): | Telephone (include area code): |
|---------------------------------|--------------------------------|



RCW1535553798

egarcia2

I924A

12/21/2015

Part 3. Information About the Regional Center (Continued)

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

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

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

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

| | | | |
|--------|---|---|---|
| (b)(4) | a. Industry Category Title: Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 1 1 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | b. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | c. Industry Category Title: Offices of Physicians | | NAICS Code for the Industry Category 6 2 1 1 1 0 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

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

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

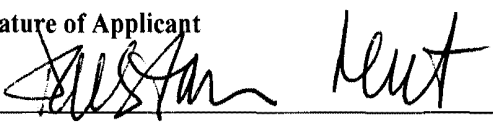
(b)(4)

| 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.

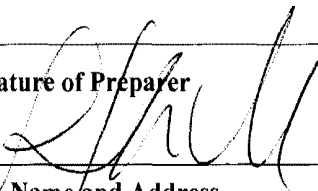
| | | |
|--|---|--------------------------|
| Signature of Applicant  | Printed Name of Applicant David STARR | Date (mm/dd/yyyy) |
| Daytime Phone Number (Area/Country Codes) 210-341-8097 | E-Mail Address dstarr@housingdev.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principle | | |

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 Lillian Katherine Kalmykov | Date (mm/dd/yyyy) 12/17/2015 |
| Firm Name and Address Greenberg Traurig LLP - New Jersey 500 Campus Drive, PO Box 677 Florham Park, NJ 07932-0677 | | |
| Daytime Phone Number (Area/Country Codes) (973)443-3276 | Fax Number (Area/Country Codes) 973-301-8410 | E-Mail Address kalmykovk@gtlaw.com |

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 Hart | First David | Middle J. |
|--------------------|----------------|--------------|

In Care Of: American Builders Regional Center, LLC

Street Address/P.O. Box: 21 SE 1st Avenue, 10th Floor

| | | |
|-------------------------------|---|---|
| City: Miami | State: FL | Zip Code: 33131 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 3055770095 | Telephone Number (include area code): 3055779977 |

Web site address: None

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034350100/ID1034350100

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: American Builders Regional Center LLC

Street Address/P.O. Box: 21 SE 1st Avenue, 10th Floor

| | | |
|---------------------------|---|--|
| City: Miami | State: FL | Zip Code: 33131 |
| Web site Address: None | Fax Number (include area code): 3055770095 | Telephone (include area code): 3055779977 |

B. Name of Managing Company/Agency: None

Street Address/P.O. Box:

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

C. Name of Other Agent: None

Street Address/P.O. Box:

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



RCW1533853504

egarcia2 I924A 12/04/2015

Part 3. Information About the Regional Center (Continued)

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

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

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | (b)(4) | Not applicable |

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 0 0 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: NA |
| b. Industry Category Title: Wholesale Trade | | NAICS Code for the Industry Category 4 2 0 0 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: NA |
| c. Industry Category Title: Miscellaneous | | NAICS Code for the Industry Category 5 4 1 6 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: (b)(4) | 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: Urbanea Funding, LLC | | Industry Category Title: Loan funds to commercial development | |
| Address (Street Number and Name): 21 SE 1st Avenue 10 Fl. | City: Miami | State: FL <input checked="" type="checkbox"/> | Zip Code: 33131 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: NA | |
| 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: Gables EB5 Ventures, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 21 SE 1st Avenue, 10 FL | City: Miami | State: FL <input checked="" type="checkbox"/> | Zip Code: 33131 |
| EB-5 Capital Investment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Direct and Indirect Job Creation: (b)(4) | Jobs Maintained: NA | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input checked="" type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |


| | | | |
|--|--|--|---------------------------|
| b. Name of Commercial Enterprise: Westminster Properties 1, LTD | | Industry Category Title: Loan funds to commercial retail dev | |
| Address (Street Number and Name): 21 SE 1st Ave, 10 Floor | City: Miami | State: FL <input checked="" type="checkbox"/> | Zip Code: 33131 |
| Aggregate EB-5 Capital Investment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: 0 | |


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: Westminster Shops, LLC | | Industry Category Title: Retail Development | |
| Address (Street Number and Name): 21 SE 1st Avenue, 10 Floor | City: Miami | State: FL <input checked="" type="checkbox"/> | Zip Code: 33131 |
| EB-5 Capital Investment <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Direct and Indirect Job Creation (b)(4) | Jobs Maintained NA | |


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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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

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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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 |
| | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |

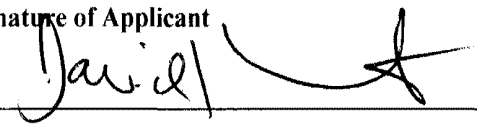
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-829 Petition Final Case Actions | | |
|--------|---|--------|---------|
| | Approved | Denied | Revoked |
| | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |

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.

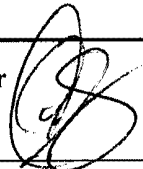
| | | |
|--|---|-------------------------------------|
| Signature of Applicant  | Printed Name of Applicant David J. Hart | Date (mm/dd/yyyy) 12-3-15 |
| Daytime Phone Number (Area/Country Codes) 3055779977 | E-Mail Address dhart@immigrateusa.com | |
| Relationship to the Regional Center Entity (Managing 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 Kevin C. Guanaga | Date (mm/dd/yyyy) 12/02/2015 |
| Firm Name and Address David J Hart, PA, 21 SE 1st Ave, 10th Floor, Miami, Fl. 33131 | | |
| Daytime Phone Number (Area/Country Codes) 3055779977 | Fax Number (Area/Country Codes) 3055770095 | E-Mail Address kguanaga@immigrateusa.com |

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 CHENG | First Show-Lain | Middle Chuu |
|---------------------|--------------------|----------------|

In Care Of: Orlando Regional Center, LLC

Street Address/P.O. Box: 147-25 Northern Blvd., Suite 3E

| | | |
|-------------------------------|---|---|
| City: Flushing (b)(6) | State: NY | Zip Code: 11354 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (718) 461-6832 | Telephone Number (include area code): (718) 460-8028 |

Web site address: n/a

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403751676/ID1403751676

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: Orlando Regional Center, LLC

Street Address/P.O. Box: 6233 International Drive

| | | |
|--------------------------|---|--|
| City: Orlando | State: FL | Zip Code: 32819 |
| Web site n/a Address: | Fax Number (include area code): (407) 363-5119 | Telephone (include area code): (407) 351-8028 |

B. Name of Managing Company/Agency: Show-Lain Chuu CHENG

Street Address/P.O. Box: 147-25 Northern Blvd., Suite 3E

| | | |
|--------------------------|---|--|
| City: Flushing | State: NY | Zip Code: 11354 |
| Web site n/a Address: | Fax Number (include area code): (718) 461-6832 | Telephone (include area code): (718) 460-8028 |

C. Name of Other Agent: 6233 International Drive FL LLC

Street Address/P.O. Box: 6233 International Drive

| | | |
|---------------|---|--|
| City: Orlando | State: FL | Zip Code: 32819 |
| | Fax Number (include area code): (407) 363-5119 | Telephone (include area code): (407) 351-3900 |



RCW1535253746

egarcia2 I924A 12/18/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | | |
|--|---|--|
| a. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|--|
| b. Industry Category Title: Furniture and Home Furnishing Merchandise | | NAICS Code for the Industry Category 4 2 3 2 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|--|
| c. Industry Category Title: Professional and Commercial Equipment | | NAICS Code for the Industry Category 4 2 3 4 0 0 |
| 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:

(b)(4)

| | | | |
|--|---|---|---------------------------|
| a. Name of Commercial Enterprise: PV Investors LLC | | Industry Category Title: Construction Lending | |
| Address (Street Number and Name): 14725 Northern Blvd, Ste 3E | City: Flushing | State: NY | Zip Code: 11354 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: The Parkview Resort Orlando LLC | | Industry Category Title: Hotel Resort | |
| Address (Street Number and Name): 6233 International Drive | City: Orlando | State: FL | Zip Code: 32819 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

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


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

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

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



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


Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |
| Address (Street Number and Name): | City: | State: <input type="text"/> | 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: <input type="text"/> | 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 |
| <input type="text"/> | | |

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.)

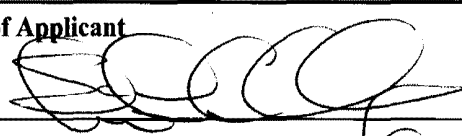
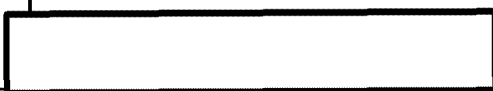
(b)(4)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| <input type="text"/> | | |

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.

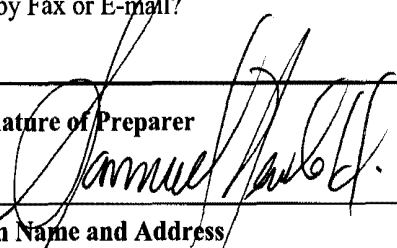
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Show-Lain CHENG | Date (mm/dd/yyyy) 12/11/2015 |
| Daytime Phone Number (Area/Country Codes) (718) 460-8028 | E-Mail Address  (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing 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 Samuel D. Newbold, Esq. | Date (mm/dd/yyyy) 12/11/2015 |
| Firm Name and Address Barst Mukamal & Kleiner LLP 2 Park Avenue, 19th Floor New York, NY 10016 | | |
| Daytime Phone Number (Area/Country Codes) (212) 686-3838 | Fax Number (Area/Country Codes) (212) 481-9362 | E-Mail Address snewbold@bmkllp.com |

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 Moore, III | First Otis | Middle C |
|--------------------------|---------------|-------------|

In Care Of:

Street Address/P.O. Box: 7100 East Bellevue Ave., Suite 350

| | | |
|--------------------------------|-----------|-----------------|
| City: Greenwood Village (b)(6) | State: CO | Zip Code: 80111 |
|--------------------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (303) 984-9874 | Telephone Number (include area code): (303) 984-9800 |
|----------------------------|--|--|

Web site address: <http://www.investamericaeb5.com/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1203450588/ RCW1031910266

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: InvestAmerica EB-5, LLC

Street Address/P.O. Box: 7100 East Bellevue Ave., Suite 350

| | | |
|--|--|---|
| City: Greenwood Village | State: CO | Zip Code: 80111 |
| Web site http://www.investamericaeb5.com/ | Fax Number (include area code): (303) 984-9874 | Telephone (include area code): (303) 984-9800 |

B. Name of Managing Company/Agency: Not Applicable.

Street Address/P.O. Box:

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

C. Name of Other Agent: Not Applicable.

Street Address/P.O. Box:

| | | |
|----------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| Web site | 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".)

(b)(4)

| | | |
|--|--|--|
| a. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|--|--|
| b. Industry Category Title: Services to Buildings and Dwellings | | NAICS Code for the Industry Category 5 6 1 7 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|--|--|
| c. Industry Category Title: Other Amusement and Recreation Industries | | NAICS Code for the Industry Category 7 1 3 9 |
| 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:

(b)(4)

| | | | |
|--|--|---------------------------------------|---------------------------|
| a. Name of Commercial Enterprise: Aspen Club Development Fund, LP | | Industry Category Title: 52 | |
| Address (Street Number and Name): 7100 E Belleview Ave. | City: Greenwood Village | State: CO | Zip Code: 80111 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Form I-924A, Supplement to Form I-924
Invest America Regional Center (RCW1203450588/ RCW1031910266)

Addendum to Form I-924A

Part 3

(b)(4)

Question 2

Traveler Accommodation (NAICS 7211)

Aggregate EB-5 Capital Investment:
Aggregate direct and indirect job creation: see attached
Aggregate jobs maintained: N/A

Full Service Restaurants (NAICS 722)

Aggregate EB-5 Capital Investment:
Aggregate direct and indirect job creation: see attached
Aggregate jobs maintained: N/A

of EB-5 funds were released from the NCE to the JCE for construction expenditures (NAICS 2362) during FY 2015. In keeping with the method used in the economic report submitted with the I-526 petitions of investors in the NCE, jobs to date were calculated using the IMPLAN model, as follows:

| <u>Activity</u> | <u>Expenditure/ Revenue (\$ million)</u> | <u>IMPLAN Final Demand Mult</u> | <u>Total Jobs</u> |
|-----------------|--|-------------------------------------|-----------------------|
|-----------------|--|-------------------------------------|-----------------------|

Construction

(b)(4)

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: Aspen Club Redevelopment Company, LLC | | Industry Category Title: See Part 3, Question 2 | |
| Address (Street Number and Name): 1450 Crystal Lake Road | City: Aspen | State: CO | Zip Code: 81611 |
| 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: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

(b)(4)

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

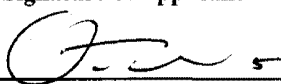
| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| | | |

(b)(4)

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

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

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

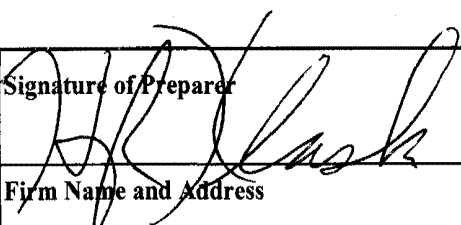
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Otis C. Moore III | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (303) 984-9800 | E-Mail Address Omoore@westsideinv.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 H. Ronald Klasko | Date (mm/dd/yyyy) 12/17/2015 |
| Firm Name and Address Klasko Immigration Law Partners, LLP 1601 Market Street, Suite 2600 Philadelphia, PA 19103 | | |
| Daytime Phone Number (Area/Country Codes) (215) 825-8600 | Fax Number (Area/Country Codes) (215) 825-8699 | E-Mail Address rklasko@klaskolaw.com |

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 Edwards | First Douglas | Middle P |
|-----------------------|------------------|-------------|

In Care Of: EB-5 Jobs for Massachusetts, Inc.

Street Address/P.O. Box: 170 Milk Street, 4th Floor (Work)

| | | |
|------------------------|-----------|-----------------|
| City: Boston (b)(6) | State: MA | Zip Code: 02109 |
|------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (857) 263-8745 | Telephone Number (include area code): (617) 648-4400 |
|-------------------------------|---|---|

Web site address: WWW.EB5MA.COM

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

ID#:1031910110 File#:W09000460

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: EB-5 Jobs for Massachusetts, Inc.

Street Address/P.O. Box: 170 Milk Street

| | | |
|------------------------------------|---|--|
| City: Boston | State: MA | Zip Code: 02109 |
| Web site Address: WWW.EB5MA.COM | Fax Number (include area code): (857) 263-8745 | Telephone (include area code): (617) 648-4400 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

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

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|------------------------------------|-----------------------------------|-----------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | Telephone (include area code): | |



RCW1535053673

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Part 3. Information About the Regional Center (Continued)

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

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

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | (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: Please see Continuation Sheet Part 3, No.2 | | NAICS Code for the Industry Category _____ | |
| 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: Birch Boston Fund I, LP | | Industry Category Title: | |
| Address (Street Number and Name): 65 Williams Street | City: Wellesley | State: MA | Zip Code: 02481 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: (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: Fenway Ventures Point Holdings LLC | | Industry Category Title: Construction/ Mixed-use development | |
| Address (Street Number and Name): 333 Newbury Street | City: Boston | State: MA | Zip Code: 02115 |
| 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: Devens EB-5 Limited Partnership | | Industry Category Title: | |
| Address (Street Number and Name): 170 Milk Street, 4th Floor | City: Boston | State: MA | Zip Code: 02109 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: N/A | 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: Devens TRC, LLC | | Industry Category Title: Construction/ Hospital | |
| Address (Street Number and Name): 48 Mount Vernon Street | City: Winchester | State: MA | Zip Code: 01890 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained: (b)(4) | |

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: | |
| New Bedford Urban Renaissance II, LP | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 555 Pleasant Street | New Bedford | MA | 02740 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | (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? ☐ 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: | |
| New Bedford Urban Renaissance II, LLC | | Construction/ Hotel | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 222 Union Street | New Bedford | MA | 02740 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | Cont ' Sheet P3, No.3;c,1 | N/A | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

| 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 Douglas P. Edwards | Date (mm/dd/yyyy) 12/11/2015 |
| Daytime Phone Number (Area/Country Codes) (617) 648-4400 | E-Mail Address dedwards@eb5ma.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, CEO | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Kim | First Sunnie | Middle S. |
| In Care Of: Hana Financial, Inc. | | |
| Street Address/P.O. Box: 1000 Wilshire Blvd., 20th Floor | | |
| City: Los Angeles (b)(6) | State: CA | Zip Code: 90017 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (213) 228-3388 | Telephone Number (include area code): (213) 240-1234 |
| Web site address: www.hanafinancial.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1418151791 | | |

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: Hana Financial Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1000 Wilshire Blvd. 20th Floor | | |
| City: Los Angeles | State: CA | Zip Code: 90017 |
| Web site www.hanafinancial.com Address: | Fax Number (include area code): (213) 228-3388 | Telephone (include area code): (213) 240-1234 |

B. Name of Managing Company/Agency: Hana Financial, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 1000 Wilshire Blvd. 20th Floor | | |
| City: Los Angeles | State: CA | Zip Code: 90017 |
| Web site www.hanafinancial.com Address: | Fax Number (include area code): (213) 228-3388 | Telephone (include area code): (213) 240-1234 |

C. Name of Other Agent:

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



RCW1535053667

egarcia2 1924A 12/16/2015

8335 5338 6067 9100001503 0338

Part 3. Information About the Regional Center (Continued)

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

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

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

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

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Non-Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: Furniture and Home Furnishing Merchant Wholesalers | | NAICS Code for the Industry Category 4 2 3 2 | |
| | 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: None | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

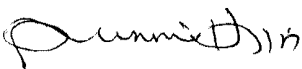
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

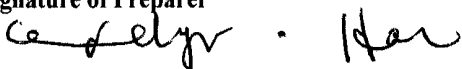
| | | |
|---|---|-------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Sunnie S. Kim | Date (mm/dd/yyyy) 12/3/15 |
| Daytime Phone Number (Area/Country Codes) (213) 240-1234 | E-Mail Address sunnie.kim@hanafinancial.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member of Hana Financial Regional Center, LLC | | |

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 Evelyn Hahn | Date (mm/dd/yyyy) 12/14/2015 |
| Firm Name and Address David Hirson & Partners, LLP 1122 Bristol Street, 1st Floor Costa Mesa, CA 92626 | | |
| Daytime Phone Number (Area/Country Codes) (949) 383-5364 | Fax Number (Area/Country Codes) (949) 383-5368 | E-Mail Address evelynh@hirsonimmigration.com |

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 Troup | First Michael | Middle A |
|---------------------|------------------|-------------|

In Care Of: GILS Management Group, LLC

Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200

| | | |
|-----------------------|-----------|-----------------|
| City: Columbia (b)(6) | State: MO | Zip Code: 65201 |
|-----------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (573) 355-5428 | Telephone Number (include area code): (217) 242-7162 |
|-------------------------------|---|---|

Web site address: www.gilsmanagementgroup.com

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

RCW1224350746/RC ID1224350746

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: Invest Midwest Regional Center

Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200

| | | |
|---|---|--|
| City: Columbia | State: MO | Zip Code: 65201 |
| Web site www.investmidwestrc. Address: com | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |

B. Name of Managing Company/Agency: GILS Management Group, LLC

Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200

| | | |
|---|---|--|
| City: Columbia | State: MO | Zip Code: 65201 |
| Web site www.gilsmanagementgro Address: up.com | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: MO | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1536454035

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

- ~~(b)(4)~~

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

- ~~(b)(4)~~

| | | |
|---|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |

- (b)(4)

| | | |
|------------------------------------|---|--------------------------------------|
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

- (b)(4)

| | | |
|------------------------------------|---|--------------------------------------|
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

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

Part 3. Information About the Regional Center (Continued)

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

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

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

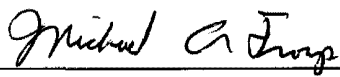
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

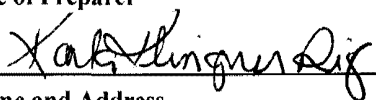
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant Michael Troup | Date (mm/dd/yyyy) 12/23/2015 |
| Daytime Phone Number (Area/Country Codes) (217) 242-7162 | E-Mail Address mtroup@gilsmanagementgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) COO of Managing Company - GILS Management Group, LLC | | |

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 Karla Klingner Diaz | Date (mm/dd/yyyy) 12/22/2016 |
| Firm Name and Address GILS Law 3610 Buttonwood Drive, Suite 200 Columbia, MO 65201 | | |
| Daytime Phone Number (Area/Country Codes) (573) 445-6160 | Fax Number (Area/Country Codes) (573) 355-5428 | E-Mail Address kklingner@gilslaw.com |

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 Spanish | First Casey | Middle |
| In Care Of: Pacific Casino & Entertainment Group Regional Center | | |
| Street Address/P.O. Box: 3330 West Desert Inn Road | | |
| City: Las Vegas (b)(6) | State: NV | Zip Code: 89102 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): 7028350482 |
| Web site address: www.pacific-eb5.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1302551074

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: Pacific Casino & Entertainment Group Regional Center

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 3330 West Desert Inn Road | | |
| City: Las Vegas | State: NV | Zip Code: 89102 |
| Web site Address: www.pacific-eb5.com | Fax Number (include area code): | Telephone (include area code): 7028350482 |

B. Name of Managing Company/Agency: Pacific Casino & Entertainment Group Ltd

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 3330 West Desert Inn Road | | |
| City: Las Vegas | State: NV | Zip Code: 89102 |
| Web site Address: www.pacific-eb5.com | Fax Number (include area code): | Telephone (include area code): 7028350482 |

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): |



RCW1535953928

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 that 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: none | | NAICS Code for the Industry Category _____ |
| 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: n/a | | 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: n/a | | 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: n/a | | 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: n/a | | 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.)

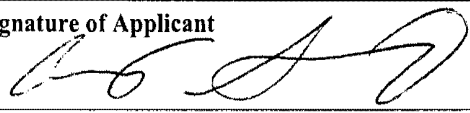
(b)(4)

| 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 Casey Spanish | Date (mm/dd/yyyy) 12/22/2015 |
| Daytime Phone Number (Area/Country Codes) 7028350482 | E-Mail Address casey@pacific-eb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Director | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last NIP | First Dan | Middle |
| In Care Of: Global Century Development, LLC | | |
| Street Address/P.O. Box: 11205 Bellaire Blvd., Suite B33 | | |
| City: Houston (b)(6) | State: Texas | Zip Code: 77072 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 281-568-8338 | Telephone Number (include area code): (281) 568-8388 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | See attached |

Part 2. Application Type (check 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: Global Century Development Corporation Houston Regional Center | | |
| Street Address/P.O. Box: 11205 Bellaire Blvd., Suite B33 | | |
| City: Houston | State: Texas | Zip Code: 77072 |
| Web site Address: | Fax Number (include area code): 281-568-8338 | Telephone (include area code): (281) 568-8388 |
| B. Name of Managing Company/Agency: | | |
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
| C. Name of Other Agent: | | |
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535753848

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Part 3. Information About the Regional Center (Continued)

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

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

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| See enclosed business plan | Project in process | Project in process |

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

| | | |
|--|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| Nonresidential Building Construction | | <u>2</u> <u>3</u> <u>6</u> <u>2</u> _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| See enclosed business plan | Project in process | Project in process |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Lessors of Real Estate | | <u>5</u> <u>3</u> <u>1</u> <u>1</u> _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| See enclosed business plan | Project in process | Project in process |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| Architectural, Engineering, and Related Services | | <u>5</u> <u>4</u> <u>1</u> <u>3</u> _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| See enclosed business plan | Project in process | Project in process |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|------------------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| PRC Fund I, LP | | Financing Real Estate Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 11205 Bellaire Blvd., Suite B33 | Houston | TX | 77072 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| See enclosed business plan | Project in process | Project in process | |
| 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: | | Industry Category Title: | |
| City View Terrace, LLC | | Residential Building Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 2616 Clay Street | Houston | Texas | 77003 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| See enclosed business plan | Project in process | Project in process | |
| (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: | |
| Global Century Development Group II, LP | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 11205 Bellaire Blvd., Suite B33 | Houston | TX | 77072 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| See enclosed business plan | Project in process | Project in process | |
| 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 | | | |
| 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: | |
| PPK Campbell, LLC | | 722 | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 9090 Katy Freeway, Suite #190 | Spring Valley Village | Texas | 77024 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| See enclosed business plan | Project in process | Project in process | |

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.)

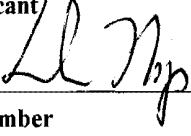

(b)(4)

| 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.

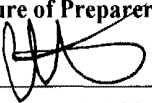
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Dan Nip | Date (mm/dd/yyyy) 12/07/2015 |
| Daytime Phone Number (Area/Country Codes) 281-568-8388 | E-Mail Address (b)(6)  | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 John Meyer/Christian Triantaphyllis | Date (mm/dd/yyyy) 12/21/2015 |
| Firm Name and Address Foster LLP 600 Travis Street, 20th Floor, Houston, Texas 77002, USA | | |
| Daytime Phone Number (Area/Country Codes) (832) 426-0331 | Fax Number (Area/Country Codes) (713) 228-1303 | E-Mail Address ctriantaphyllis@fosterglobal.com |

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

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

REC'D CSC 15DEC22 17:09
5338

Part 1. Information About Principal of the Regional Center

| | | |
|---|--|--|
| Name: Last Guan | First Hong-Jin | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 100 Century Center Ct. Suite 415 | | |
| City: San Jose | (b)(6) | State: CA Zip Code: 95112 |
| Date of Birth: (mm/dd/yyyy). | Fax Number 408-573-0108 (include area code): | Telephone Number 408-573-8585 (include area code): |
| Web site address: N/A | | |
| USCIS-assigned number for the Designated Regional Center (attach the RCW1418251795/ID1418251795 Regional Center's most recently issued approval notice) | | |

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: **Pan-Pacific Regional Center**

| | | |
|---|--|---|
| Street Address/P.O. Box: 100 Century Center Ct. #415 | | |
| City: San Jose | State: CA | Zip Code: 95112 |
| Web site N/A Address: | Fax Number 408-573-0108 (include area code): | Telephone 408-573-8585 (include area code): |

B. Name of Managing Company/Agency: **PLG Management LLC**

| | | |
|---|--|---|
| Street Address/P.O. Box: 100 Century Center Ct. #415 | | |
| City: San Jose | State: CA | Zip Code: 95112 |
| Web site N/A Address: | Fax Number 408-573-0108 (include area code): | Telephone 408-573-8585 (include area code): |

C. Name of Other Agent: **N/A**

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



RCW1535653810

egarcia2 I924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

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

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

| | | |
|---|--|---|
| Aggregate EB-5 Capital Investment <i>N/A</i> | Aggregate Direct and Indirect Job Creation <i>N/A</i> | Aggregate Jobs Maintained <i>N/A</i> |
|---|--|---|

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: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category <u>2</u> <u>3</u> <u>6</u> <u>2</u> <u>2</u> <u>0</u> | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | (b)(4) | |
| b. Industry Category Title: Architectural, Engineering, and Related Services | | NAICS Code for the Industry Category <u>5</u> <u>4</u> <u>1</u> <u>3</u> <u>0</u> <u>0</u> | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | (b)(4) | |
| 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: PLEASE SEE ATTACHED CONTINUATION SHEET | | 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: <i>Fremont Mission Hills, LLC</i> | | Industry Category Title: <i>Commercial & Institutional Construction; Architectural, Engineering & Related Services</i> | |
| Address (Street Number and Name): <i>43951 Boscell Rd.</i> | City: <i>Fremont</i> | State: <i>CA</i> | Zip Code: <i>94538</i> |
| 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: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

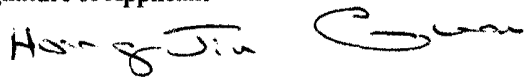
(b)(4)

| 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.

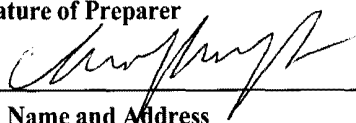
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Hong-Jin Guan | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (408)573-8585 | E-Mail Address hjpg@paclaw.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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 Christopher C. Lee | Date (mm/dd/yyyy) 12/21/2015 |
| Firm Name and Address PACIFIC LAW GROUP, LLP 100 Century Center Court STE 415 San Jose CA USA 95112 | | |
| Daytime Phone Number (Area/Country Codes) 408-573-8585 | Fax Number (Area/Country Codes) 408-573-0108 | E-Mail Address CCL@paclaw.com |

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 Norton | First Benjamin | Middle Roy |
|----------------------|-------------------|---------------|

In Care Of:

Street Address/P.O. Box: 6547 Midnight Pass Rd #3

| | | |
|-----------------------|-----------|-----------------|
| City: Sarasota (b)(6) | State: FL | Zip Code: 34242 |
|-----------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (866) 234-0722 | Telephone Number (include area code): (813) 766-5460 |
|-------------------------------|---|---|

Web site address: www.eb5florida.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1031910161**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: Florida Overseas Investment Center, LLC

Street Address/P.O. Box: 6547 Midnight Pass Rd. Suite 3

| | | |
|-------------------------------------|------------------------------------|--|
| City: Sarasota | State: FL | Zip Code: 34242 |
| Web site Address: EB5Florida.com | Fax Number (include area code): | Telephone (include area code): (813) 766-5460 |

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

Street Address/P.O. Box:

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

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|------------------------------------|-----------------------------------|-----------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | Telephone (include area code): | |



RCW1535653816

egarcia2 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

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

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

| 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: Mixed Use Real Estate | | NAICS Code for the Industry Category 5 3 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: Educational Facilities | | NAICS Code for the Industry Category 8 2 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| 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: Ventech Partners, LP | | Industry Category Title: Mixed Use Real Estate | |
| Address (Street Number and Name): 112 NE 41st Street | City: Miami | State: FL | Zip Code: 33137 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: n/a | |
| (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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

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

| | | | |
|---|---|---------------------------------------|--------------------|
| b. Name of Commercial Enterprise: EB5 Charter School - Phase 7 (Kissimmee), LP | | Industry Category Title: Education | |
| Address (Street Number and Name): 2880 North Orange Blossom Tra | City: Orlando | State: FL | Zip Code: 32804 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |

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: FL | 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: | |
| EB5 Charter School McKinley, LP | | Education | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 2025 McKinley Street | Hollywood | FL | 33020 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |

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: EB5 Charter School (Hollywood, Florida), LP | | Industry Category Title: Education | |
| Address (Street Number and Name): 2650 Van Buren Street | City: Hollywood | State: FL | Zip Code: 33022 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: n/a | |
| 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 checked="" 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: EB5 Charter School McIntosh, LP | | Industry Category Title: Education | |
| Address Street Number and Name: 12900 East Hillsborough Aven | City: Dover | State: FL | Zip Code: 33527 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: n/a | |
| 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 checked="" 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 Benjamin Roy Norton | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (813) 766-5460 | E-Mail Address roy@eb5florida.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--|--|--|
| Name: Last Patel | First Kiran | Middle C |
| In Care Of: Clearwater Beach Resort Regional Center, LLC | | |
| Street Address/P.O. Box: 5600 Mariner Street, Suite 200 | | |
| City: Tampa (b)(6) | State: FL | Zip Code: 33609 |
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): (813) 506-6250 | Telephone Number (include area code): (813) 506-6120 |
| Web site address: www.eb5clearwaterbeach.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | RCID# 1307151103 |

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: Clearwater Beach Resort Regional Center

| | | |
|---|--|---|
| Street Address/P.O. Box: 5600 Mariner Street, Suite 200 | | |
| City: Tampa | State: FL | Zip Code: 33609 |
| Web site eb5clearwaterbeach.com Address: | Fax Number (include area code): (813) 506-6250 | Telephone (include area code): (813) 506-6120 |

B. Name of Managing Company/Agency: Clearwater Beach Resort Regional Center, LLC

| | | |
|---|---------------------------------|--------------------------------|
| Street Address/P.O. Box: 5600 Mariner Street, Suite 200 | | |
| City: Tampa | State: FL | Zip Code: 33609 |
| Web site eb5clearwaterbeach.com Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Clearwater Beach Resort Investors, LLC

| | | |
|---|--|---|
| Street Address/P.O. Box: 5600 Mariner Street, Suite 200 | | |
| City: Clearwater | State: FL | Zip Code: 33609 |
| Web site eb5clearwaterbeach.com Address: | Fax Number (include area code): (813) 506-6120 | Telephone (include area code): (813) 506-6250 |



RCW1534553607

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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: Non-Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Architectural, Engineering and Related Services | | NAICS Code for the Industry Category 5 4 1 3 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: Other industry categories shown on Continuation Sheets | | 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: Clearwater Beach Resort Investors, LLC | | Industry Category Title: Investment | |
| Address (Street Number and Name): 5600 Mariner Street #200 | City: Tampa | State: FL | Zip Code: 33609 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|-----------------------------------|---|--------------------|
| (1) Business Name: K&P Clearwater Estate, LLC | | Industry Category Title: Developer, Hotel Owner/Operator | |
| Address (Street Number and Name): 5600 Mariner Street #200 | City: Tampa | State: FL | Zip Code: 33609 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name N/A | | 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: ClearwaterBeach Resort Regional Center, LLC | | Industry Category Title: Regional Center Administration | |
| Address (Street Number and Name): 5600 Mariner Street #200 | City: Tampa | State: FL | Zip Code: 33609 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: N/A | | 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: N/A | | 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.)

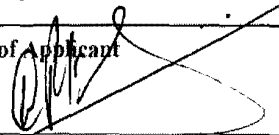
(b)(4)

| 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.

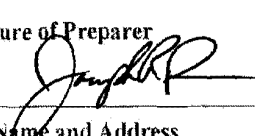
| | | |
|---|--|------------------------------|
| Signature of Applicant  | Printed Name of Applicant Dr. Kiran C. Patel | Date (mm/dd/yyyy) 12-9-15 |
| Daytime Phone Number (Area/Country Codes) (813) 506-6120 | E-Mail Address <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> (b)(6) | |
| 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 Joseph R. Price | Date (mm/dd/yyyy) 12/9/2015 |
| Firm Name and Address Price Law Offices, P.A. 3319 Fox Hill Drive Clearwater, FL 33761 | | |
| Daytime Phone Number (Area/Country Codes) (727) 789-6097 | Fax Number (Area/Country Codes) (866) 871-0348 | E-Mail Address pricelawoffices@aol.com |

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 Teng | First Daniel | Middle |
| In Care Of: California Green Regional Center | | |
| Street Address/P.O. Box: 18387 Vantage Pointe Drive | | |
| City: Rowland Heights (b)(6) | State: California | Zip Code: 91748 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 626-965-2687 | Telephone Number (include area code): 626-810-8809 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1031910187 | | |

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: California Green Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 18387 Vantage Pointe Drive | | |
| City: Rowland Heights | State: California | Zip Code: 91748 |
| Web site Address: | Fax Number (include area code): 626-965-2687 | Telephone (include area code): 626-810-8809 |

B. Name of Managing Company/Agency: TJ Mercury Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 18387 Vantage Pointe Drive | | |
| City: Rowland Heights | State: California | Zip Code: 91748 |
| Web site Address: | Fax Number (include area code): 626-965-2687 | Telephone (include area code): 626-810-8809 |

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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California Green Regional Center



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Part 3. Information About the Regional Center (Continued)

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

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

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (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: Hotels | | NAICS Code for the Industry Category 7 2 2 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | 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: Crystal Hotel Limited Partnership | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 123 E. Artesia Blvd | City: Compton | State: CA | Zip Code: 90220 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: American Curvet Investment LLC | Industry Category Title: Hotels |
|--|------------------------------------|

| | | | |
|---|------------------|--------------|--------------------|
| Address (Street Number and Name): 123 E. Artesia Blvd. | City: Compton | State: CA | Zip Code: 90220 |
|---|------------------|--------------|--------------------|

| | | |
|--------------------------|-----------------------------------|------------------|
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: |
|--------------------------|-----------------------------------|------------------|

| | |
|-------------------|--------------------------|
| (2) Business Name | Industry Category Title: |
|-------------------|--------------------------|

| | | | |
|-----------------------------------|-------|--------|-----------|
| Address (Street Number and Name): | City: | State: | Zip Code: |
|-----------------------------------|-------|--------|-----------|

| | | |
|--------------------------|-----------------------------------|------------------|
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: |
|--------------------------|-----------------------------------|------------------|

| | |
|---|--|
| b. Name of Commercial Enterprise: La Moda (Ontario Entertainment) EB-5 Investment LP | Industry Category Title: Full-Service Restaurants |
|---|--|

| | | | |
|--|------------------|--------------|--------------------|
| Address (Street Number and Name): 700 N. Haven Avenue | City: Ontario | State: CA | Zip Code: 91764 |
|--|------------------|--------------|--------------------|

| | | |
|------------------------------------|---|----------------------------|
| 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: Starbridge (Ontario) Investment LLC | Industry Category Title: Full-Service Restaurants |
|---|--|

| | | | |
|--|------------------|--------------|--------------------|
| Address (Street Number and Name): 700 N. Haven Avenue | City: Ontario | State: CA | Zip Code: 91764 |
|--|------------------|--------------|--------------------|

| | | |
|-------------------------|----------------------------------|-----------------|
| 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: | |
| La Moda (Ontario Hotel) EB-5 Investment LP | | Hotels | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 700 N. Haven Avenue | Ontario | CA | 91764 |
| 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: | |
| Starbridge (Ontario) Investment LLC | | Hotels | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 700 N. Haven Avenue | Ontario | CA | 91764 |
| 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) | | |

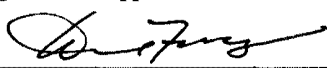
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

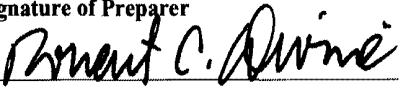
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Daniel Teng | Date (mm/dd/yyyy) 12/09/2015 |
| Daytime Phone Number (Area/Country Codes) 626-810-8809 | E-Mail Address daniel.teng@andersonus.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chief Executive Officer | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 Gandy | First James | Middle L. |
| In Care Of: Frisco Texas International Development Center | | |
| Street Address/P.O. Box: 6801 Gaylord Parkway, Suite 400 | | |
| City: Frisco (b)(6) | State: Texas | Zip Code: 75034 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 214-435-1596 | Telephone Number (include area code): (972) 292-5140 |
| Web site address: www.friscotxeb5.com | | |

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

RCW1216750689 / RCID1216750689

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: Frisco Texas International Development Center

| | | |
|--|--|---|
| Street Address/P.O. Box: 6801 Gaylord Parkway, Suite 400 | | |
| City: Frisco | State: Texas | Zip Code: 75034 |
| Web site Address: www.friscotxeb5.com | Fax Number (include area code): 214-435-1596 | Telephone (include area code): (972) 292-5140 |

B. Name of Managing Company/Agency: Frisco Texas International Development Center, LLC

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

C. Name of Other Agent:

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



RCW1534853644

egarcia2 1924A 12/14/2015

Part 3. Information About the Regional Center (Continued)

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

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

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

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

| a. Industry Category Title: | NAICS Code for the Industry Category | | |
|---------------------------------------|---|----------------------------|--|
| Non Residential Building Construction | ___ 2 ___ 3 ___ 6 ___ 2 | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

| b. Industry Category Title: | NAICS Code for the Industry Category | | |
|------------------------------------|---|----------------------------|--|
| Traveler Accommodation | ___ 7 ___ 2 ___ 1 ___ 1 | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

| c. Industry Category Title: | NAICS Code for the Industry Category | | |
|------------------------------------|---|----------------------------|--|
| Residential Building Construction | ___ 2 ___ 3 ___ 6 ___ 1 | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| a. Name of Commercial Enterprise: | | Industry Category Title: | |
|--|---|---------------------------------------|-----------|
| FloMo Westlake Investments, LLC | | Non Residential Building Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 1800 Valley View Lane, Ste 300 | Farmers Branch | TX | 75234 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: MRW Investors, LLC | | Industry Category Title: Non Residential Building Construction | |
| Address (Street Number and Name): 1800 Valley View Lane, Ste 356 | City: Farmers Branch | State: TX | Zip Code: 75234 |
| EB-5 Capital Investment: Project in Process - see attached | Direct and Indirect Job Creation: Project in Process - see attached | Jobs Maintained: N/A | |
| (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: RG Frisco Hotel Fund, LP | | Industry Category Title: Non-Residential Building Construction | |
| Address (Street Number and Name): 4611 Travis St. Suite 1401A | City: Dallas | State: TX | Zip Code: 75205 |
| 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: Moon BM Stonebriar, LLC | | Industry Category Title: Traveler Accommodation | |
| Address (Street Number and Name): 2601 Preston Road | City: Frisco | State: TX | Zip Code: 75034 |
| 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: |
| | | Texas | |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|---------------------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Hall Arts II Fund, LP | | Non-Residential Building Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 3303 Lee Parkway, Suite 200 | Dallas | TX | 75219 |
| 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: | |
| Hall Hotel Company, LLC | | Traveler Accommodation | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 6801 Gaylord Parkway, Suite 100 | Frisco | TX | 75034 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Hall Residences Company, LLC | | Residential Building Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 6801 Gaylord Parkway, Suite 100 | Frisco | TX | 75034 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|--|--|
| d. Name of Commercial Enterprise: SRH Southlake Lenders, LLC | | Industry Category Title: Non-Residential Building Construction | |
|--|--|--|--|

| | | | |
|---|------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 3033 Lee Parkway, Suite 200 | City: Dallas | State: TX | Zip Code: 75219 |
|---|------------------------|---------------------|---------------------------|

| | | |
|---|--|-----------------------------------|
| 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: SRH Hospitality Southlake Investments, LLC | | Industry Category Title: Traveler Accommodation | |
|---|--|---|--|

| | | | |
|--|-------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 16800 Westgrove Drive, Suite 400 | City: Addison | State: TX | Zip Code: 75001 |
|--|-------------------------|---------------------|---------------------------|

| | | |
|---------------------------------|--|-------------------------|
| 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: Wade Park Financial Company A1, LLC | | Industry Category Title: Non-Residential Building Construction | |
|---|--|--|--|

| | | | |
|--|-------------------------|---------------------|---------------------------|
| Address Street Number and Name: 3495 Piedmont Rd NE, 12 Piedmont Center, STE 420 | City: Atlanta | State: GA | Zip Code: 30305 |
|--|-------------------------|---------------------|---------------------------|

| | | |
|---|--|-----------------------------------|
| 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

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: Lebanon 390 WR, LLC | | Industry Category Title: Non-Residential Building Construction | |
| Address (Street Number and Name): 45 Ansley Drive | City: Newnan | State: GA | Zip Code: 30263 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

(b)(4)

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 |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | | |

(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.)

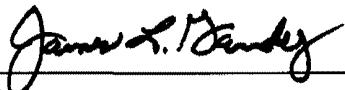
| Form I-829 Petition Final Case Actions | | |
|---|--------|---------|
| Approved | Denied | Revoked |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | | |

(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.

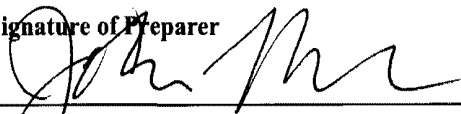
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant James L. Gandy | Date (mm/dd/yyyy) 12/09/2015 |
| Daytime Phone Number (Area/Country Codes) (972) 292-5140 | E-Mail Address info@friscotxeb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☒ Yes

| | | |
|---|---|---|
| Signature of Preparer  | Printed Name of Preparer John W. Meyer / Christian Triantaphyllis | Date (mm/dd/yyyy) 12/10/2015 |
| Firm Name and Address Foster LLP, 600 Travis Street Suite 2000, Houston, Texas 77002 | | |
| Daytime Phone Number (Area/Country Codes) 832-426-0331 | Fax Number (Area/Country Codes) 713-228-1303 | E-Mail Address jmeyer@fosterglobal.com / ctriantaphyllis@fosterglobal.com |

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 DeVito | First Dean | Middle |
|----------------------|---------------|--------|

In Care Of: n/a

Street Address/P.O. Box: 621 Columbia Street

| | | |
|---------------------|-----------|-----------------|
| City: Cohoes (b)(6) | State: NY | Zip Code: 12047 |
|---------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (518) 220-9448 | Telephone Number (include area code): (518) 785-9000 |
|-------------------------------|---|---|

Web site address: www.primeregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1234650851 / ID1234650851

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: Prime Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 621 Columbia Street | | |
| City: Cohoes | State: NY | Zip Code: 12047 |
| Web site Address: primeregionalcenter.com | Fax Number (include area code): (518) 220-9448 | Telephone (include area code): (518) 785-9000 |

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

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

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): |



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egarcia2 I924A 12/14/2015

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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".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Commercial Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Casinos (Except Casino Hotels) | | NAICS Code for the Industry Category 7 1 3 2 1 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: Project Under Construction | Aggregate Jobs Maintained: N/A | |
| c. Industry Category Title: Hotels (Except Casino Hotels) and Motels | | NAICS Code for the Industry Category 7 2 1 1 1 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: Project Under Construction | Aggregate Jobs Maintained: N/A | |

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: New York Rivers Casino & Resort Funding LLC | | Industry Category Title: Commercial Construc'n, Casinos, Hotels | |
| Address (Street Number and Name): 5100 Westheimer Rd.Ste.200 | City: Houston | State: TX | Zip Code: 77056 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Capital Region Gaming, LLC | | Industry Category Title: Commercial Building Construction | |
| Address (Street Number and Name): 900 N. Michigan Ave. Ste. 1600 | City: Chicago | State: IL | Zip Code: 60611 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (b)(4) | | N/A | |
| (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: New Rochester Cox Building LP | | Industry Category Title: Construction, Real Estate | |
| Address (Street Number and Name): 36-48 St. Paul Street | City: Rochester | State: NY | Zip Code: 14604 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | N/A | |

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: Cox Historic Lofts LLC | | Industry Category Title: Construction, Real Estate | |
| Address (Street Number and Name): 36-48 St. Paul Street | City: Rochester | State: NY | Zip Code: 14604 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| (b)(4) | | N/A | |

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) | | |

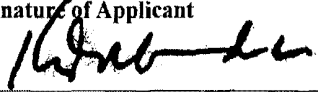
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Kenneth Raymond, Jr. | Date (mm/dd/yyyy) 12/18/15 |
| Daytime Phone Number (Area/Country Codes) (518) 785-9000 | E-Mail Address kraymond@cbcprime.net | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Member | | |

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

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

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

☐ No ☐ Yes

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

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

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

REC'D CSC 150123 20:40

5338

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Burger | First Martin | Middle |
| In Care Of: Silverstein Properties Regional Center LLC | | |
| Street Address/P.O. Box: 250 Greenwich Street, 38th Floor | | |
| City: New York | State: NY | Zip Code: 10007 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 212-312-9460 | Telephone Number (include area code): 212-551-7300 |
| Web site address: http://silversteinrc.com/ | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1412251745

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: Silverstein Properties Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 250 Greenwich Street, 38th Floor | | |
| City: New York | State: NY | Zip Code: 10007 |
| Web site Address: http://silversteinrc.com | Fax Number (include area code): 212-312-9460 | Telephone (include area code): 212-551-7300 |

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

| | | |
|---|---|--|
| Street Address/P.O. Box: C/O Silverstein Properties, Inc., 250 Greenwich Street, 38th Floor | | |
| City: New York | State: NY | Zip Code: 10007 |
| Web site Address: | Fax Number (include area code): 212-312-9460 | Telephone (include area code): 212-551-7300 |

C. Name of Other Agent: Larry Silverstein

| | | |
|---|---|--|
| Street Address/P.O. Box: C/O Silverstein Properties, Inc., 250 Greenwich Street, 38th Floor | | |
| City: New York | State: NY | Zip Code: 10007 |
| Web site | Fax Number (include area code): 212-312-9460 | Telephone (include area code): 212-551-7300 |



RCW1535753900

egarcia2 I924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

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

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

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

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

| | | | | |
|--------|--|---|---|--|
| (b)(4) | a. Industry Category Title: Residential Construction | | NAICS Code for the Industry Category 2 3 6 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Nonresidential Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: Furniture and Home Furnishing Wholesalers | | NAICS Code for the Industry Category 4 2 3 2 | |
| | 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:

| | | | | |
|--|--|---|------------------------------------|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: 30 Park Place EB-5 Lenders, LLC | | Industry Category Title: Lender | |
| | Address (Street Number and Name): 7 World Trade Center, 250 Greenwich St., 38th Floor | City: New York | State: NY | Zip Code: 10007 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

*Figures include aggregate capital investment from EB-5 and non-EB-5 sources.

**Figures reported are for September 1, 2014 to August 30, 2015.

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: 30 Park Place Hotel Senior Mezz LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 7 World Trade Center, 250 Greenwich St., 38th Floor | City: New York | State: NY | Zip Code: 10007 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|--|---|---------------------------|
| (2) Business Name 30 Park Place Hotel LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 7 World Trade Center, 250 Greenwich St., 38th Floor | City: New York | State: NY | Zip Code: 10007 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|--|---|---------------------------|
| b. Name of Commercial Enterprise: 2 WTC Mezz 1 LLC | | Industry Category Title: Real Estate Investor | |
| Address (Street Number and Name): 7 World Trade Center, 250 Greenwich St., 38th Floor | City: New York | State: NY | Zip Code: 10007 |
| 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: 2 WTC Holdings LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 7 World Trade Center, 250 Greenwich St., 38th Floor | City: New York | State: NY | Zip Code: 10007 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|-----------------------------------|--|--------------------|
| (2) Business Name: 2 WTC Mezz LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 7 World Trade Center, 250 Greenwich St., 38th Floor | City: New York | State: NY | Zip Code: 10007 |
| 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.

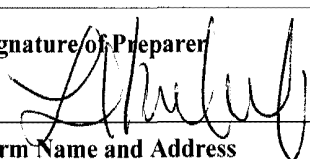
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Martin Burger | Date (mm/dd/yyyy) 12/16/15 |
| Daytime Phone Number (Area/Country Codes) 212-313-4660 | E-Mail Address mburger@silvprop.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chief Executive Officer | | |

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 Lillian Katherine Kalmykov | Date (mm/dd/yyyy) |
| Firm Name and Address Greenberg Traurig LLP - New Jersey 500 Campus Drive, PO Box 677 Florham Park, NJ 07932-0677 | | |
| Daytime Phone Number (Area/Country Codes) (973)443-3276 | Fax Number (Area/Country Codes) | E-Mail Address kalmykovk@gtlaw.com |

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 Villaafarra | First Troy | Middle |
| In Care Of: Crescent Regional Center, LLC | | |
| Street Address/P.O. Box: 201 St. Charles Avenue, Suite 4205 | | |
| City: New Orleans (b)(6) | State: LA <input type="checkbox"/> | Zip Code: 70170 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): 5043783472 |
| Web site address: www.crescentregionalcenter.com (site is not yet active) | | |

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

RCW1330451258 / 1330451258

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: Crescent Regional Center

| | | |
|---|------------------------------------|---|
| Street Address/P.O. Box: 201 St. Charles Avenue, Suite 4205 | | |
| City: New Orleans | State: LA <input type="checkbox"/> | Zip Code: 70170 |
| Web site Address: www.crescentregionalce | Fax Number (include area code): | Telephone (include area code): 5043783472 |

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

| | | |
|---|------------------------------------|---|
| Street Address/P.O. Box: 201 St. Charles Avenue, Suite 4205 | | |
| City: New Orleans | State: LA <input type="checkbox"/> | Zip Code: 70170 |
| Web site Address: www.crescentregionalce | Fax Number (include area code): | Telephone (include area code): 5043783472 |

C. Name of Other Agent: Ray Rabalais, Eric Finley & Ryan Kenter (Managing Directors)

| | | |
|---|------------------------------------|---|
| Street Address/P.O. Box: 201 St. Charles Avenue, Suite 4205 | | |
| City: New Orleans | State: LA <input type="checkbox"/> | Zip Code: 70170 |
| Web site www.crescentregionalce | Fax Number (include area code): | Telephone (include area code): 5043783472 |



RCW1535753856

egarcia2 I924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | |
|-------------------------------------|---|---|
| a. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| 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: None | | Industry Category Title: None | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

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

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

REC'D CSC/15H0030 19-40

5338

Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|---------------------|--------|
| Name: Last Lau | First Gerald | Middle |
|-----------------------|---------------------|--------|

In Care Of:

Street Address/P.O. Box: **533 Airport Blvd., Suite 400**

| | | |
|---|--|--|
| City: Burlingame (b)(6) | State: CA | Zip Code: 94010 |
| Date of Birth: | Fax Number (650) 434-5688 (include area code): | Telephone Number (650) 918-6972 (include area code): |

Web site address: **www.newworldregionalcenter.com**

USCIS-assigned number for the Designated Regional Center (attach the **ID1327351223**
Regional Center's most recently issued approval notice)

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: **New World Regional Center, LLC**

Street Address/P.O. Box: **533 Airport Blvd., Suite 400**

| | | |
|---|--|---|
| City: Burlingame | State: CA | Zip Code: 94010 |
| Web site Address: www.newworldregionalcenter.com | Fax Number (650) 434-5688 (include area code): | Telephone (650) 918-6972 (include area code): |

B. Name of Managing Company/Agency: **None**

Street Address/P.O. Box:

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

C. Name of Other Agent: **None**

Street Address/P.O. Box:

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



RCW1533453485

egarcia2 1924A 11/30/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | |
|---|---|---|
| a. Industry Category Title: Please see the Addendum attached | | NAICS Code for the Industry Category _____ |
| 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: Verliant Kniebes Power, LLC | | Industry Category Title: Biomass Electric Power Generation | |
| Address (Street Number and Name): 185 Berry Street, Suite 5411 | City: San Francisco | State: CA | Zip Code: 94107 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

(b)(4)

Part 3. Information About the Regional Center (Continued)

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

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

| | | | |
|--|---|---|---------------------------|
| b. Name of Commercial Enterprise: Queen Development, LLC | | Industry Category Title: Residential Building Construction | |
| Address (Street Number and Name): 1601 Bayshore Highway, Suite 301 | City: Burlingame | State: CA | Zip Code: 94010 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: Horizon Real Properties Holdings, LLC | | Industry Category Title: Residential Building Construction | |
| Address (Street Number and Name): 1300 La Canada Road | City: Hillsborough | State: CA | Zip Code: 94010 |
| 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 |
| | | | |

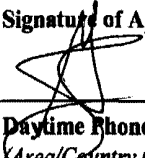
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

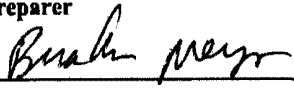
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Gerald Lau | Date (mm/dd/yyyy) 11/14/15 |
| Daytime Phone Number (Area/Country Codes) (650) 918-6972 | E-Mail Address gerald@newworldregionalcenter.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 Brandon Meyer | Date (mm/dd/yyyy) 11/23/2015 |
| Firm Name and Address Meyer Law Group 50 Francisco Street STE 450 San Francisco CA USA 94133 | | |
| Daytime Phone Number (Area/Country Codes) 415-416-6638 | Fax Number (Area/Country Codes) | E-Mail Address brandon@meyerlawgroup.us |

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 Wu | First Ming | Middle Chieh |
| In Care Of: Waylee Investment, LLC | | |
| Street Address/P.O. Box: 2633 S. Baldwin Ave. | | |
| City: Arcadia | (b)(6) | State: CA |
| Zip Code: 91007 | | |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (626) 226-5675 | Telephone Number (include area code): (626) 329-1699 |
| Web site address: N/A | | |

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

RCW1205350598/ID1205350598

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: Waylee Investment, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 2633 S. Baldwin Ave. | | |
| City: Arcadia | State: CA | Zip Code: 91007 |
| Web site Address: | Fax Number (include area code): (626) 226-5675 | Telephone (include area code): (626) 329-1699 |

B. Name of Managing Company/Agency: Waylee Investment, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 2633 S. Baldwin Ave. | | |
| City: Arcadia | State: CA | Zip Code: 91007 |
| Web site Address: | Fax Number (include area code): (626) 226-5675 | Telephone (include area code): (626) 286-7234 |

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): |



RCW1534853637

egarcia2 I924A 12/14/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | | | |
|--|---|--|--|
| a. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Architectural, Engineering, related services | | NAICS Code for the Industry Category 5 4 1 3 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Lessors of Real Estate | | NAICS Code for the Industry Category 5 3 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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:

(b)(4)

| | | | |
|--|---|--|---------------------------|
| a. Name of Commercial Enterprise: Power Rich, L.P. | | Industry Category Title: Commercial Real Estate Investment | |
| Address (Street Number and Name): 2633 S. Baldwin Ave. | City: Arcadia | State: CA | Zip Code: 91007 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Foothill SB, LLC | | Industry Category Title: commercial Real Estate Development | |
| Address (Street Number and Name): 17057 Foothill Blvd. | City: Fontana | State: CA | Zip Code: 92335 |
| 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: ADC (Downey), L.P. | | Industry Category Title: Commercial Real Estate Investment | |
| Address (Street Number and Name): 11100 Santa Monica Blvd. #850 | City: Los Angeles | State: CA | Zip Code: 90025 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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 | | | |
| 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: IRG Downey, LLC | | Industry Category Title: Commercial Real estate Development | |
| Address (Street Number and Name): 12214 Lakewood Blvd. | City: Downey | State: CA | Zip Code: 90242 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| (b)(4) | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--|--------------------|
| (2) Business Name: PCCP IRG Downey, LLC | | Industry Category Title: Commercial Real Estate Development | |
| Address (Street Number and Name): 12214 Lakewood Blvd. | City: Downey | State: CA | Zip Code: 90242 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

| | | | |
|---|---|---|--------------------|
| c. Name of Commercial Enterprise: 7 Oaks Winery Resort, L.P. | | Industry Category Title: Commercial Real Estate Investment | |
| Address (Street Number and Name): 488 E. Santa Clara St. #304 | City: Arcadia | State: CA | Zip Code: 91006 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: Standard Portfolios Temecula, LLC | | Industry Category Title: Commercial Real Estate Developer | |
| Address (Street Number and Name): 38901 Warren Road | City: Temecula | State: CA | Zip Code: 92591 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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

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.

Statement of Ming Chieh Wu

I am the Manager of Waylee Investment, LLC ("WIL"), a California Limited Liability company, that was initially designated as Regional Center under Immigration Investor Program on or about July 8th, 2013.

This statement is to supplement the details on WIL's continuous efforts in performing its obligation to promote economic growth and offer capital investment opportunities within its designated geographic area, including counties of Los Angeles, Orange, San Bernardino, and Riverside, state of California.

Currently, WIL has sponsored three EB-5 projects:

Project 1: Foothill Medical Center Project, Fontana (San Bernardino County), CA

Foothill Medical Center Project (Foothill Project" or "Project") is a commercial real estate development project at Fontana, CA; also the sample project included within WIL's Form I-924 application package. Upon completion, the Project will have rentable space of approximately 40,000 square feet, including two-story building for medical clinic office space, general office space, pharmacy and drug store space, lab testing, coffee and bakery café.

The Project is located in the Fontana City, San Bernardino County, California, with address of 17057 Foothill Blvd., Fontana, CA 92335. the Project location has been certified as a Targeted Employment Area ("TEA") by State of California. (b)(4)

The development costs of the Foothill Project is originally estimated at [REDACTED] including hard and soft construction costs, lease improvement construction cost, and permit fees. A limited Partnership, Power Rich, L.P. (New Commercial enterprise) has been formed to raise up to [REDACTED] of at-risk equity investment from [REDACTED] EB-5 investors (\$500,000 per EB-5 investor). The EB-5 investment will then fund the Project in the form of term-loan made to the developer Foothill SB, LLC ("Developer"). According to the economic analysis, the construction activities and leasing activities may create [REDACTED] jobs, more than [REDACTED] cumulative jobs threshold that is required to support the I-526 petitions of all [REDACTED] EB-5 investors.

| Industry | NAICS | Job Number (estimated) |
|--|-------|------------------------|
| Nonresidential Building Construction | 2362 | [REDACTED] |
| Architectural, engineering, related services | 5413 | |
| Executive, Legislative, and other General Government Support | 9211 | |
| Lessors of Real Estate | 5311 | |
| Total | | |

(b)(4)

Currently, the Developer has secured a bank construction loan of [REDACTED]. The groundbreaking took place in August 2014. It is anticipated that the building shell construction will be completed in February, 2016. Meanwhile, the Developer has entered into lease listing agreement with NAI Capital Commercial Real Estate Service Company; intensive leasing efforts have been taken.

As of 9/30/2015, [REDACTED] EB-5 investors have had their I-526 petitions filed with USCIS. Of these [REDACTED] investors, [REDACTED]. The rest of [REDACTED] will be funded in 1st quarter of 2016 when the tenant improvement construction starts.

Since 2013 to 9/30/2015, the Developer has spent architectural and engineering fee [REDACTED], City and water company pipe fees of [REDACTED] and hard construction cost of [REDACTED]. Applying the economic model (IMPLAN) proposed, per WIL's projection, using the percentage-of-completion method, the following jobs were created:

| Industry | Total Job estimated | 2015 Job Creation |
|--|---------------------|-------------------|
| Nonresidential Building Construction | [REDACTED] | [REDACTED] |
| Architectural, engineering, related services | | |
| Executive, Legislative, and other General Government Support | | |
| Lessors of Real Estate | | |
| Total generation of jobs up to 9/30/2015 | | |

When it comes to the stage of preparing documents in support of EB-5 investor's Form I-829 petition, WIL will provide an updated job creation report using economic impact modeling with detailed narrative and analysis prepared by the economist.

Project 2: The Promenade at Downey – Project Summary

The Promenade at Downey (the "Project") is a unique, new promenade-style mixed-use shopping center project located in Los Angeles County, California. The Project's address is 12214 Lakewood Blvd., Downey, CA 90242. The Project's location has been certified as a Targeted Employment Area by the State of California.

Upon completion, the Project will have rentable space of approximately 504,260 square feet, and will aim to become the premier shopping, dining and entertainment center in the area. The Project will include retail space, a state-of-the-art multi-screen movie theater, a fitness center, restaurant space, and office space. There will also be many pedestrian amenities, approximately 3,000 parking spaces, and historical archives of the location's history as a NASA manufacturing facility and a movie studio.

The development cost of the Project is estimated at [REDACTED] excluding construction expenses spent by pad tenants. This estimate includes core shell costs and tenant improvements, as well as

permits, fees and other expenses. The economic analysis of the Project predicts that a total of [REDACTED] jobs will be created through the construction and operation of the Project. This exceeds the requisite [REDACTED] jobs necessary to support the I-526 Petitions of all [REDACTED] investors. A limited partnership, ADC Downey, LP (the "New Commercial Enterprise"), was formed to raise up to [REDACTED] of at-risk equity investment from [REDACTED] EB-5 investors [REDACTED] per EB-5 investor). The EB-5 investment funds will be loaned to IRG Downey, LLC and PCCP IRG Downey, LLC (the "Developers"). The Developers will then use the EB-5 investment funds to fund the Project.

As of September 30, 2015 [REDACTED] investors have had their I-526 Petitions filed with USCIS. Of these [REDACTED] investors, [REDACTED]

[REDACTED] Loans outstanding totaled [REDACTED] as of September 30, 2015.

In addition to EB-5 funding, the Project has secured a [REDACTED] bank loan for the construction. Since 2014, the Developer has spent [REDACTED] on EB-5 eligible costs. The economic analysis indicates that the construction of the Project will create [REDACTED] jobs at a total construction cost of [REDACTED]. Using the percentage-of-completion method, the following jobs were created:

| Industry | NAICS | Total Job Creation | 2015 Job Creation |
|--------------------------------------|-------|--------------------|-------------------|
| Nonresidential Building Construction | 2362 | [REDACTED] | |
| Lessors of Real Estate | 5311 | | |
| TOTAL | | | |

When it comes to the stage of preparing documents in support of EB-5 investor's Form I-829 petition, WIL will provide an updated job creation report using economic impact modeling with detailed narrative and analysis prepared by the economist.

Project 3: "12 Oaks Winery and Resort", Temecula (Riverside County), CA

The "12 Oaks Winery and Resort" is a brand-new multi-purpose winery resort to be established in Temecula Wine Country, California on a 132.8 acres site. The Project is developed by Standard Portfolios Temecula, LLC ("Developer"). The Project is the Phase I of a larger project, which will also include substantial residential developments. The entitlement process for the Project has already begun and construction is expected to commence in the 2nd quarter of 2016. "Developer" will use the EB-5 loan from 7 Oaks Winery Resort, LP to fund a portion of the development and construction costs of the Project. The project is located in Riverside County, California, with the address of 38901 Warren Rd. Temecula, CA 92591. The project location has been certified as a Targeted Employment Area ("TEA") by State of California. The Project will feature commercial as well as residential components including vineyards, winery, hotel villas, golf course, restaurants, event facilities, spa, and over 200 units of single family homes and townhouses. When completed, the Project will encompass the following features:

- I. Winery resort with vineyards, including 100 acres of vineyards and production facilities with annual production capacity of 60,000 cases of wine. Multiple wine tasting rooms and retail spaces totaling 45,000 square feet;
- II. A Spanish style 250 rooms resort hotel and villas surrounded by vineyards; • European-style spa totaling 12,000 square feet; • Fine dining as well as casual dining options with total seating capacity of over 500 and encompassing 16,000 square feet;
- III. Event facilities of 17,500 square feet perfect for romantic weddings, corporate events, and other personal events.

(b)(4)

The development costs of the Project are estimated at [REDACTED]. This estimate includes cost for building core shell costs, tenant improvements, permits and fees, among other things. A Limited Partnership, 7 Oaks Winery Resort, LP (New Commercial Enterprise) has been formed to raise up to [REDACTED] of at-risk equity investment from [REDACTED] EB-5 investors (\$500,000 per EB-5 investor). The EB-5 investment will then fund the Project in the form of term-loan made to the developer, Standard Portfolios Temecula, LLC ("Developer").

The EB-5 Economic analysis of the "12 Oaks winery and Resort" Project predicts that a total of [REDACTED] jobs will be created through the construction and operation of the Project. Job creation for [REDACTED] jobs exceeds the [REDACTED] cumulative jobs threshold that is required to support the I-526 petitions of all 180 EB-5 investors.

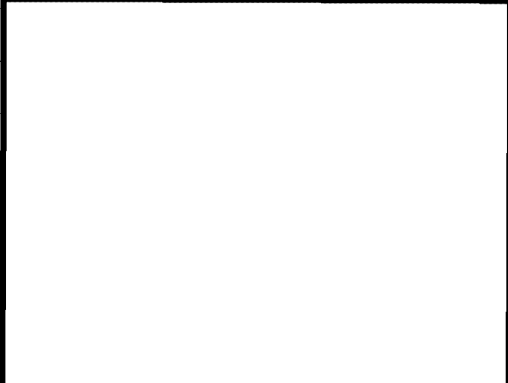
| Industry | NAICS | Job Number (estimated) |
|--|-------|---------------------------|
| Nonresidential Building Construction | 2362 | [REDACTED] |
| Architectural, engineering, related services | 5413 | |
| Wholesale Trade | 4232 | |
| Hotels and motels, including casinos | 7211 | |
| Food services and Drinking Places | 7225 | |
| Wineries | 31213 | |
| Total | | |

Currently, the Developer is working on acquiring bank loan for the construction and finalizing the capital structure as the project enters into the final design stage. The Developer has begun the agricultural land grading and irrigation system installation for the first 100 acres of vine yard. It is anticipated that the construction will be completed in the second quarter of 2018 and ready for the grand opening.

As of 9-30-2015, total of [REDACTED] EB-5 investors have had their I-526 Petitions filed with USCIS. All investment funds are currently held in escrow account and will be released once the bank loan approved and starts the construction work.

Since 2014 to 9/30/2015, the Developer has spent [REDACTED] on this project, [REDACTED] of which qualifies for EB-5 job creation. Using the percentage-of-completion method, the following jobs were created in 2015:

(b)(4)

| Industry | Job Number (estimated) | 2015 Job Creation |
|--|--|-------------------|
| Nonresidential Building Construction |  | |
| Architectural, engineering, related services | | |
| Wholesale Trade | | |
| Hotels and motels, including casinos | | |
| Food services and Drinking Places | | |
| Wineries | | |
| Total | | |

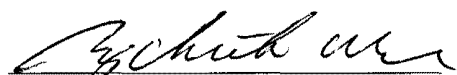
(b)(4)

When it comes to the stage of preparing documents in support of EB-5 investor's Form I-829 petition, WIL will provide an updated job creation report using economic impact modeling with detailed narrative and analysis prepared by the economist.

Overall, WIL endeavors to contribute to economic growth and therefore continues to be eligible for the Regional Center designation under Immigration Investor Program.

Please do not hesitate to contact me if you have any additional question. Thank you for your attention to this matter.

Sincerely,



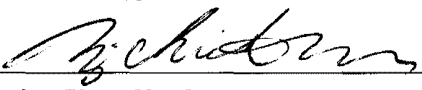
Ming Chieh Wu

Manager of Waylee Investment, LLC

Date: December 10th, 2015

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 Ming Chieh Wu | Date (mm/dd/yyyy) 12-10-2015 |
| Daytime Phone Number (Area/Country Codes) (626) 329-1699 | E-Mail Address ningcrosscross@aol.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 | |


Regional Center: Waylee Investment, LLC
(ID1205350598)

Attachment to I-924A, Part 3, Item 2

(b)(4)

| | | |
|--|--|--------------------------|
| d. Industry Category Title: | NAICS Code for Industry Category | |
| Executive, Legislative, and Other General Government Support | 9211 | |
| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Job Maintained |
| | | |

Date: 12/10/2015


Ming Chieh Wu, Manager
Waylee Investment, LLC

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 Hui | First Kin | Middle |
|-------------------|--------------|--------|

In Care Of: Invest L.A. Regional Center, LLC

Street Address/P.O. Box: 25 E. Foothill Blvd., Third Floor

| | | |
|----------------------|-----------|-----------------|
| City: Arcadia (b)(6) | State: CA | Zip Code: 91006 |
|----------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (626) 898-9688 | Telephone Number (include area code): (626) 898-7188 |
|-------------------------------|---|---|

Web site address: www.investlaeb5.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) W09001740

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: Invest L.A. Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 25 E. Foothill Blvd., Third Floor | | |
| City: Arcadia | State: CA | Zip Code: 91006 |
| Web site www.investlaeb5.com Address: | Fax Number (include area code): (626) 898-9688 | Telephone (include area code): (626) 898-7188 |

B. Name of Managing Company/Agency: Invest L.A. Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 25 E. Foothill Blvd., Third Floor | | |
| City: Arcadia | State: CA | Zip Code: 91006 |
| Web site www.investlaeb5.com Address: | Fax Number (include area code): (626) 898-9688 | Telephone (include area code): (626) 898-7188 |

C. Name of Other Agent: N/A

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



RCW1535853907

maging 1924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

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

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

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

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

| | | | | |
|--------|--|---|---|--|
| (b)(4) | a. Industry Category Title: Non-residential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Lessors of Real Estate | | NAICS Code for the Industry Category 5 3 1 1 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: N/A | | 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:

| | | | | |
|--|--|---|---|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Park Place EB5, LP | | Industry Category Title: Non-residential Building Construction | |
| | Address (Street Number and Name): 25 E. Foothill Blvd., 3/F | City: Arcadia | State: CA | Zip Code: 91006 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|--|-----------------------------------|---|--------------------|
| (1) Business Name: Park Place Commercial, LP | | Industry Category Title: Non-residential Building Construction | |
| Address (Street Number and Name): 25 E. Foothill Blvd., 3/F | City: Arcadia | State: CA | Zip Code: 91006 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

(b)(4)
(2) Business Name

N/A

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:

Park Place Phase IIA EB5, LP

Industry Category Title:

Non-residential Building Construction

| | | | |
|--|---|----------------------------|--------------------|
| Address (Street Number and Name): 25 E. Foothill Blvd., 3/F | City: Arcadia | State: CA | Zip Code: 91006 |
| 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: Boardwalk Capital, LP | | Industry Category Title: Non-residential Building Construction | |
| Address (Street Number and Name): 25 E. Foothill Blvd., 3/F | City: Arcadia | State: CA | Zip Code: 91006 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: N/A | | 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: Marina Del Rey EB5, LP | | Industry Category Title: Non-residential Building Construction | |
| Address (Street Number and Name): 25 E. Foothill Blvd., 3/F | City: Arcadia | State: CA | Zip Code: 91006 |
| 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: MDR Hotels, LLC | | Industry Category Title: Non-residential Building Construction | |
| Address (Street Number and Name): 11975 El Camino Real, #104 | City: San Diego | State: CA | Zip Code: 92130 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: N/A | | 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: Southwest Premier Investments, LP | | Industry Category Title: Non-residential Building Construction | |
| Address (Street Number and Name): 41391 Kalmia Street #200 | City: Murrieta | State: CA | Zip Code: 92562 |
| 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: InvestEuropa, LLC | | Industry Category Title: Non-residential Building Construction | |
| Address (Street Number and Name): 41391 Kalmia Street #200 | City: Murrieta | State: CA | Zip Code: 92562 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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: N/A | | 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) | | |

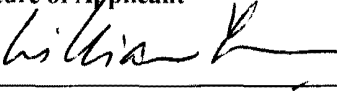

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 William H. Chu | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (626) 898-7188 | E-Mail Address  (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|-------------------------|------------------|----------------|
| Name: Last Vartanian | First Gregory | Middle John |
|-------------------------|------------------|----------------|

In Care Of:

Street Address/P.O. Box: 11 Beacon Street, Suite 730

| | | | |
|--------------|--------|-----------|-----------------|
| City: Boston | (b)(6) | State: MA | Zip Code: 02108 |
|--------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (617) 523-5679 | Telephone Number (include area code): (857) 239-9515 |
|-------------------------------|---|---|

Web site address: www.eb5nerc.com

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

RCW1208150616/ID1208150616

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: New England Regional Center for Economic Development, Inc.

Street Address/P.O. Box: 11 Beacon Street, Suite 730

| | | |
|--------------------------------------|---|--|
| City: Boston | State: MA | Zip Code: 02108 |
| Web site Address: www.eb5nerc.com | Fax Number (include area code): (617) 523-5679 | Telephone (include area code): (857) 239-9515 |

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

Street Address/P.O. Box:

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

C. Name of Other Agent: National Registered Agents, Inc. (for Rhode Island and Vermont)

Street Address/P.O. Box: 11600 College Blvd., Suite 210

| | | |
|-----------------------------------|---|--|
| City: Overland Park | State: KS | Zip Code: 66210 |
| Web site Address: www.nrai.com | Fax Number (include area code): (913) 851-0713 | Telephone (include area code): (800) 550-6724 |



RCW1535553800

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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: | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: See Attached | Aggregate Direct and Indirect Job Creation: See Attached | Aggregate Jobs Maintained: N/A |
| b. Industry Category Title: | | NAICS Code for the Industry Category 2 3 8 9 |
| Aggregate EB-5 Capital Investment: See Attached | Aggregate Direct and Indirect Job Creation: See Attached | Aggregate Jobs Maintained: N/A |
| c. Industry Category Title: | | NAICS Code for the Industry Category 4 2 3 2 |
| Aggregate EB-5 Capital Investment: See Attached | Aggregate Direct and Indirect Job Creation: See Attached | Aggregate Jobs Maintained: N/A |

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: 3835 Main LLLP | | Industry Category Title: 52 | |
| Address (Street Number and Name): 6 Bennett Street* | City: Cambridge | State: MA | Zip Code: 02138 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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:

3835 Main LLC

Industry Category Title:

See Part 3, Question 2

Address (Street Number and Name):

6 Bennett Street*

City:

Cambridge

State:

MA

Zip Code:

02138

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

Boston Seaport M Lender, LLC

Industry Category Title:

See Part 3, Question 2

Address (Street Number and Name):

1209 Orange Street*

City:

Wilmington

State:

DE

Zip Code:

19801

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:

Boston Seaport M1&2 Development, LLC

Industry Category Title:

See Part 3, Question 2

Address (Street Number and Name):

55 S Lake Ave, Suite 700

City:

Pasadena

State:

CA

Zip Code:

91007

EB-5 Capital Investment**Direct and Indirect Job Creation****Jobs Maintained**

Form I-924A, Supplement to Form I-924
New England Regional Center for Economic Development, Inc.
(RCW1208150616/ID1208150616)

Addendum to Form I-924A

Part 3

Question 2

During Fiscal Year 2015, the Regional Center has had capital investment in the following categories:

- 2362: Non residential Building Construction
- 2389: Other Specialty Trade Contractors
- 4232 Furniture and Home Furnishing Merchant Wholesalers
- 4234 Professional and Commercial Equipment and Supplies Merchant Wholesalers
- 7211 Traveler Accommodation

EB-5 funds for the project have not been tracked separately from other sources of capital. Total expenditures in each category of FY 2015 are as follows:

| | | |
|--------|-------------|--------|
| 2362: | <div></div> | (b)(4) |
| 2389: | | |
| 4232: | | |
| 4234: | | |
| Total: | | |

Question 3a pg 2

The full address of 3835 Main LLLP is 3835 Main LLLP. NCE, 277 Royal Poinciana Way, Palm Beach FL 33480, C/O Wenhua Jiang 6 Bennett Street Cambridge, MA 0213

Question 3a pg 3

The full address of 3835 Main LLC is 277 Royal Poinciana Way, Palm Beach FL 33480. C/O Wenhua Jiang 6 Bennett Street Cambridge, MA 02138

Question 3b pg 3

The registered address of Boston Seaport M Lender, LLC is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware, 19801

The mailing address of Boston Seaport M Lender, LLC is c/o Celona Asset Management (USA) Limited, 2207-09, Tower Two, Lippo Centre, 89 Queensway, Admiralty, Hong Kong

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) | | |

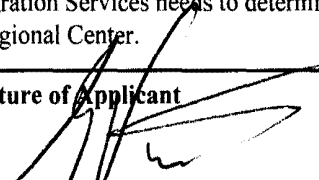
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

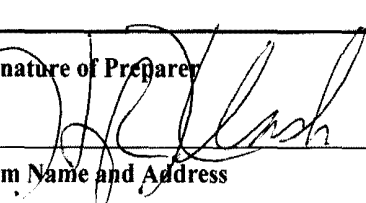
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Gregory J. Vartanian | Date (mm/dd/yyyy) 12/17/2015 |
| Daytime Phone Number (Area/Country Codes) (857) 239-9515 | E-Mail Address greg@eb5nerc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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 H. Ronald Klasko | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Klasko Immigration Law Partners, LLP 1601 Market St, Suite 2600 Philadelphia, PA, 19103 | | |
| Daytime Phone Number (Area/Country Codes) (215) 825-8600 | Fax Number (Area/Country Codes) (215) 825-8699 | E-Mail Address rklasko@klaskolaw.com |

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 Negrin | First Metin | Middle |
| In Care Of: Lexin New York Regional Center, LLC | | |
| Street Address/P.O. Box: 654 Madison Avenue, Suite 2205 | | |
| City: New York (b)(6) | State: NY | Zip Code: 10065 |
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): 212-750-3505 | Telephone Number (include area code): 212-750-3500 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1418151793/ID1418151793 | | |

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: Lexin New York Regional Center, LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 654 Madison Avenue, Suite 2205 | | |
| City: New York | State: New York | Zip Code: 10065 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 212-750-3500 |

B. Name of Managing Company/Agency:

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

C. Name of Other Agent:

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



RCW1535653825

egarcia2 I924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

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

1. Identify the aggregate EB-5 capital investment and job creation that 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 |
|-----------------------------------|--|---------------------------|
| See enclosed business plan | Project In Process | Project In Process |

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

| | | |
|--|---|--------------------------------------|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| Non Residential Building Construction | | 2 3 6 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| \$0 (Project In Process) | Project In Process | Project In Process |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Traveler Accommodation | | 7 2 1 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| \$0 (Project In Process) | Project In Process | Project In Process |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| Furniture and Home Furnishing Merchant Wholesalers | | 4 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| \$0 (Project In Process) | Project In Process | Project In Process |

3. Provide the following information for each job creating commercial enterprise located within the regional center that has received EB-5 investor capital:

| | | |
|---|---|-------------------|
| a. Name of Commercial Enterprise: | | Industry Category |
| Lexin NY EB5 Hyatt, LLC | | 2362 |
| Address (Street Number and Name): | City: | |
| 654 Madison Avenue, Suite 2205 | New York | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | |
| \$0 (Project In Process) | Project In Process | |
| Does this EB-5 commercial enterprise serve as a | | |

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: Lexin NY 815 Investors, L.P. | | Industry Category Title: Non Residential Building Construction | |
| Address (Street Number and Name): 654 Madison Avenue, Suite 2205 | City: New York | State: NY | Zip Code: 10065 |
| EB-5 Capital Investment: \$0 (Project In Process) | Direct and Indirect Job Creation: Project In Process | Jobs Maintained: 0 | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: Texas | 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: |
| | | Texas | |
| 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.

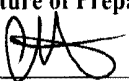
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Metin Negrin | Date (mm/dd/yyyy) 12/08/2015 |
| Daytime Phone Number (Area/Country Codes) 212-750-3500 | E-Mail Address mnegrin@lexincapital.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, 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 John Meyer/Christian Triantaphyllis | Date (mm/dd/yyyy) 12/21/2015 |
| Firm Name and Address Foster LLP, 600 Travis Street Suite 2000, Houston, Texas 77002 | | |
| Daytime Phone Number (Area/Country Codes) (832) 426-0331 | Fax Number (Area/Country Codes) 713-228-1303 | E-Mail Address ctriantaphyllis@fosterglobal.com |

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 wolkoff | First gerald | Middle |
|-----------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 1 executive drive

| | | |
|----------------|-----------|-----------------|
| City: edgewood | State: NY | Zip Code: 11717 |
|----------------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 6312422820 | Telephone Number (include area code): 6312426300 |
|--------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) rcw1420651826 id1420651826

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: heartland regional center, llc

Street Address/P.O. Box: 1 executive drive

| | | |
|----------------------|---|--|
| City: edgewood | State: NY | Zip Code: 11717 |
| Web site Address: | Fax Number (include area code): 6312422820 | Telephone (include area code): 6312426300 |

B. Name of Managing Company/Agency: gerald wolkoff

Street Address/P.O. Box: 1 executive drive

| | | |
|----------------------|---|--|
| City: edgewood | State: NY | Zip Code: 11717 |
| Web site Address: | Fax Number (include area code): 6312422820 | Telephone (include area code): 6312426300 |

C. Name of Other Agent: david wolkoff

Street Address/P.O. Box: 1 executive drive

| | | |
|----------------------|---|--|
| City: edgewood | State: NY | Zip Code: 11717 |
| Web site Address: | Fax Number (include area code): 6312422820 | Telephone (include area code): 6312426300 |

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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”.)

(b)(4)



| | | |
|--|---|---|
| a. Industry Category Title: non-residential building construction | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: residential building construction | | NAICS Code for the Industry Category 2 3 6 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: lessors of real estate | | NAICS Code for the Industry Category 5 3 1 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |


3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)


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

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


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


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

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

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


Part 3. Information About the Regional Center (Continued)


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

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


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

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

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


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


Part 3. Information About the Regional Center (Continued)


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

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

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

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

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |
| Address (Street Number and Name): | City: | State: <input type="text"/> | 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: <input type="text"/> | 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 |
| | | | |

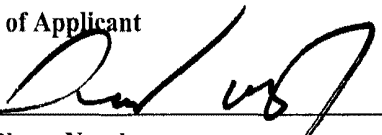
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 gerald wolkoff | Date (mm/dd/yyyy) 11/10/2015 |
| Daytime Phone Number (Area/Country Codes) 6312426300 | E-Mail Address jwolkoff@hrtld.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 | |

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

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 Hu | First Michelle | Middle |
|------------------|-------------------|--------|

In Care Of:

Street Address/P.O. Box: 9911 Valley Boulevard

| | | |
|-----------------------|-----------|-----------------|
| City: El Monte (b)(6) | State: CA | Zip Code: 91731 |
|-----------------------|-----------|-----------------|

| | | |
|--|---|---|
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): 6265757147 | Telephone Number (include area code): 6265757146 |
|--|---|---|

Web site address: www.eb5-circ.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1312651131 / ID1312651131

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 15 (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: California Investment Regional Center, LLC

Street Address/P.O. Box: 9911 Valley Boulevard

| | | |
|----------------|-----------|-----------------|
| City: El Monte | State: CA | Zip Code: 91731 |
|----------------|-----------|-----------------|

| | | |
|---------------------------------------|---|--|
| Web site Address: www.eb5-circ.com | Fax Number (include area code): 6265757147 | Telephone (include area code): 6265757146 |
|---------------------------------------|---|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|-----------------|----------------------|-----------------------------------|
| Web site Add | (include area code): | Telephone (include area code): |
|-----------------|----------------------|-----------------------------------|



RCW1535853927

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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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.

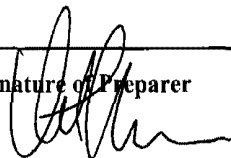
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Michelle Hu | Date (mm/dd/yyyy) 12/12/2015 |
| Daytime Phone Number (Area/Country Codes) 6265757146 | E-Mail Address thlusa@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Victor Shum | Date (mm/dd/yyyy) 10/12/2015 |
| Firm Name and Address Vantage Law Firm 430 W. Grand Avenue, Oakland, CA 94612 | | |
| Daytime Phone Number (Area/Country Codes) 4158867486 | Fax Number (Area/Country Codes) 2079640654 | E-Mail Address vshum@vantage-law.com |

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 Prado | First Luis | Middle |
| In Care Of: EB5 Florida Hotels & Investments Regional Center LLC. | | |
| Street Address/P.O. Box: 801 Brickell Ave. Suite 220. | | |
| City: Miami (b)(6) | State: FL | Zip Code: 33131 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (786) 703-7155 |
| Web site address: www.eb5floridahotels.com | | |

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

RCW1435752249/1435752249

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: EB5 Florida Hotels & Investments Regional Center LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 801 Brickell Ave. Suite 220. | | |
| City: Miami | State: FL | Zip Code: 33131 |
| Web site Address: www.eb5floridahotels.com | Fax Number (include area code): | Telephone (include area code): (786) 703-7155 |

B. Name of Managing Company/Agency: American Strategic Investments Consulting Group LLC.

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 801 Brickell Ave. Suite 220. | | |
| City: Miami | State: FL | Zip Code: 33131 |
| Web site Address: www.asinegocios.com | Fax Number (include area code): | Telephone (include area code): (786) 703-7155 |

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".)

(b)(4)

| | | |
|---|--|--|
| a. Industry Category Title: Non-Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|--|--|
| b. Industry Category Title: Furniture & Home Furnishing Merchant Wholesalers | | NAICS Code for the Industry Category 4 2 3 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|--|--|
| c. Industry Category Title: Traveler Accommodation | | NAICS Code for the Industry Category 7 2 1 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|--|---|-------------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

| | | | |
|---|--|---|-------------------------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code N/A |
| EB-5 Capital Investment 0.00 | Direct and Indirect Job Creation 0.00 | Jobs Maintained 0.00 | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|---------------------------------|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

| | | | |
|--|---|------------------------------------|------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

| | | | |
|--|---|---------------------------------|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|---|-------------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

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 |
| | | |

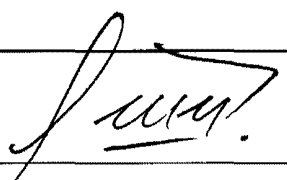
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

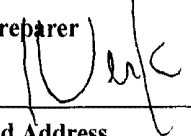
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Luis Prado/ EB5 Florida Hotels& In | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (786) 703-7155 | E-Mail Address luisprado@eb5floridahotels.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☐ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Nima Korpivaara | Date (mm/dd/yyyy) 12/22/2015 |
| Firm Name and Address David Hirson & Partners, LLP 8 Cheshire Court Newport Beach, CA 92660 | | |
| Daytime Phone Number (Area/Country Codes) (949) 383-5358 | Fax Number (Area/Country Codes) (949) 383-5368 | E-Mail Address nimak@hirsonimmigration.com |

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 Shields | First Daniel | Middle Abraham |
|-----------------------|-----------------|-------------------|

In Care Of: AscendAmerica, LLC

Street Address/P.O. Box: 635 Madison Avenue, Suite 1300

| | | |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10022 |
|----------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 800-670-1786 | Telephone Number (include area code): 212-390-1789 |
|-------------------------------|---|---|

Web site address: www.ascendamerica.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1335251379/ID1335251379

Part 2. Application Type (Select one)

- ☐ a. Supplement for the Fiscal Year Ending September 30, ____ (YYYY)
- ☒ b. Supplement for a Series of Fiscal Years Beginning on October 1, ²⁰¹³____ (YYYY) and Ending on September 30, ²⁰¹⁵____ (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: AscendAmerica, LLC

Street Address/P.O. Box: 635 Madison Avenue, Suite 1300

| | | |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10022 |
|----------------|-----------|-----------------|

| | | |
|--|---|--|
| Web site Address: www.ascendamerica.com | Fax Number (include area code): 800-670-1786 | Telephone (include area code): 212-390-1789 |
|--|---|--|

B. Name of Managing Company/Agency: Ascend Holdings, LLC

Street Address/P.O. Box: 800 Downing Street

| | | |
|---------------|-----------|-----------------|
| City: Teaneck | State: NJ | Zip Code: 07666 |
|---------------|-----------|-----------------|

| | | |
|--------------------------|---|--|
| Web site Address: N/A | Fax Number (include area code): 800-670-1786 | Telephone (include area code): 212-390-1789 |
|--------------------------|---|--|

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): |
|----------------------|------------------------------------|-----------------------------------|



RCW1533853508

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: SEE ATTACHED | | NAICS Code for the Industry Category _____ |
| 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: 20 Lafayette LLC | | Industry Category Title: Various (See attached) | |
| Address (Street Number and Name): 20 Lafayette Avenue | City: Brooklyn | State: NY | Zip Code: 11201 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

(b)(4)

Part 3. Information About the Regional Center (Continued)

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

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

| | | | |
|--|---|--|--------------------|
| b. Name of Commercial Enterprise: 325 Kent LLC | | Industry Category Title: Various (See attached) | |
| Address (Street Number and Name): 325 Kent Avenue | City: Brooklyn | State: NY | Zip Code: 11249 |
| Aggregate EB-5 Capital Investment: (b)(4) | 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 Daniel A. Shields | Date (mm/dd/yyyy) 11/30/2015 |
| Daytime Phone Number (Area/Country Codes) 917-991-8911 | E-Mail Address dan@ascendamerica.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|-------------------|--------------|
| Name: Last Perna | First Marcello | Middle J. |
|---------------------|-------------------|--------------|

In Care Of:

Street Address/P.O. Box: 5285 Meadows Road, Suite 100

| | | |
|----------------------------|--|--|
| City: Lake Oswego (b)(6) | State: OR | Zip Code: 97035 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (503) 990-7587 | Telephone Number (include area code): (503) 990-6808 |

Web site address: www.eb5w.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1210850644 (Approval Notice attached)

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: EB5 West, LLC

Street Address/P.O. Box: 5285 Meadows Road, Suite 100

| | | |
|--------------------------------|--|---|
| City: Lake Oswego | State: OR | Zip Code: 97035 |
| Web site Address: www.eb5w.com | Fax Number (include area code): (503) 990-7587 | Telephone (include area code): (503) 990-6808 |

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

Street Address/P.O. Box:

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

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|-------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| | Fax Number (include area code): | Telephone (include area code): |



RCW1535553777

egarcia2 I924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: New Multi-family Housing Construction | | NAICS Code for the Industry Category 2 3 6 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Commercial and Industrial Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: Lessor of Residential, Non-Residential Buildings | | NAICS Code for the Industry Category 5 3 1 1 | |
| 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:

(b)(4)

| | | | |
|--|---|---|--------------------|
| a. Name of Commercial Enterprise: Lombard, LLC | | Industry Category Title: New Multi-family Housing Construction | |
| Address (Street Number and Name): 4725 SW Lombard Ave | City: Beaverton | State: OR | Zip Code: 97005 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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) | | |

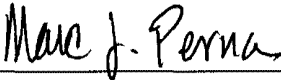
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Marc J. Perna | Date (mm/dd/yyyy) 12-15-2015 |
| Daytime Phone Number (Area/Country Codes) (503) 990-6808 | E-Mail Address mperna@eb5w.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|---|--|--|
| Name: Last Ricciuti | First J. | Middle Bruce |
| In Care Of: Birch Capital, LLC | | |
| Street Address/P.O. Box: 65 William Street, Suite 310 | | |
| City: Wellesley (b)(6) | State: MA | Zip Code: 02481 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 781-431-1363 | Telephone Number (include area code): 781-431-2600 |
| Web site address: www.birchcapital.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1310051121

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: Birch Miami-Dade Regional Center | | |
| Street Address/P.O. Box: 65 William Street, Suite 310 | | |
| City: Wellesley | State: MA | Zip Code: 02481 |
| Web site Address: | Fax Number (include area code): 781-431-1363 | Telephone (include area code): 781-431-2600 |
| B. Name of Managing Company/Agency: Birch Capital, LLC | | |
| Street Address/P.O. Box: 65 William Street, Suite | | |
| City: Wellesley | State: MA | Zip Code: 02481 |
| Web site Address: www.birchcapital.com | Fax Number (include area code): 781-431-1363 | Telephone (include area code): 781-431-2600 |
| C. Name of Other Agent: | | |
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535253733

egarcia2 1924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

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

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

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

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

| | | | |
|--------|---|--|----------------------------|
| (b)(4) | a. Industry Category Title: Non-residential Building Construction | NAICS Code for the Industry Category 2 3 6 2 2 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | b. Industry Category Title: FF&E/Retail Trade | NAICS Code for the Industry Category 4 4 / 4 5 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | c. Industry Category Title: Architect, Engineering & Related Services | NAICS Code for the Industry Category 5 4 1 3 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

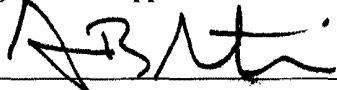
(b)(4)

| 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 J. Bruce Ricciuti | Date (mm/dd/yyyy) 12/14/2015 |
| Daytime Phone Number (Area/Country Codes) 781-431-2600 | E-Mail Address Bruce@birchcapital.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--|------------------------------------|---|
| Name: Last Christoph | First Roger | Middle W. |
| In Care Of: Foster, LLP | | |
| Street Address/P.O. Box: 600 Travis Street, Suite 2000 | | |
| City: Houston (b)(6) | State: Texas | Zip Code: 77002 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): 785-409-0555 |
| Web site address: www.kansaseb5.com | | |

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

RCW1101050144

Part 2. Application Type (check 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: Kansas Regional Center, LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 1000 S.W. Jackson Street, Suite 100 | | |
| City: Topeka | State: Kansas | Zip Code: 66612 |
| Web site Address: www.kansaseb5.com | Fax Number (include area code): | Telephone (include area code): 785-409-0555 |

B. Name of Managing Company/Agency:

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

C. Name of Other Agent:

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



RCW1535753890

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: Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

| | | |
|---|---|---|
| b. Industry Category Title: Real Estate Rental & Leasing | | NAICS Code for the Industry Category 5 3 |
| 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: KRCKU Apartments, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 1000 S.W. Jackson St, Ste 100 | City: Topeka | State: Kansas | Zip Code: 66612 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: HSRE-CA IX, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 161 North Clark Street, Suite 4900 | City: Wilmington | State: DE | Zip Code: 19801 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | | City: | State: |
| City: | | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: KCHH, LP | | Industry Category Title: Construction, Real Estate | |
| Address (Street Number and Name): 155 N. Market Street | City: Wichita | State: KS | Zip Code: 67202 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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 |
| 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.

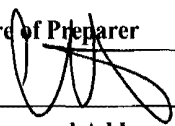
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Roger W. Christoph | Date (mm/dd/yyyy) 12-09-2015 |
| Daytime Phone Number (Area/Country Codes) (262) 878-4800 | E-Mail Address rchristoph@kansaseb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Partner | | |

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 Charles C. Foster/Christian Triantaphyllis | Date (mm/dd/yyyy) 12/22/2015 |
| Firm Name and Address Foster LLP 600 Travis Street, 20th Floor, Houston, Texas 77002, USA | | |
| Daytime Phone Number (Area/Country Codes) (832) 426-0331 | Fax Number (Area/Country Codes) (713) 228-1303 | E-Mail Address ctriantaphyllis@fosterglobal.com |

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 LICHTENSTEIN | First David | Middle |
| In Care Of: Jonathan Rabinow | | |
| Street Address/P.O. Box: 460 Park Ave., Suite 1300 | | |
| City: New York (b)(6) | State: NY | Zip Code: 10022 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (732) 363-7183 | Telephone Number (include area code): (212) 616-9969 |
| Web site address: www.lightstoneeb5.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1403751677

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: Lightstone New York Regional Center, LLC

| | | |
|--|--|---|
| Street Address/P.O. Box: 460 Park Avenue, Suite 1300 | | |
| City: New York | State: NY | Zip Code: 10022 |
| Web site lightstoneeb5.com Address: | Fax Number (include area code): (732) 363-7183 | Telephone (include area code): (212) 616-9969 |

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

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

C. Name of Other Agent:

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



RCW1534253522

maging 1924A 12/08/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|---------------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

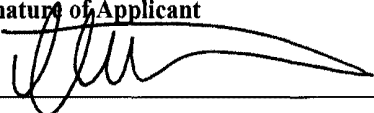
(b)(4)

| 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.

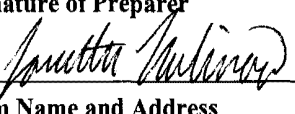
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant David Lichtenstein | Date (mm/dd/yyyy) 12/05/2015 |
| Daytime Phone Number (Area/Country Codes) (212) 616-9969 | E-Mail Address jrabinow@lightstonegroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Jonathan Rabinow | Date (mm/dd/yyyy) 12/03/2015 |
| Firm Name and Address Lightstone Group 460 Park Avenue, Suite 1300 New York, NY 10022 | | |
| Daytime Phone Number (Area/Country Codes) (212) 616-9969 | Fax Number (Area/Country Codes) (732) 363-7183 | E-Mail Address jrabinow@lightstonegroup.com |

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 Sheehy | First Timothy | Middle R |
| In Care Of: Craig Kammholz | | |
| Street Address/P.O. Box: 756 N Milwaukee Street | | |
| City: Milwaukee (b)(6) | State: WI | Zip Code: 53202 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (414) 271-7753 | Telephone Number (include area code): (414) 287-4125 |
| Web site address: http://www.mmac.org | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1031910254

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: Metropolitan Milwaukee Association of Commerce LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 756 N. Milwaukee St. | | |
| City: Milwaukee | State: WI | Zip Code: 53202 |
| Web site http://www.mmac.org Address: | Fax Number (include area code): (411) 271-7753 | Telephone (include area code): (414) 287-4100 |

B. Name of Managing Company/Agency: NA

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

C. Name of Other Agent: NA

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



RCW1534253534

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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".)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Education | | NAICS Code for the Industry Category 6 1 1 x x x |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| b. Industry Category Title: Hospitality | | NAICS Code for the Industry Category 7 2 1 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| c. Industry Category Title: Manufacturing | | NAICS Code for the Industry Category 3 3 6 9 9 1 |
| 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:

(b)(4)

| | | | |
|--|---|---------------------------------------|--------------------|
| a. Name of Commercial Enterprise: Blue Ribbon Redevelopment Fund IV LLC | | Industry Category Title: Education | |
| Address (Street Number and Name): 1401 Martin Luther King Blv | City: Milwaukee | State: WI | Zip Code: 53212 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|-----------------------------------|---------------------------------------|--------------------|
| (1) Business Name: International Conference Education Center | | Industry Category Title: Education | |
| Address (Street Number and Name): 10th and Juneau | City: Milwaukee | State: WI | Zip Code: 53233 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: RCI FFP Wi Hotel Inc LLC | | Industry Category Title: Hospitality | |
| Address (Street Number and Name): 311 E Chicago St | City: Milwaukee | State: WI | Zip Code: 53202 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: WI & Milwaukee Hotel LLC Marriott | | Industry Category Title: Hospitality | |
| Address (Street Number and Name): 323 W. Wisconsin | City: Milwaukee | State: WI | Zip Code: 53202 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|---|--------------------|
| (2) Business Name: Chicago Street Holdings LLC Kimpton | | Industry Category Title: Hospitality | |
| Address (Street Number and Name): Chicago & Broadway | City: Milwaukee | State: WI | Zip Code: 53202 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

| | | | |
|---|---|---|--------------------|
| c. Name of Commercial Enterprise: FFP EBR Inv LLC | | Industry Category Title: Manufacturing | |
| Address (Street Number and Name): 311 Chicago St | City: Milwaukee | State: WI | Zip Code: 53202 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: Erik Buell Racing | | Industry Category Title: Manufacturing | |
| Address (Street Number and Name): 2799 Buell Drive | City: East Troy | State: WI | Zip Code: 53120 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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

Part 3. Information About the Regional Center (Continued)

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

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

☐ No ☐ Yes

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

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

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

| | | | |
|--|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? | | | |

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) | | |

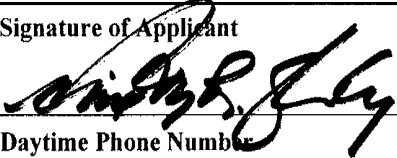
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

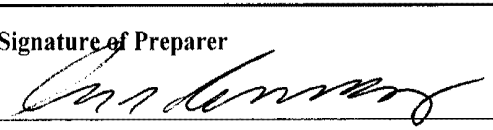
| | | |
|--|---|---------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Timothy R. Sheehy | Date (mm/dd/yyyy) 12/2/2015 |
| Daytime Phone Number (Area/Country Codes) (414) 287-4140 | E-Mail Address t.sheehy@mmac.org | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☐ Yes

| | | |
|---|--|---|
| Signature of Preparer  | Printed Name of Preparer Craig Kammholz | Date (mm/dd/yyyy) 12/2/2015 |
| Firm Name and Address MMAC 756 N. Milwaukee St Milwaukee, WI 53202 | | |
| Daytime Phone Number (Area/Country Codes) (414) 287-4163 | Fax Number (Area/Country Codes) (414) 271-7753 | E-Mail Address ckammholz@mmac.org |

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 Westfall | First Heath | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 515 S. Palisade Dr. Suite 100 | | |
| City: Orem (b)(6) | State: UT <input checked="" type="checkbox"/> | Zip Code: 84097 |
| Date of Birth (mm/dd/yyyy): <input type="text"/> | Fax Number (include area code): | Telephone Number (include area code): 801-471-74 |
| Web site address: www.mountainstatescenter.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001320 | | |

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: Mountain States Center for Foreign Investment

| | | |
|--|---|---|
| Street Address/P.O. Box: 515 S. Palisade Dr. Suite 100 | | |
| City: Orem | State: UT <input checked="" type="checkbox"/> | Zip Code: 84097 |
| Web site Address: www.mountainstatescent | Fax Number (include area code): | Telephone (include area code): 8014717405 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|--|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: <input checked="" type="checkbox"/> | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|--|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: <input checked="" type="checkbox"/> | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535653804

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Travelor Accomodation | | NAICS Code for the Industry Category 7 2 1 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

(b)(4)

| | | |
|---|---|---|
| b. Industry Category Title: Furniture and Home Furnishing Merchant Wholesalers | | NAICS Code for the Industry Category 4 2 3 2 |
| 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:

(b)(4)

| | | | |
|--|---|---|--------------------|
| a. Name of Commercial Enterprise: Salt Lake City Courtyard by Marriott | | Industry Category Title: Travelor accomodation | |
| Address (Street Number and Name): 130 West 400 South | City: Salt Lake City | State: UT <input checked="" type="checkbox"/> | Zip Code: 84101 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|---------------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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) | | |

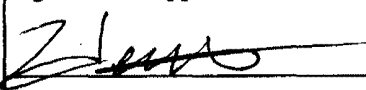
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Heath Westfall | Date (mm/dd/yyyy) 11/09/2012 |
| Daytime Phone Number (Area/Country Codes) 8014717405 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chief Executive Manager | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|-------------------|-----------------|--------------|
| Name: Last YEE | First THOMAS | Middle J. |
|-------------------|-----------------|--------------|

In Care Of:

Street Address/P.O. Box: 51 FOREST AVENUE, UNIT 158

| | | |
|----------------------------|-----------|-----------------|
| City: OLD GREENWICH (b)(6) | State: CT | Zip Code: 06870 |
|----------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (203) 637-4115 | Telephone Number (include area code): (203) 536-6031 |
|-------------------------------|---|---|

Web site address: WWW.NEHORIZONS.COM

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1031910060

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: NEW ENERGY HORIZONS REGIONAL CENTER

Street Address/P.O. Box: 51 FOREST AVENUE, UNIT 158

| | | |
|---------------------|-----------|-----------------|
| City: OLD GREENWICH | State: CT | Zip Code: 06870 |
|---------------------|-----------|-----------------|

| | | |
|---|---|--|
| Web site WWW.NEHORIZONS.COM Address: | Fax Number (include area code): (203) 637-4115 | Telephone (include area code): (203) 536-6031 |
|---|---|--|

B. Name of Managing Company/Agency: NONE

Street Address/P.O. Box: NONE

| | | |
|------------|--------|----------------|
| City: NONE | State: | Zip Code: NONE |
|------------|--------|----------------|

| | | |
|---------------------------|---|--|
| Web site NONE Address: | Fax Number (include area code): NONE | Telephone (include area code): NONE |
|---------------------------|---|--|

C. Name of Other Agent: NONE

Street Address/P.O. Box: NONE

| | | |
|------------|--------|----------------|
| City: NONE | State: | Zip Code: NONE |
|------------|--------|----------------|

| | | |
|---------------------------|---|--|
| Web site NONE Address: | Fax Number (include area code): NONE | Telephone (include area code): NONE |
|---------------------------|---|--|



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Part 3. Information About the Regional Center (Continued)

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

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

| | | |
|--|--|---------------------------|
| Aggregate EB-5 Capital Investment PLEASE SEE ATTACHED SHEET | 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: TBD | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: TBD | Aggregate Direct and Indirect Job Creation: TBD | Aggregate Jobs Maintained: TBD | |
| b. Industry Category Title: TBD | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: TBD | Aggregate Direct and Indirect Job Creation: TBD | Aggregate Jobs Maintained: TBD | |
| c. Industry Category Title: TBD | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: TBD | Aggregate Direct and Indirect Job Creation: TBD | Aggregate Jobs Maintained: TBD | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

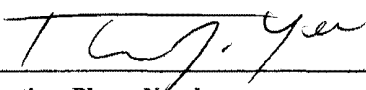
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 THOMAS J. YEE | Date (mm/dd/yyyy) 12/17/2015 |
| Daytime Phone Number (Area/Country Codes) (203) 536-6031 | E-Mail Address THOMAS.YEE@SBCGLOBAL.NET | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) PRINCIPAL | | |

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

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

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

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|------------------|--------|
| Name: Last Chin | First Raymond | Middle |
|--------------------|------------------|--------|

In Care Of: New Fortune Global LLC

Street Address/P.O. Box: 500 W. 18th Street, Suite 208

| | | |
|----------------------|-----------|-----------------|
| City: Chicago (b)(6) | State: IL | Zip Code: 60616 |
|----------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (312) 644-0999 | Telephone Number (include area code): (312) 595-2000 |
|-------------------------------|---|---|

Web site address:

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

RCW1114350207 / RCID1114350207

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 15 (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: New Fortune Global LLC

Street Address/P.O. Box: 500 W. 18th Street, Suite 208

| | | |
|----------------------|---|--|
| City: Chicago | State: IL | Zip Code: 60616 |
| Web site Address: | Fax Number (include area code): (312) 644-0999 | Telephone (include area code): (312) 595-2000 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

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

C. Name of Other Agent:

Street Address/P.O. Box:

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

(b)(4)

| | | | |
|---------------------------------------|---|---|--|
| a. Industry Category Title: Hotels | | NAICS Code for the Industry Category 7 2 1 1 1 0 | |
| 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:

(b)(4)

| | | | |
|--|---|------------------------------------|--------------------|
| a. Name of Commercial Enterprise: Hotel Mannheim EB-5 Lender LLC | | Industry Category Title: Lender | |
| Address (Street Number and Name): 1925 Lovering Avenue | City: Wilmington | State: DE | Zip Code: 19806 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

(1) Business Name:

Hotel Mannheim Chicago LLC

Industry Category Title:

Hotels (NAICS 72111)

Address (Street Number and Name):

916 W 21 Street

City:

Chicago

State:

IL

Zip Code:

60608

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

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

☐ No☐ Yes

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.)

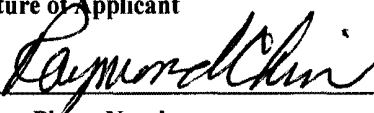
(b)(4)

| 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.

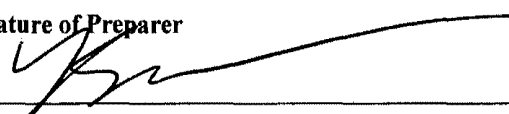
| | | |
|--|--|---------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Raymond Chin | Date (mm/dd/yyyy) 11/3/2015 |
| Daytime Phone Number (Area/Country Codes) (312) 595-2000 | E-Mail Address rchin@rmchin.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Yevgeny Samokhleb, Esq. | Date (mm/dd/yyyy) 11/4/2015 |
| Firm Name and Address Law Offices of Yu & Associates PLLC 299 Broadway, Suite 1120 New York, NY 10007 | | |
| Daytime Phone Number (Area/Country Codes) (212) 219-2088 | Fax Number (Area/Country Codes) (212) 966-6683 | E-Mail Address efiling@eemin.com |

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

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Greene | First Adam | Middle S. |
|----------------------|---------------|--------------|

In Care Of: Live in America - Philadelphia Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|---------------------------|-----------|-----------------|
| City: White Plains (b)(6) | State: NY | Zip Code: 10604 |
|---------------------------|-----------|-----------------|

| | | |
|---|---|---|
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
|---|---|---|

Web site address: <http://www.liveinamerica.us/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1231350801

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: Live in America - Philadelphia Regional Center LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site None Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

B. Name of Managing Company/Agency: Live in America Financial Services LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site http://www. Address: liveinamerica.us/ | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

C. Name of Other Agent:

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



RCW1535153684

egarcia2 I924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | | |
|--|---|---|--|
| a. Industry Category Title: None | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: None | | 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: None | | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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

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: N/A | | 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: N/A | | 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.)

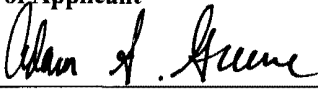
(b)(4)

| 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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - Philadelphia Regional Center | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|------------------------|-----------------|-------------------|
| Name: Last Angiulli | First Martin | Middle Anthony |
|------------------------|-----------------|-------------------|

In Care Of:

Street Address/P.O. Box: 2612 Vine Street

| | | |
|-------------------------|-----------|-----------------|
| City: Cincinnati (b)(6) | State: OH | Zip Code: 45219 |
|-------------------------|-----------|-----------------|

| | | |
|-----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): (513) 739-0571 |
|-----------------------------|---------------------------------|--|

Web site address: www.midwesteb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034150052/ID1031910178

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: Kentucky Regional Center, LLC d/b/a Midwest EB-5 Regional Center

Street Address/P.O. Box: 2612 Vine Street

| | | |
|------------------|-----------|-----------------|
| City: Cincinnati | State: OH | Zip Code: 45219 |
|------------------|-----------|-----------------|

| | | |
|--------------------------------------|---------------------------------|---|
| Web site Address: www.midwesteb5.com | Fax Number (include area code): | Telephone (include area code): (513) 739-0571 |
|--------------------------------------|---------------------------------|---|

B. Name of Managing Company/Agency: Dante Bella LLC.

Street Address/P.O. Box: 2612 Vine Street

| | | |
|------------------|-----------|-----------------|
| City: Cincinnati | State: OH | Zip Code: 45219 |
|------------------|-----------|-----------------|

| | | |
|-------------------|---------------------------------|---|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (513) 739-0571 |
|-------------------|---------------------------------|---|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------|---------------------------------|--------------------------------|
| Web site | Fax Number (include area code): | Telephone (include area code): |
|----------|---------------------------------|--------------------------------|



RCW1531053418

egarcia2 I924A 11/06/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Full Service Restaurants | | NAICS Code for the Industry Category 7 2 2 5 1 1 | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: KRC Fund I, LP | | Industry Category Title: Restaurants, see addend. | |
| Address (Street Number and Name): 2618 Vine Street | City: Cincinnati | State: OH | Zip Code: 45219 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|--|---|---------------------------|
| (1) Business Name: SV ARX, LLC | | Industry Category Title: Restaurants, see addend. | |
| Address (Street Number and Name): 2612 Vine Street | City: Cincinnati | State: OH | Zip Code: 45219 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

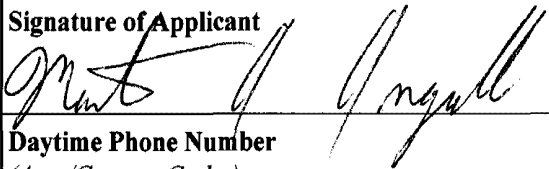
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

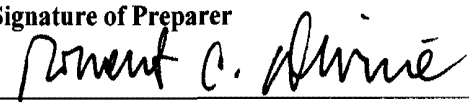
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Martin Anthony Angiulli | Date (mm/dd/yyyy) 10-21-2015 |
| Daytime Phone Number (Area/Country Codes) 513-739-0571 | E-Mail Address mop@shortvineentertainment.com | |
| Relationship to the Regional Center Entity (Managing Member, 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 Robert C. Divine | Date (mm/dd/yyyy) 11/2/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1800 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 Fan | First Shili | Middle |
|-------------------|----------------|--------|

In Care Of: Xiaoyan Ni

Street Address/P.O. Box: 350 Fifth Ave Ste. 5962

| | | | |
|-------------------------------|---|---|-----------------|
| City: New York | (b)(6) | State: NY | Zip Code: 10118 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 2126012700 | Telephone Number (include area code): 2126012634 | |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1428851919

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, (YY)

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: Mid-America Investment Group, LLC

| | | | |
|--|---|--|-----------------|
| Street Address/P.O. Box: 350 Fifth Ave Ste. 5962 | | | |
| City: New York | State: NY | | Zip Code: 10118 |
| Web site Address: | Fax Number (include area code): 2126012700 | Telephone (include area code): 2126012634 | |

B. Name of Managing Company/Agency: NCE Realty & Capital Group, LLC

| | | | |
|--|---|--|-----------------|
| Street Address/P.O. Box: 350 Fifth Ave Ste. 5962 | | | |
| City: New York | State: NY | | Zip Code: 10118 |
| Web site Address: | Fax Number (include area code): 2126012700 | Telephone (include area code): 2126012634 | |

C. Name of Other Agent:

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



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Form I-924A (

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: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

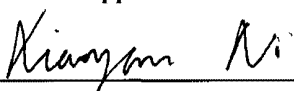
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Xiaoyan Ni | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (212) 601-2634 | E-Mail Address joy.ni@ncerealty.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Greene | First Adam | Middle S. |
| In Care Of: Live in America - Connecticut Regional Center LLC | | |
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
| Web site address: http://www.liveinamerica.us/ | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1316351160

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: Live in America - Connecticut Regional Center LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site None Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

B. Name of Managing Company/Agency: Live in America Financial Services LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site http://www.liveinamerica.us/ Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

C. Name of Other Agent:

| | | |
|------------------------------------|--------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| 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: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: None | | 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: None | | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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 |
| | | | |

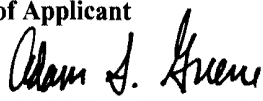
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - Connecticut Regional Center LLC | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|--------------|--------|
| Name: Last Kong | First Tao | Middle |
|--------------------|--------------|--------|

In Care Of: North America Wind Power LLC

Street Address/P.O. Box: 18022 Valle Pacifico Drive

| | | |
|---------------------|-----------|-----------------|
| City: Perris (b)(6) | State: CA | Zip Code: 92570 |
|---------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (714) 927-2980 | Telephone Number (include area code): (714) 924-2816 |
|----------------------------|--|--|

Web site address: www.nawprc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1228450781

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: North America Wind Power LLC

Street Address/P.O. Box: 18022 Valle Pacifico Drive

| | | |
|-------------------------------------|--|---|
| City: Perris | State: CA | Zip Code: 92570 |
| Web site www.nawprc.com Address: | Fax Number (include area code): (714) 927-2980 | Telephone (include area code): (714) 924-2816 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

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

C. Name of Other Agent:

Street Address/P.O. Box:

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



RCW1535653834

maging 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | | |
|---|---|---|--|
| a. Industry Category Title: Wind Farm Electric Power Generation | | NAICS Code for the Industry Category 2 2 1 1 1 5 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Power and Communication Line and Related Structures Cons | | NAICS Code for the Industry Category 2 3 7 1 3 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: Engineering Services | | NAICS Code for the Industry Category 5 4 1 3 3 0 | |
| 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: Southern California Renewable Partners LLC | | Industry Category Title: Wind Farm Electric Power Generation | |
| Address (Street Number and Name): 500 N. State College Blvd | City: Orange | State: CA | Zip Code: 92868 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

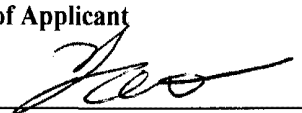
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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 Tao Kong | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (714) 924-2816 | E-Mail Address tao@nawprc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

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

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

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

☐ No ☐ Yes

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

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|---------------------|----------------|---------------|
| Name: Last Berez | First Aaron | Middle Lee |
|---------------------|----------------|---------------|

In Care Of: MidPeninsula Regional Investment Center (MRIC)

Street Address/P.O. Box: 627 National Ave

| | | |
|----------------------------|-----------|-----------------|
| City: Mountain View (b)(6) | State: CA | Zip Code: 94043 |
|----------------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (650) 390-0107 | Telephone Number (include area code): (650) 388-5079 |
|----------------------------|--|--|

Web site address: www.midpeninsularc.com

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

RCW1323851201/RC ID 1323851201

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: MidPeninsula Regional Investment Center, LLC

Street Address/P.O. Box: 627 National Ave

| | | |
|---|--|---|
| City: Mountain View | State: CA | Zip Code: 94043 |
| Web site www.midpeninsularc.com Address: | Fax Number (include area code): (650) 390-0107 | Telephone (include area code): (650) 388-5079 |

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

Street Address/P.O. Box:

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

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): |



RCW1535853915

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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".)

(b)(4)

| | | | |
|---|--|---|--|
| a. Industry Category Title: Surgical and Medical Equipment Manufacturing | | NAICS Code for the Industry Category 3 3 9 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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:

(b)(4)

| | | | |
|--|---|---|--------------------|
| a. Name of Commercial Enterprise: Manzanita EB-5 Fund I, LP | | Industry Category Title: Surgical & Medical Equipment Mfg 339112 | |
| Address (Street Number and Name): 627 National Ave. | City: Mountain View | State: CA | Zip Code: 94043 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Alembic, LLC | | Industry Category Title: Surgical & Medical Equipment Mfg 33911 | |
| Address (Street Number and Name): 627 National Ave | City: Mountain View | State: CA | Zip Code: 94043 |
| EB-5 Capital Investment: <div style="border: 1px solid black; height: 15px; width: 100%;"></div> | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

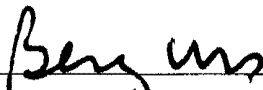
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

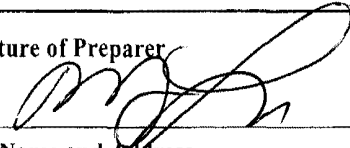
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Aaron L. Berez | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (650) 388-5079 | E-Mail Address aberez@alembicllc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal and CEO | | |

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 Martin J. Lawler | Date (mm/dd/yyyy) 12/22/15 |
| Firm Name and Address Lawler & Lawler 1 Post Street, Suite 475 San Francisco, CA 94104 | | |
| Daytime Phone Number (Area/Country Codes) (415) 391-2010 | Fax Number (Area/Country Codes) (415) 781-6181 | E-Mail Address mlawler@aboutvisas.com |

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 Ferguson | First Michael | Middle Gregory |
| In Care Of: N/A | | |
| Street Address/P.O. Box: 60 N Market St., Suite C200 | | |
| City: Asheville (b)(6) | State: NC | Zip Code: 28801 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (888) 503-2928 | Telephone Number (include area code): (888) 707-3050 |
| Web site address: www.landofskyregionalcenter.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID 1405751692

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: Land of Sky Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 60 N. Market St., Suite C200 | | |
| City: Asheville | State: NC | Zip Code: 28801 |
| Web site Address: landofskyregionalcente r.com | Fax Number (include area code): (888) 503-2928 | Telephone (include area code): (888) 707-3050 |

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

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

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): |



RCW1531453427

egarcia2 1924A 11/09/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | | |
|-------------------------------------|---|---|--|
| a. Industry Category Title: None | | NAICS Code for the Industry Category _____ | |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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 N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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: N/A | | 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) | | |

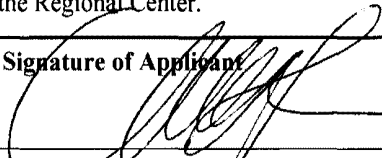
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Michael Gregory Ferguson | Date (mm/dd/yyyy) 11/07/2015 |
| Daytime Phone Number (Area/Country Codes) (828) 551-8960 | E-Mail Address gferguson@landofskyregionalcenter.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
Supplement to Form I-9.

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Yi | First Rick | Middle Il |
| In Care Of: Ralph Nix | | |
| Street Address/P.O. Box: 175 Emery Highway, Suite C | | |
| City: Macon (b)(6) | State: GA | Zip Code: 31217 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (478) 751-6517 | Telephone Number (include area code): (478) 751-6160 |
| Web site address: www.mgrcenter.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910015

Part 2. Application Type (check 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: MIDDLE GEORGIA REGIONAL CENTER

| | | |
|---|---|--|
| Street Address/P.O. Box: 175 Emery Highway, Suite C | | |
| City: Macon | State: GA | Zip Code: 31217 |
| Web site www.mgrcenter.com Address: | Fax Number (include area code): (478) 751-6517 | Telephone (include area code): (478) 751-6160 |

B. Name of Managing Company/Agency: GADC Corporation, Inc.

| | | |
|--|---|--|
| Street Address/P.O. Box: 3075 Breckinridge BLVD, Suite 465 | | |
| City: Duluth | State: GA | Zip Code: 30096 |
| Web site www.mgrcenter.com Address: | Fax Number (include area code): (770) 545-8803 | Telephone (include area code): (770) 545-8804 |

C. Name of Other Agent: None

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



RCW1535653826

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 |
| | | | |

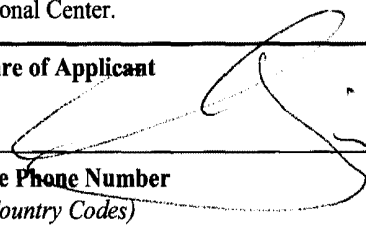
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Rick I. Yi | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) 404-432-3707 | E-Mail Address rickyi@stschq.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

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

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

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

☐ No ☐ Yes

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

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

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

RCW1534953655 18-41 5326

Part 1. Information About Principal of the Regional Center

| | | |
|---|--|--|
| Name: Last Patel | First Prashant | Middle B. |
| In Care Of: | | |
| Street Address/P.O. Box: 6501 Colston Court | | |
| City: Charlotte (b)(6) | State: NC | Zip Code: 28210 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (301) 513-5159 | Telephone Number (include area code): (301) 674-7880 |
| Web site address: www.mgrc.info | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1335851436 | | |

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: Maryland Global Regional Center Corporation

| | | |
|---|--|---|
| Street Address/P.O. Box: 6501 Colston Court | | |
| City: Charlotte | State: NC | Zip Code: 28210 |
| Web site www.MGRC.info Address: | Fax Number (include area code): (301) 513-5159 | Telephone (include area code): (301) 674-7880 |

B. Name of Managing Company/Agency:

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

C. Name of Other Agent: Prashant B. Patel

| | | |
|---|--|---|
| Street Address/P.O. Box: 6501 Colston Court | | |
| City: Charlotte | State: NC | Zip Code: 28210 |
| Web site www.MGRC.info Address: | Fax Number (include area code): (301) 513-5159 | Telephone (include area code): (301) 674-7880 |



RCW1534953655

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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☒ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.

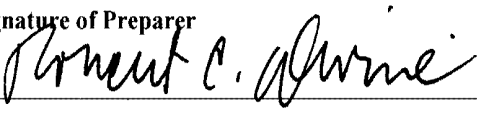
| | | |
|--|---|-------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Prashant B. Patel | Date (mm/dd/yyyy) 12-2-15 |
| Daytime Phone Number (Area/Country Codes) (301) 674-7880 | E-Mail Address (b)(6)  | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Partner | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 12/14/2015 |
| Firm Name and Address Baker, Donelson, Bearman, Caldwell & Berkowitz, PC 1800 Republic Centre, 633 Chestnut Street Chattanooga, TN 37450 | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 YANG | First ZHIFENG | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 4 RESEARCH DR. SUITE 402 | | |
| City: SHELTON (b)(6) | State: CT | Zip Code: 06484 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (203) 883-0328 | Telephone Number (include area code): (203) 659-8946 |
| Web site address: WWW.NEFEB5.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1205450600**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: New England Family Regional Center <i>(Formerly Approved as New England Federal Regional Center)</i> | | |
| Street Address/P.O. Box: 4 RESEARCH DR. SUITE 402 | | |
| City: SHELTON | State: CT | Zip Code: 06484 |
| Web site Address: WWW.NEFEB5.COM | Fax Number (include area code): (203) 883-0328 | Telephone (include area code): (203) 659-8946 |
| B. Name of Managing Company/Agency: NEW ENGLAND FAMILY REGIONAL CENTER LLC | | |
| Street Address/P.O. Box: 4 RESEARCH DR. SUITE 402 | | |
| City: SHELTON | State: CT | Zip Code: 06484 |
| Web site Address: WWW.NEFEB5.COM | Fax Number (include area code): (203) 883-0328 | Telephone (include area code): (203) 659-8946 |
| C. Name of Other Agent: None | | |
| Street Address/P.O. Box: N/A | | |
| City: N/A | State: N/A | Zip Code: N/A |
| Web site Address: N/A | Fax Number (include area code): N/A | Telephone (include area code): N/A |



RCW1534853629

egarcia2 1924A 12/14/2015

Part 3. Information About the Regional Center (Continued)

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

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

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

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

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Architectural, Engineering, and Related Services | | NAICS Code for the Industry Category 5 4 1 3 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | 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: Meadowbrook Capital Limited Partnership | | Industry Category Title: Real Estate Investment & Financing | |
| Address (Street Number and Name): 73 Meadowbrook Lane | City: Mansfield | State: CT | Zip Code: 06250 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: Uniglobe Investment LLC | | Industry Category Title: Residential Real Estate Development | |
| Address (Street Number and Name): 73 Meadowbrook Lane | City: Mansfield | State: CT | Zip Code: 06250 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |
| (2) Business Name None | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|---|--|--|---------------------------|
| b. Name of Commercial Enterprise: JZ Investments Inc. | | Industry Category Title: Residential Building Construction & | |
| Address (Street Number and Name): 1340 Washington Blvd. Ste 304 | City: Stamford | State: CT | Zip Code: 06902 |
| 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: Beacon Hill II Investment, LLC | | Industry Category Title: Residential Building Construction and | |
| Address (Street Number and Name): 881 Lake Avenue | City: Greenwich | State: CT | Zip Code: 06831 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|-------------------------|
| (2) Business Name: None | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|--|---|--|-------------------------|
| c. Name of Commercial Enterprise: None | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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

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

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|--|-------------------------|
| d. Name of Commercial Enterprise: None | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| e. Name of Commercial Enterprise: None | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

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.)

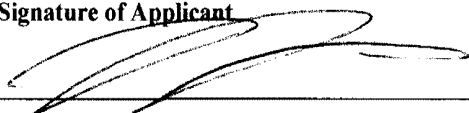
(b)(4)

| 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 ZHIFENG YANG | Date (mm/dd/yyyy) 11/29/2015 |
| Daytime Phone Number (Area/Country Codes) (203) 659-8946 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) MANAGING MEMBER | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|--------------|---------------------|
| Name: Last Zhou | First Joe | Middle Zhenghong |
|--------------------|--------------|---------------------|

In Care Of:

Street Address/P.O. Box: 136-20 38th Avenue, Suite 10H

| | | |
|-----------------------|-----------|-----------------|
| City: Flushing (b)(6) | State: NY | Zip Code: 11354 |
|-----------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (718) 888-9018 | Telephone Number (include area code): (718) 888-9668 |
|----------------------------|--|--|

Web site address: www.nyeb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1129150336

Part 2. Application Type (Check 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: Chicago Metro Regional Center, LLC

Street Address/P.O. Box: 136-20 38th Avenue, Suite 10H

| | | |
|----------------|-----------|-----------------|
| City: Flushing | State: NY | Zip Code: 11354 |
|----------------|-----------|-----------------|

| | | |
|------------------------------------|--|---|
| Web site www.nyeb5.com Address: | Fax Number (include area code): (718) 888-9018 | Telephone (include area code): (718) 888-9668 |
|------------------------------------|--|---|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|---------------------------------|--------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|---------------------------------|--------------------------------|



RCW1536454048

egarcia2

I924A

12/29/2015

one
area code):

Form I-924A (11-23-10)

5233 RECD CSC15DEC29 1745

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 0 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|------------------------------------|---|--------------------------------------|--|
| b. Industry Category Title: | | NAICS Code for the Industry Category | |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|------------------------------------|---|--------------------------------------|--|
| 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:

(b)(4)

| | | | |
|---|---|--|--------------------|
| a. Name of Commercial Enterprise: CCTC of Bellwood Investment, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 1100 SHERMAN AVE 115 | City: Naperville | State: IL | Zip Code: 60583 |
| 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? <div style="text-align: right;">Test test <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</div> | | | |



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: Chicago Customs Transit Center LLC | | Industry Category Title: | |
| Address (Street Number and Name): 2701 W. Washington BLVD | City: Bellwood | State: IL | Zip Code: 60104 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|--|--------------------|
| b. Name of Commercial Enterprise: MW Chicago 2015 EB-5 Lenders, LLC | | Industry Category Title: Construction and Operation | |
| Address (Street Number and Name): 136-20 38th Ave, Suite 10H | City: Flushing | State: NY | Zip Code: 11354 |
| 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: Michigan Wabash 11th LLC | | Industry Category Title: | |
| Address (Street Number and Name): 1100 S. Michigan | City: Chicago | State: IL | Zip Code: 60605 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |



Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|--------------------|
| (2) Business Name: Wabash 11th LLC | | Industry Category Title: | |
| Address (Street Number and Name): 1100 S. Michigan | City: Chicago | State: IL | Zip Code: 60605 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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

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

☐ No ☐ Yes

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

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



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

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

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

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

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

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

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

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

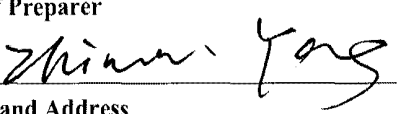
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Joe Zhenghong Zhou | Date (mm/dd/yyyy) 12/28/2015 |
| Daytime Phone Number (Area/Country Codes) (718) 888-9668 | E-Mail Address Joe@nyeb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

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

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

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

☐ No ☒ Yes

| | | |
|--|--|---|
| Signature of Preparer  | Printed Name of Preparer Zhiwan Yang, Esq | Date (mm/dd/yyyy) 12/28/2015 |
| Firm Name and Address Law Office of Joe Zhenghong Zhou & Associates, PLLC 136-20 38th Avenue, Suite 10H Flushing, NY 11354 | | |
| Daytime Phone Number (Area/Country Codes) (718) 539-7098 | Fax Number (Area/Country Codes) (718) 539-7177 | E-Mail Address chery@joezhoulawfirm.com |



Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924**

REC'D CSC/15DEC08 17:53

5338

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|----------------|--------|
| Name: Last Carter | First Bruce | Middle |
|----------------------|----------------|--------|

In Care Of: Gate Industries

Street Address/P.O. Box: 7 South Laurens Street, Unit 100

| | | |
|----------------------|-----------|-----------------|
| City: Greenville, SC | State: SC | Zip Code: 29601 |
|----------------------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (864) 603-3138 | Telephone Number (include area code): (864) 603-3101 |
|--------------------------------|---|---|

Web site address: www.dmaarc.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1135450410**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: Dominion Mid-Atlantic Regional Center

Street Address/P.O. Box: 3900 Westerre Parkway, Suite 300

| | | |
|----------------|-----------|-----------------|
| City: Richmond | State: VA | Zip Code: 23233 |
|----------------|-----------|-----------------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

B. Name of Managing Company/Agency: Same as above

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|-------------------------------------|---|--|
| Web site www.dmaarc.com Address: | Fax Number (804) 237-0486 (include area code): | Telephone (804) 545-3322 (include area code): |
|-------------------------------------|---|--|

C. Name of Other Agent: No other agent.

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------|------------------------------------|-----------------------------------|
| Web site | Fax Number (include area code): | Telephone (include area code): |
|----------|------------------------------------|-----------------------------------|

**RCW1600554160**

egarcia2 1924A 12/30/2015

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

| | | |
|---|--|---|
| a. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

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

Part 3. Information About the Regional Center (Continued)

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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: N/A | | 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 |
| N/A | N/A | N/A |

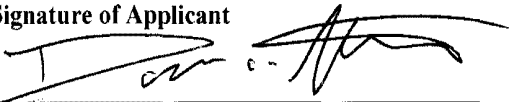
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Dominic Applegate | Date (mm/dd/yyyy) 12/26/2015 |
| Daytime Phone Number (Area/Country Codes) (412) 737-6621 | E-Mail Address nic@gateindustries.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Co-Manager | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last CHEN | First HUY YING | Middle |
| In Care Of: GREAT OCEAN REGIONAL CENTER LLC | | |
| Street Address/P.O. Box: 13427 NE 16th St, Suite 110 | | |
| City: Bellevue | (b)(6) | State: WA Zip Code: 98005 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (206) 691-8808 | Telephone Number (include area code): (206) 973-3919 |
| Web site address: www.goshipline.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1311251127/ID1311251127 | | |

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: GREAT OCEAN REGIONAL CENTER LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 13427 NE 16th St, Suite 110 | | |
| City: Bellevue | State: WA | Zip Code: 98005 |
| Web site www.goshipline.com Address: | Fax Number (include area code): (206) 691-8808 | Telephone (include area code): (206) 973-3919 |

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

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

C. Name of Other Agent: N/A

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



RCW1600454108

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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

(b)(4)

| | |
|--|---|
| a. Industry Category Title: Deep Sea Freight Transportation | NAICS Code for the Industry Category 4 8 3 1 1 1 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|--|---|
| b. Industry Category Title: Inland water Freight transportation | NAICS Code for the Industry Category 4 8 3 2 1 1 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | |
|---|---|
| c. Industry Category Title: Post-Harvest Corp Activities | NAICS Code for the Industry Category 1 1 5 1 1 4 |
|---|---|

| | | |
|------------------------------------|---|----------------------------|
| 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: GREAT OCEAN REGIONAL CENTER LLC | Industry Category Title: Deep Sea Freight Transportation |
|--|---|

| | | | |
|--|-------------------|--------------|--------------------|
| Address (Street Number and Name): 13427 NE 16th St, | City: Belleuve | State: WA | Zip Code: 98005 |
|--|-------------------|--------------|--------------------|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

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

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: GREAT OCEAN REGIONAL CENTER LLC | | Industry Category Title: Inland water Freight transportation | |
| Address (Street Number and Name): 13427 NE 16th St, | City: Belleuve | State: WA | Zip Code: 98005 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|---|---|---|--------------------|
| c. Name of Commercial Enterprise: GREAT OCEAN REGIONAL CENTER LLC | | Industry Category Title: Post-Harvest Corp Activities / others | |
| Address (Street Number and Name): 13427 NE 16th St, | City: Belleuve | State: WA | Zip Code: 98005 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|--|-----------------------------------|------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

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) | | |

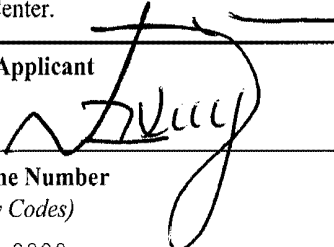
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 CHEN, HUY YING | Date (mm/dd/yyyy) 12/28/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 779-8880 | E-Mail Address capt.chen@goshiplince.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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

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

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

☒ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|----------------|--------------|
| Name: Last Chiu | First Allen | Middle P. |
|--------------------|----------------|--------------|

In Care Of: Allen P. Chiu

Street Address/P.O. Box: 142-03 37th Avenue

| | | |
|--------------------------|-----------|-----------------|
| City: Flushing (b)(6) | State: NY | Zip Code: 11354 |
|--------------------------|-----------|-----------------|

| | | |
|---|---|---|
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): (718) 321-3435 | Telephone Number (include area code): (718) 445-7580 |
|---|---|---|

Web site address: www.nyfrc.com

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

RCW 1131450350/RC ID 1131450350

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: AFC Regional Center LLC f/n/a New York Federal Regional Center LLC

Street Address/P.O. Box: 142-03 37th Avenue

| | | |
|----------------|-----------|-----------------|
| City: Flushing | State: NY | Zip Code: 11354 |
|----------------|-----------|-----------------|

| | | |
|------------------------------------|---|--|
| Web site Address: www.nyfrc.com | Fax Number (include area code): (718) 321-3435 | Telephone (include area code): (718) 445-7580 |
|------------------------------------|---|--|

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

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

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): |
|----------------------|------------------------------------|-----------------------------------|



RCW1536354006

egarcia2 1924A 12/28/2015

Part 3. Information About the Regional Center (Continued)

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

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

| 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: Home Construction | | NAICS Code for the Industry Category 2 3 6 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: Club House and Pool Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Road Construction | | NAICS Code for the Industry Category 2 3 7 3 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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: Serenity Gardens EB-5 Lender, LLC | | Industry Category Title: Loan Fund | |
| Address (Street Number and Name): P.O. Box 1090 | City: Monticello | State: NY | Zip Code: 12701 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: Serenity Gardens Development LLC | | Industry Category Title: Construction: Resid., Non-Resid., Hwy. | |
| Address (Street Number and Name): P.O. Box 1090 | City: Monticello | State: NY | Zip Code: 12720 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

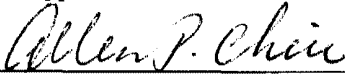
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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.

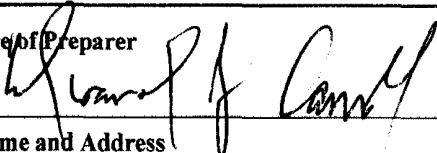
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant ALLEN P. CHIU | Date (mm/dd/yyyy) 12/23/2015 |
| Daytime Phone Number (Area/Country Codes) (718) 445-7580 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| 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 Edward J. Carroll | Date (mm/dd/yyyy) 12/24/2015 |
| Firm Name and Address Carroll & Associates, PC 33 West Shore Road Grand Isle, VT 05458 | | |
| Daytime Phone Number (Area/Country Codes) (802) 862-2855 | Fax Number (Area/Country Codes) (802) 865-9727 | E-Mail Address ecarroll@cslaw.us |

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 Zhang | First Jiting | Middle |
|---------------------|-----------------|--------|

In Care Of: Las Vegas EB-5 Immigration, LLC

Street Address/P.O. Box: 2360 Corporate Circle Suite 400

| | | | |
|-----------------|--------|-----------|-----------------|
| City: Henderson | (b)(6) | State: NV | Zip Code: 89074 |
|-----------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (866) 410-8399 | Telephone Number (include area code): (702) 410-8058 |
|-------------------------------|---|---|

Web site address: www.lasvegaseb5llc.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID 1031910077

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: Las Vegas EB-5 Immigration, LLC

| | | | |
|--|---|--|--|
| Street Address/P.O. Box: 2360 Corporate Circle Suite 400 | | | |
| City: Henderson | State: NV | Zip Code: 89074 | |
| Web site www.lasvegaseb5llc.com | Fax Number (include area code): (866) 410-8399 | Telephone (include area code): (702) 410-8058 | |
| Address: | | | |

B. Name of Managing Company/Agency: Las Vegas EB-5 Immigration, LLC

| | | | |
|--|---|--|--|
| Street Address/P.O. Box: 2360 Corporate Circle Suite 400 | | | |
| City: Henderson | State: NV | Zip Code: 89074 | |
| Web site www.lasvegaseb5llc.com | Fax Number (include area code): (866) 410-8399 | Telephone (include area code): (702) 410-8058 | |
| Address: | | | |

C. Name of Other Agent: Jiting Zhang (CEO of Las Vegas EB-5 Immigration, LLC)

| | | | |
|--|---|--|--|
| Street Address/P.O. Box: 2360 Corporate Circle Suite 400 | | | |
| City: Henderson | State: NV | Zip Code: 89074 | |
| Web site www.lasvegaseb5llc.com | Fax Number (include area code): (866) 410-8399 | Telephone (include area code): (702) 410-8058 | |
| Address: | | | |



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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".)

(b)(4)

| | | |
|---------------------------------------|---|---|
| a. Industry Category Title: Hotels | | NAICS Code for the Industry Category 7 2 1 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| b. Industry Category Title: Retail Shopping Centers | | NAICS Code for the Industry Category 4 5 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|---|
| c. Industry Category Title: Office Buildings | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| 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: No Entry | | 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)

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

(b)(4)

| d. Industry Category Title: | NAICS Code for Industry Category | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|-----------------------------|----------------------------------|------------------------------------|---|----------------------------|
| Restaurants | 722110 | | | |

| e. Industry Category Title: | NAICS Code for Industry Category | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|---------------------------------|----------------------------------|------------------------------------|---|----------------------------|
| Residential Apartment Buildings | 236116 | | | |

(b)(4)

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

(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.)

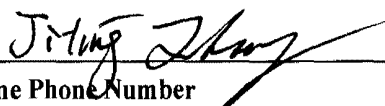
(b)(4)

| 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 Jiting Zhang | Date (mm/dd/yyyy) 11/30/2015 |
| Daytime Phone Number (Area/Country Codes) (702) 410-8058 | E-Mail Address info@lasvegaseb5llc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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

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

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

☐ No ☐ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Simmons | First Jefferson | Middle |
| In Care Of: Miami Film Regional Center | | |
| Street Address/P.O. Box: 3255 NE 184th Street, Unit 12304 | | |
| City: Aventura (b)(6) | State: FL | Zip Code: 33160 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): none | Telephone Number (include area code): 786-387-9094 |
| Web site address: none | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW-13-357-51407 | | |

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: Miami Film Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 3255 NE 184th Street, Unit 12304 | | |
| City: Aventura | State: FL | Zip Code: 33160 |
| Web site Address: none | Fax Number (include area code): none | Telephone (include area code): 786-387-9094 |

B. Name of Managing Company/Agency: Please see attached continuation sheet

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

C. Name of Other Agent:

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



RCW1533453483

egarcia2 I924A 11/30/2015

Part 3. Information About the Regional Center (Continued)

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

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

| | | |
|---|--|-----------------------------------|
| Aggregate EB-5 Capital Investment none | Aggregate Direct and Indirect Job Creation none | Aggregate Jobs Maintained none |
|---|--|-----------------------------------|

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.

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 Young | First John | Middle |
|---------------------|---------------|--------|

In Care Of: East West Regional Center, LLC

Street Address/P.O. Box: 521 West 48th Street, Suite 1A

| | | |
|--------------------------|-----------|-----------------|
| City: New York (b)(6) | State: NY | Zip Code: 10036 |
|--------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 262-2962 | Telephone Number (include area code): (212) 489-5599 |
|-------------------------------|---|---|

Web site address:

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

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: East West Regional Center, LLC

Street Address/P.O. Box: 521 West 48th Street, Suite 1A

| | | |
|----------------------|---|--|
| City: New York | State: NY | Zip Code: 10036 |
| Web site Address: | Fax Number (include area code): (212) 262-2962 | Telephone (include area code): (212) 489-5599 |

B. Name of Managing Company/Agency: East West Regional Center, LLC

Street Address/P.O. Box: 521 West 48th Street, Suite 1A

| | | |
|----------------------|---|--|
| City: New York | State: NY | Zip Code: 10036 |
| Web site Address: | Fax Number (include area code): (212) 262-2962 | Telephone (include area code): (212) 489-5599 |

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): |



RCW1535653833

maging 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

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

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

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

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

| | | | |
|---|---|---|--|
| a. Industry Category Title: Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 1 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| 0 | 0 | 0 | |
| c. Industry Category Title: Traveler Accommodations | | NAICS Code for the Industry Category 7 2 1 1 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| 0 | 0 | 0 | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☐ Yes

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

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

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

(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.

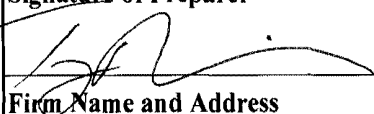
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant John Young | Date (mm/dd/yyyy) 12/21/15 |
| Daytime Phone Number (Area/Country Codes) (212) 489-5599 | E-Mail Address johnyoung@eastwesteb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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 Troy R. Nehring | Date (mm/dd/yyyy) 12/21/15 |
| Firm Name and Address McCarthy Nehring PS 14410 Petrovitsky Road, Suite 201B Renton, WA 98058 | | |
| Daytime Phone Number (Area/Country Codes) (425) 291-7942 | Fax Number (Area/Country Codes) (425) 523-3980 | E-Mail Address tnehring@mcnlawfirm.com |

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 Repoff | First Edythe | Middle Huang |
|----------------------|-----------------|-----------------|

In Care Of: Gateway California Regional Center, LLC

Street Address/P.O. Box: 235 Main St. #222

| | | |
|---------------------|-----------|-----------------|
| City: Venice (b)(6) | State: CA | Zip Code: 90291 |
|---------------------|-----------|-----------------|

| | | |
|-------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): 6265908486 |
|-------------------------------|------------------------------------|---|

Web site address: www.gatewayeb5.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW 1414351764

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: Gateway California Regional Center, LLC

Street Address/P.O. Box: 235 Main St. #222

| | | |
|--------------|-----------|-----------------|
| City: Venice | State: CA | Zip Code: 90291 |
|--------------|-----------|-----------------|

| | | |
|---|------------------------------------|--|
| Web site Address: www.gatewayeb5.com | Fax Number (include area code): | Telephone (include area code): 6265908486 |
|---|------------------------------------|--|

B. Name of Managing Company/Agency: n/a

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent: Joseph Jung, Managing Director, Gateway California Regional Center, LLC

Street Address/P.O. Box: 235 Main St. #222

| | | |
|--------------|-----------|-----------------|
| City: Venice | State: CA | Zip Code: 90291 |
|--------------|-----------|-----------------|

| | | |
|--------------------------------|------------------------------------|--|
| Web site www.gatewayeb5.com | Fax Number (include area code): | Telephone (include area code): 2132001655 |
|--------------------------------|------------------------------------|--|



RCW1533653491

egarcia2 I924A 12/02/2015

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 | First | Middle |
|------------|-------|--------|

In Care Of:

Street Address/P.O. Box:

| | | |
|-------|--|-----------|
| City: | State:  | Zip Code: |
|-------|--|-----------|

| | | |
|--------------------------------|------------------------------------|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): |
|--------------------------------|------------------------------------|--|

Web site address:

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


Part 2. Application Type (Select one)

- ☐ a. Supplement for the Fiscal Year Ending September 30, ____ (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:

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

B. Name of Managing Company/Agency:

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

C. Name of Other Agent: Ngong Sung, Managing Director, Gateway California Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 235 Main St. #222 | | |
| City: Venice | State: CA  | Zip Code: 90291 |
| Web site Address: www.gatewayeb5.com | Fax Number (include area code): | Telephone (include area code): 6269911897 |

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 | First | Middle |
|------------|-------|--------|

In Care Of:

Street Address/P.O. Box:

| | | |
|--------------------------------|--|--|
| City: | State:  | Zip Code: |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): |

Web site address:

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


Part 2. Application Type (Select one)

- ☐ a. Supplement for the Fiscal Year Ending September 30, ____ (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:

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

B. Name of Managing Company/Agency:

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

C. Name of Other Agent: Seth Huang, Managing Director, Gateway California Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 235 Main St. #222 | | |
| City: Venice | State: CA  | Zip Code: 90291 |
| Web site Address: www.gatewayeb5.com | Fax Number (include area code): | Telephone (include area code): 6265909870 |

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.


- (b)(4) 1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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



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

Part 3. Information About the Regional Center (Continued)


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

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input checked="checked" type="checkbox"/> | 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: <input checked="checked" type="checkbox"/> | 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: <input checked="checked" type="checkbox"/> | 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: <input checked="checked" type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |


Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

Part 3. Information About the Regional Center (Continued)

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

| | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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 |
| n/a | n/a | n/a |

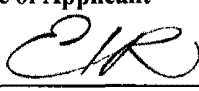
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| n/a | n/a | n/a |

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 Edythe Huang Repoff | Date (mm/dd/yyyy) 11/23/2015 |
| Daytime Phone Number (Area/Country Codes) 6265908486 | E-Mail Address erepoff@gatewayeb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

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

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

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

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

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

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

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Greene | First Adam | Middle S. |
|----------------------|---------------|--------------|

In Care Of: Live in America - California Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|---------------------------|-----------|-----------------|
| City: White Plains (b)(6) | State: NY | Zip Code: 10604 |
|---------------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
|----------------------------|--|--|

Web site address: <http://www.liveinamerica.us/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1314851146

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: Live in America - California Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|---------------------------|--|---|
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site None Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

B. Name of Managing Company/Agency: Live in America Financial Services LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|--|--|---|
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site http://www.liveinamerica.us/ Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-----------------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| Web site ... | Fax Number (include area code): | Telephone (include area code): |



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REC'D CSC 15DEC17 17:15 5326

Part 3. Information About the Regional Center (Continued)

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

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

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

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

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 0 0 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Architectural, Engineering, and related services | | NAICS Code for the Industry Category 5 4 1 3 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: Real Estate | | NAICS Code for the Industry Category 5 3 1 0 0 0 | |
| | 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:

| | | | | |
|--|--|---|--|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: LS-SF Jordan Ranch EB-5 LLC | | Industry Category Title: *Various - see cover letter. | |
| | Address (Street Number and Name): 711 Westchester Avenue | City: White Plains | State: NY | Zip Code: 10604 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

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

(b)(4)

| | | | |
|---|--|---|---------------------------|
| (1) Business Name: LS-SF Jordan Ranch LLC | | Industry Category Title: *Various - see cover letter. | |
| Address (Street Number and Name): 18881 Von Karman Avenue | City: Irvine | State: CA | Zip Code: 92612 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |
| (2) Business Name N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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) | | |

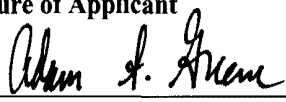
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - California Regional Center LLC | | |

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 | |

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

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Greene | First Adam | Middle S. |
|----------------------|---------------|--------------|

In Care Of: Live in America - Nevada Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | | |
|--------------------|--------|-----------|-----------------|
| City: White Plains | (b)(6) | State: NY | Zip Code: 10604 |
|--------------------|--------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
|--------------------------------|---|---|

Web site address: <http://www.liveinamerica.us/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID 1326251215

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: Live in America - Nevada Regional Center LLC

| | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | | | | |
| City: White Plains | | State: NY | | Zip Code: 10604 | |
| Web site None | | Fax Number | | Telephone | |
| Address: | | (include area code): (914) 289-0227 | | (include area code): (914) 289-0059 | |

B. Name of Managing Company/Agency: Live in America Financial Services LLC

| | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | | | | |
| City: White Plains | | State: NY | | Zip Code: 10604 | |
| Web site http://www.liveinamerica.us/ | | Fax Number | | Telephone | |
| Address: | | (include area code): (914) 289-0227 | | (include area code): (914) 289-0059 | |

C. Name of Other Agent:

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



RCW1535153686

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: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: None | | 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: None | | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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

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: N/A | | 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: N/A | | 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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - Nevada Regional Center LLC | | |

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

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|------------------------|----------------|--------|
| Name: Last Wickizer | First Debra | Middle |
|------------------------|----------------|--------|

In Care Of: Golden Lamp Regional Center, Inc.

Street Address/P.O. Box: 480 East 400 South - 2nd Floor

| | | |
|----------------------|-----------|-----------------|
| City: Salt Lake City | State: UT | Zip Code: 84111 |
|----------------------|-----------|-----------------|

| | | |
|--------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): (801) 528-3732 |
|--------------------------------|------------------------------------|---|

Web site address: www.goldenlampregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1102650151

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: Golden Lamp Regional Center, Inc.

Street Address/P.O. Box: 480 East 400 South - 2nd Floor

| | | |
|----------------------|-----------|-----------------|
| City: Salt Lake City | State: UT | Zip Code: 84111 |
|----------------------|-----------|-----------------|

| | | |
|----------------------|------------------------------------|--|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (801) 528-3732 |
|----------------------|------------------------------------|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent: American Investor Immigration Law, PLLC

Street Address/P.O. Box: PO Box 9300

| | | |
|--------------|-----------|-----------------|
| City: Reston | State: VA | Zip Code: 20190 |
|--------------|-----------|-----------------|

| | | |
|-------------------------------------|---|--|
| Web site Address: www.aiilaw.com | Fax Number (include area code): (703) 885-0636 | Telephone (include area code): (703) 885-0637 |
|-------------------------------------|---|--|



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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".)

| | | | | |
|--------|--|---|---|--|
| (b)(4) | a. Industry Category Title: Construction of Buildings | | NAICS Code for the Industry Category 2 3 6 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Real Estate | | NAICS Code for the Industry Category 5 3 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | 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:

| | | | | |
|--------|--|---|---|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: DMPT, LP | | Industry Category Title: Construction, Real Estate | |
| | Address (Street Number and Name): 1770 Sherman St. | City: Denver | State: CO | Zip Code: 80203 |
| | 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 checked="" 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: None | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|--|-----------------------------------|------------------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

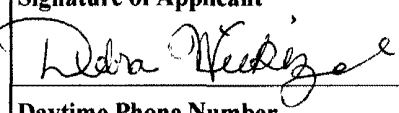
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Debra Wickizer | Date (mm/dd/yyyy) 11/23/2015 |
| Daytime Phone Number (Area/Country Codes) (801) 528-3732 | E-Mail Address president@goldenlamp.org | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|---|------------------------------------|---|
| Name: Last Jenkins | First Brian | Middle |
| In Care Of: RZ Virginia International - Regional Center LLC | | |
| Street Address/P.O. Box: 7400 Beaufort Springs Drive, Suite 300 | | |
| City: Richmond | State: VA | Zip Code: 23225 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): 8045212686 |
| Web site address: www.rzi-va.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1417651788 | | |

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: RZ Virginia International - Regional Center LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 7400 Beaufort Springs Drive, Suite 300 | | |
| City: Richmond | State: VA | Zip Code: 23225 |
| Web site Address: www.rzi-va.com | Fax Number (include area code): | Telephone (include area code): 8045212686 |

B. Name of Managing Company/Agency: RZ Virginia International - Regional Center LLC

| | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: as above | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: n/a

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |

**RCW1535753888**

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: none | | NAICS Code for the Industry Category _____ | |
| 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: n/a | | 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 n/a | | 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: n/a | | 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: n/a | | 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: n/a | | 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: n/a | | 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: n/a | | 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: n/a | | 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: n/a | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: n/a | | 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: n/a | | 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 |
| | | | |

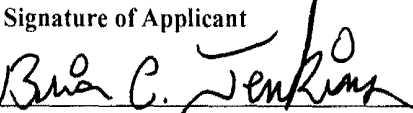
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Brian Jenkins | Date (mm/dd/yyyy) 12/22/2015 |
| Daytime Phone Number (Area/Country Codes) 8045212686 | E-Mail Address info@rzi-va.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|-----------------------|----------------|-----------------|
| Name: Last Holland | First Peter | Middle Thorp |
|-----------------------|----------------|-----------------|

In Care Of: Pacific Viniculture LLC

Street Address/P.O. Box: 700 Fifth Ave 6100

| | | | |
|---------------|--------|-----------|-----------------|
| City: Seattle | (b)(6) | State: WA | Zip Code: 98104 |
|---------------|--------|-----------|-----------------|

| | | |
|-------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (206) 909-6683 |
|-------------------------------|------------------------------------|---|

Web site address: pacificviniculture.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)**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: Pacific Viniculture Opportunities

Street Address/P.O. Box: 700 Fifth Avenue 6100

| | | |
|---|------------------------------------|--|
| City: Seattle | State: WA | Zip Code: 98104 |
| Web site Address: pacificviniculture.com | Fax Number (include area code): | Telephone (include area code): (206) 909-6683 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535753849

egarcia2 1924A 12/23/2015

RCW1535753849

5338

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Grape Farming | | NAICS Code for the Industry Category 1 1 1 3 3 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|---|
| b. Industry Category Title: Wineries | | NAICS Code for the Industry Category 3 1 2 1 3 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|------------------------------------|---|---|
| c. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

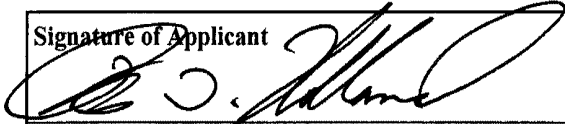
(b)(4)

| 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 Peter T. Holland | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 909-6683 | E-Mail Address peter.holland@pacificviniculture.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member; President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last TARIRI | First BENJAMIN | Middle B. |
| In Care Of: | | |
| Street Address/P.O. Box: 15 COURT SQUARE | | |
| City: BOSTON (b)(6) | State: MA | Zip Code: 02108 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (617) 574-9070 | Telephone Number (include area code): (617) 574-9080 |
| Web site address: WWW.YOUANDLAW.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW 272 50324/RC ID 1127250324

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: UNITED STATES INVESTORS, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 15 COURT SQUARE | | |
| City: BOSTON | State: MA | Zip Code: 02108 |
| Web site Address: | Fax Number (include area code): (617) 574-9070 | Telephone (include area code): (617) 574-9080 |

B. Name of Managing Company/Agency: TARIRI LAW OFFICES, P.C.

| | | |
|--|---|--|
| Street Address/P.O. Box: 15 COURT SQUARE | | |
| City: BOSTON | State: MA | Zip Code: 02108 |
| Web site WWW.YOUANDLAW.COM Address: | Fax Number (617) 574-9070 (include area code): | Telephone (617) 574-9080 (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1600654201

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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: N/A | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: N/A | | 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: GRANITEWOODS OF NEW ENGLAND | | Industry Category Title: HOSPITAL | |
| Address (Street Number and Name): P.O. BOX 3701 | City: CONCORD | State: NH | Zip Code: 03302 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

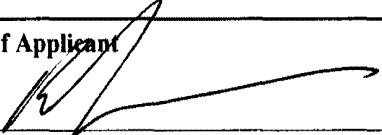
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant BENJAMIN B. TARIRI | Date (mm/dd/yyyy) 12/19/2014 |
| Daytime Phone Number (Area/Country Codes) 617-574-9080 | E-Mail Address LEGAL@YOUANDLAW.COM | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) MANAGING MEMBER | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|---------------------------------|--|
| Name: Last Lee | First Leo | Middle Y. |
| In Care Of: | | |
| Street Address/P.O. Box: 333 South Hope Street, 36th Floor | | |
| City: Los Angeles (b)(6) | State: CA | Zip Code: 90071 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number 917.232.1395 (include area code): |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | ID1326951220 |

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: Gateway Secured Regional Center

| | | |
|--|---------------------------------|---|
| Street Address/P.O. Box: 333 South Hope Street, 36th Floor | | |
| City: Los Angeles | State: CA | Zip Code: 90071 |
| Web site Address: | Fax Number (include area code): | Telephone 917.232.1395 (include area code): |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535753851

egarcia2 I924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

| | | |
|---|--|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: 0 | Aggregate Direct and Indirect Job Creation: 0 | Aggregate Jobs Maintained: 0 |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: None to date. | | 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: N/A. | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|---|---------------------------------|-----------------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

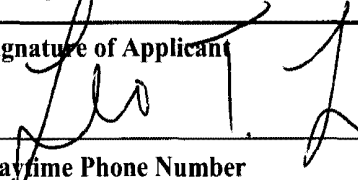
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Leo Y. Lee | Date (mm/dd/yyyy) 12/11/2015 |
| Daytime Phone Number (Area/Country Codes) 917.232.1395 | E-Mail Address leeequitiesgroup@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chief Executive Officer | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|------------------|--------|
| Name: Last Chen | First Yan Jun | Middle |
|--------------------|------------------|--------|

In Care Of:

Street Address/P.O. Box: 475 El Camino Real, Suite 218

| | | |
|--------------------------|-----------|-----------------|
| City: Millbrae (b)(6) | State: CA | Zip Code: 94030 |
|--------------------------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (650) 239-9635 | Telephone Number (include area code): (650) 239-9330 |
|--------------------------------|---|---|

Web site address: To be determined.

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1317151167

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: Golden State Economic Development Fund, LLC

Street Address/P.O. Box: 475 El Camino Real, Suite 218

| | | |
|--|---|--|
| City: Millbrae | State: CA | Zip Code: 94030 |
| Web site To be determined. Address: | Fax Number (include area code): (650) 239-9635 | Telephone (include area code): (650) 239-9330 |

B. Name of Managing Company/Agency: None

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535753860

egarcia2 1924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--|--|--|--|
| a. Industry Category Title: Please see Form I-924A, Addendum attached. | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Please see Form I-924A, Addendum attached. | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: Please see Form I-924A, Addendum attached. | | 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: Bayshore Lending, LP | | Industry Category Title: Real Estate Development | |
| Address (Street Number and Name): 475 El Camino Real, Ste 218 | City: Millbrae | State: CA | Zip Code: 94030 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: Bayshore Condominiums ONE, LLC | | Industry Category Title: Real Estate Development | |
| Address (Street Number and Name): 475 El Camino Real, Ste 218 | City: Millbrae | State: CA | Zip Code: 94030 |
| EB-5 Capital Investment: <div style="border: 1px solid black; height: 15px; width: 500px;"></div> | Direct and Indirect Job Creation: | Jobs Maintained: N/A | |
| (2) Business Name: None | | 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: None | | 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: None | | 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: None | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: None | | 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 Yanjun Chen | Date (mm/dd/yyyy) 12/05/2015 |
| Daytime Phone Number (Area/Country Codes) (415) 361-1666 | E-Mail Address hicyjun@hotmail.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 Jean D. Chen, Esq. | Date (mm/dd/yyyy) 12-15-2015 |
| Firm Name and Address Law Offices of Jean D. Chen 2107 N. First Street, Suite 400 San Jose, CA 95131 | | |
| Daytime Phone Number (Area/Country Codes) (408) 437-1788 | Fax Number (Area/Country Codes) (408) 437-9788 | E-Mail Address chen@jclawoffice.com |

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 Jones | First Robert | Middle H. |
| In Care Of: Marianas EB-5 Regional Center LLC | | |
| Street Address/P.O. Box: Post Office Box 500487 | | |
| City: Saipan (b)(6) | State: MP | Zip Code: 96950 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 6702347347 | Telephone Number (include area code): 6702341795 |
| Web site address: www.marianaseb5.us.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: Marianas EB-5 Regional Center LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: Post Office Box 500487 | | |
| City: Saipan | State: MP | Zip Code: 96950 |
| Web site Address: www.marianaseb5.us.com | Fax Number (include area code): 6702347347 | Telephone (include area code): 6702341795 |

B. Name of Managing Company/Agency: Triple J Saipan Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: Post Office Box 500487 | | |
| City: Saipan | State: MP | Zip Code: 96950 |
| Web site Address: www.triplej.net | Fax Number (include area code): 6702347347 | Telephone (include area code): 6702341795 |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535553756

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: None | NAICS Code for the Industry Category - - - - - |
|-------------------------------------|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|-------------------------------------|---|
| b. Industry Category Title: None | NAICS Code for the Industry Category - - - - - |
|-------------------------------------|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|-------------------------------------|---|
| c. Industry Category Title: None | 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: None | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: NONE | | 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: N/A | | 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: N/A | | 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: NONE | | 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: N/A | | 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: N/A | | 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: NONE | | 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

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: N/A | | 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: N/A | | 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 ROBERT H. JONES | Date (mm/dd/yyyy) 12/08/2015 |
| Daytime Phone Number (Area/Country Codes) 6702341795 | E-Mail Address rhjones@triplejsaipan.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|---|---|---|
| Name: Last Rogers | First Kevin | Middle Reeves |
| In Care Of: Renewable Texas Energy Regional Center | | |
| Street Address/P.O. Box: 17300 Dallas Parkway, Suite 2020 | | |
| City: Dallas | State: TX | Zip Code: 76248 |
| Date of Birth (mm/dd/yyyy): (b)(6) | Fax Number (include area code): (972) 421-1761 | Telephone Number (include area code): (972) 707-3084 |
| Web site address: www.texaseb5rc.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RC ID1310651125**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: Renewable Texas Energy Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 17300 Dallas Parkway, Suite 2020 | | |
| City: Dallas | State: TX | Zip Code: 76248 |
| Web site www.texaseb5rc.com Address: | Fax Number (include area code): (972) 421-1761 | Telephone (include area code): (972) 707-3084 |

B. Name of Managing Company/Agency: Renewable Texas Energy RC, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 17300 Dallas Parkway, Suite 2020 | | |
| City: Dallas | State: TX | Zip Code: 76248 |
| Web site www.texaseb5rc.com Address: | Fax Number (include area code): (972) 421-1761 | Telephone (include area code): (972) 707-3084 |

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): |

**RCW1532453458**

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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| <div>(b)(4)</div> | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|-----------------------------------|------------------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

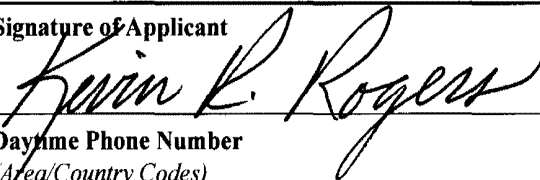
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

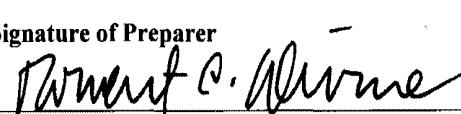
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Kevin R. Rogers | Date (mm/dd/yyyy) 11/10/2015 |
| Daytime Phone Number (Area/Country Codes) (972) 707-3084 | E-Mail Address krogers@texaseb5rc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 11/18/2015 |
| Firm Name and Address Baker, Donelson, Bearman, Caldwell & Berkowitz PC 1800 Republic Centre, 633 Chestnut Street Chattanooga, TN 37450 | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 Rajput | First Salahuddin | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 5 Penn Plaza, 23rd Flr. | | |
| City: New York (b)(6) | State: NY | Zip Code: 10001 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 212-665-1700 | Telephone Number (include area code): 212-665-1800 |
| Web site address: www.esdf.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1117250235

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: Empire State Development Fund

| | | |
|--|---|--|
| Street Address/P.O. Box: 5 Penn Plaza, 23rd Flr. | | |
| City: New York | State: NY | Zip Code: 10001 |
| Web site Address: www.esdf.com | Fax Number (include area code): 212-665-1700 | Telephone (include area code): 212-665-1800 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



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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: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Salahuddin Rajput | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) 212-665-1800 | E-Mail Address sal@esdf.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|-------------------|----------------|--------|
| Name: Last Kim | First Byong | Middle |
|-------------------|----------------|--------|

In Care Of: DMI Real Estate Chicago, LLC Regional Center

Street Address/P.O. Box: 6140 S. Drexel Ave., Unit C2

| | | | |
|---------------|--------|-----------|-----------------|
| City: Chicago | (b)(6) | State: IL | Zip Code: 60637 |
|---------------|--------|-----------|-----------------|

| | | |
|-------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (310) 869-6152 |
|-------------------------------|------------------------------------|---|

Web site address: DMIREGROUP.COM

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) 1300751054

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: DMI Real Estate Chicago, LLC Regional Center

Street Address/P.O. Box: 6140 S. Drexel Ave., Unit C2

| | | |
|-------------------------------------|------------------------------------|--|
| City: Chicago | State: IL | Zip Code: 60637 |
| Web site DMIREGROUP.COM Address: | Fax Number (include area code): | Telephone (include area code): (310) 869-6152 |

B. Name of Managing Company/Agency: DMI Real Estate Chicago, LLC

Street Address/P.O. Box: 6140 S. Drexel Ave., Unit C2

| | | |
|-------------------------------------|------------------------------------|--|
| City: Chicago | State: IL | Zip Code: 60637 |
| Web site DMIREGROUP.COM Address: | Fax Number (include area code): | Telephone (include area code): (310) 869-6152 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| | | |
| | Fax Number (include area code): | Telephone (include area code): |



RCW1535653806

egarcia2 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--------|---|---|----------------------------|
| (b)(4) | a. Industry Category Title: Nonresidential Building Construction | NAICS Code for the Industry Category 2 3 6 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | b. Industry Category Title: Hotels/Motels | NAICS Code for the Industry Category 7 2 1 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | c. Industry Category Title: Restaurants & Other Eating Places | NAICS Code for the Industry Category 7 2 2 5 | |
| | 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:

| | | | | |
|--------|--|--|----------------------------|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Lincoln Centre EB-5 Fund, LP | Industry Category Title: Nonresidential Building Construction | | |
| | Address (Street Number and Name): 160 Greentree Drive, #101 | City: Dover | State: DE | Zip Code: 19904 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (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: Baker Lincoln HRD, LLC | | Industry Category Title: Nonresidential Building Construction | |
| Address (Street Number and Name): 156 West Armitage Ave. | City: Chicago | State: IL | Zip Code: 60614 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">▼</div> | 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: <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">▼</div> | 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: <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">▼</div> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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

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: <input type="text"/> | 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: <input type="text"/> | 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.)

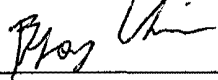
(b)(4)

| 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.

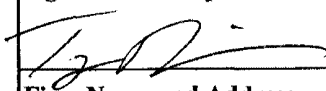
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Byong Kim | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (818) 714-2132 | E-Mail Address bjkim@dmiregroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

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 Troy R. Nehring | Date (mm/dd/yyyy) 12/21/15 |
| Firm Name and Address McCarthy Nehring PS 14410 SE Petrovitsky Road, Suite 201B Renton, Washington 98058 | | |
| Daytime Phone Number (Area/Country Codes) (425) 291-7942 | Fax Number (Area/Country Codes) (425) 523-3980 | E-Mail Address tnehring@mcnlawfirm.com |

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 PATIL | First SUMEET | Middle A |
| In Care Of: | | |
| Street Address/P.O. Box: 3300 RIVERSIDE DRIVE #100 | | |
| City: COLUMBUS (b)(6) | State: OH <input type="checkbox"/> | Zip Code: 43221 |
| Date of Birth (mm/dd/yyyy) <input type="text"/> | Fax Number (include area code): | Telephone Number (include area code): 6142598565 |
| Web site address: WWW.CLOUDSEEDFUND.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1332651295/ID1332651295/W09004090

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: Cloudseed International Fund

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 3300 Riverside Drive #100 | | |
| City: Columbus | State: OH <input type="checkbox"/> | Zip Code: 43221 |
| Web site Address: www.cloudseedfund.com | Fax Number (include area code): | Telephone (include area code): 6142598565 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: <input type="checkbox"/> | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: <input type="checkbox"/> | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1534253526

magingner 1924A 12/08/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)



| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |


3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|------------------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)


If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|---|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State:  | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State:  | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|---|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State:  | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|---|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State:  | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: | |
| <p>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</p> <p>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.</p> | | | |
| (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: | |
| <p>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</p> | | | |

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: <input type="text"/> | 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: <input type="text"/> | 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 |
| <input type="text"/> | | |

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.)

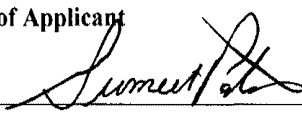
(b)(4)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| <input type="text"/> | | |

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 Sumeet Patil | Date (mm/dd/yyyy) 11/16/2015 |
| Daytime Phone Number (Area/Country Codes) 6142598565 | E-Mail Address sumeet.patil@cloudseedfund.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|--|--|
| Name: Last Gui | First Jun | Middle |
| In Care Of: City International Investment, LLC. | | |
| Street Address/P.O. Box: 7555 Talbots Woods Court | | |
| City: Ellicott City (b)(6) | State: MD | Zip Code: 21043 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (410) 872-0284 | Telephone Number (include area code): (443) 285-1474 |
| Web site address: www.wcffi.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: Washington Center For Foreign Investment, LLC

| | | |
|--|---------------------------------|---|
| Street Address/P.O. Box: 1776 I street NW Suit 900 | | |
| City: Washington D.C. | State: DC | Zip Code: 20006 |
| Web site www.wcffi.com Address: | Fax Number (include area code): | Telephone (include area code): (443) 285-1474 |

B. Name of Managing Company/Agency: City International Investment, LLC.

| | | |
|---|---------------------------------|---|
| Street Address/P.O. Box: 7555 Talbots Woods Court | | |
| City: Ellicott City | State: MD | Zip Code: 21043 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (443) 285-1474 |

C. Name of Other Agent: Jun Gui

| | | |
|---|---------------------------------|---|
| Street Address/P.O. Box: 7555 Talbots Woods Court | | |
| City: Ellicott City | State: MD | Zip Code: 21043 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (443) 285-1474 |



RCW1535553770

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

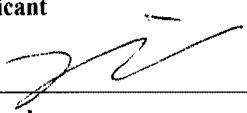
| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| 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 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 Jun Gui | Date (mm/dd/yyyy) 12/18/2013 |
| Daytime Phone Number (Area/Country Codes) (443) 285-1474 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|-----------------|------------------|
| Name: Last Ellis | First Robert | Middle Joseph |
|---------------------|-----------------|------------------|

In Care Of: Gulf Coast Regional Center, LLC

Street Address/P.O. Box: 650 Poydras Street, Suite 2615

| | | |
|--------------------------|-----------|-----------------|
| City: New Orleans (b)(6) | State: LA | Zip Code: 70130 |
|--------------------------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (866) 495-1632 | Telephone Number (include area code): (504) 799-9958 |
|--------------------------------|---|---|

Web site address: www.gcrc-eb5.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW 1031910048

Part 2. Application Type (check 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: Gulf Coast Regional Center, LLC

Street Address/P.O. Box: 650 Poydras Street, Suite 2615

| | | |
|---------------------------------------|---|--|
| City: New Orleans | State: LA | Zip Code: 70130 |
| Web site Address: www.gcrc-eb5.com | Fax Number (include area code): (866) 495-1632 | Telephone (include area code): (504) 799-9958 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|------------------------------------|--------|-----------------------------------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | | Telephone (include area code): |



RCW1535653828

egarcia2 I924A 12/22/2015

RCW 1031910048 10-21 5338

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: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center *(Continued)*

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center *(Continued)*

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |
| 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 |
| N/A | N/A | N/A |

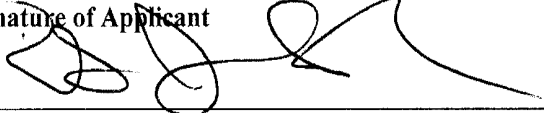
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must compete **Part 5**.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Robert J. Ellis, Jr. | Date (mm/dd/yyyy) 01/27/1971 |
| Daytime Phone Number (Area/Country Codes) 5047999958 | E-Mail Address bob@grcc-eb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|------------------|---------------------|--------|
| Name: Last Yu | First Zhan Zhong | Middle |
|------------------|---------------------|--------|

In Care Of:

Street Address/P.O. Box: 12314 Valley Boulevard

| | | |
|--------------------------------|------------------------------------|---|
| City: El Monte | State: CA | Zip Code: 91732 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): 909-631-9058 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: Zhonghong Regional Center

Street Address/P.O. Box: 12314 Valley Blvd.

| | | |
|----------------------|------------------------------------|--|
| City: El Monte | State: CA | Zip Code: 91732 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 909-631-9058 |

B. Name of Managing Company/Agency: El Monte Development Fund, LP

Street Address/P.O. Box: 12314 Valley Blvd.

| | | |
|----------------------|------------------------------------|--|
| City: El Monte | State: CA | Zip Code: 91732 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 909-631-9058 |

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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|--|---------------------------------|------------------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

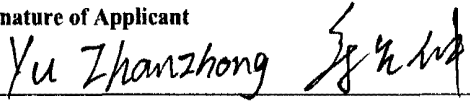
(b)(4)

| 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.

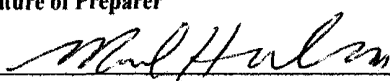
| | | |
|--|--|---|
| Signature of Applicant  | Printed Name of Applicant Zhan Zhong Yu | Date (mm/dd/yyyy) Nov. 4 2015 |
| Daytime Phone Number (Area/Country Codes) 909-631-9058 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 30px; display: flex; align-items: center; justify-content: center;">(b)(6)</div> | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Mabel Hwang Weiss | Date (mm/dd/yyyy) 11/30/2015 |
| Firm Name and Address Law Offices of Hwang & Weiss, P.C. 625 Fair Oaks Avenue, 377 South Pasadena, CA 91030 | | |
| Daytime Phone Number (Area/Country Codes) 626-441-2383 | Fax Number (Area/Country Codes) 626-441-2293 | E-Mail Address attorneys@hwangweiss.com |

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 Mann | First Alana | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 9300 E. Raintree Drive, Suite 100 | | |
| City: Scottsdale (b)(6) | State: AZ | Zip Code: 85260 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (480) 248-3700 | Telephone Number (include area code): (480) 248-3300 |
| Web site address: www.PugetSoundRC.com (currently under development) | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID1219250703 | | |

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: Puget Sound RC, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 9300 E. Raintree Drive, Suite 100 | | |
| City: Scottsdale | State: AZ | Zip Code: 85260 |
| Web site www.PugetSoundRC.com Address: (under development) | Fax Number (include area code): (480) 248-3700 | Telephone (include area code): (480) 248-3300 |

B. Name of Managing Company/Agency: Alana Mann

| | | |
|---|---|--|
| Street Address/P.O. Box: 9300 E. Raintree Drive, Suite 100 | | |
| City: Scottsdale | State: AZ | Zip Code: 85260 |
| Web site www.PugetSoundRC.com Address: (under development) | Fax Number (include area code): (480) 248-3700 | Telephone (include area code): (480) 248-3300 |

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: N/A at this time | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

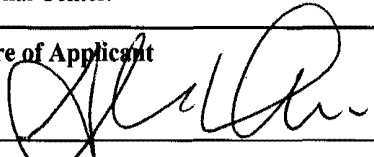
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Alana Mann | Date (mm/dd/yyyy) 12/08/2015 |
| Daytime Phone Number (Area/Country Codes) (480) 248-3300 | E-Mail Address alana@statesmanusa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|-----------------|-------------------|
| Name: Last Grace | First Joseph | Middle Patrick |
|---------------------|-----------------|-------------------|

In Care Of:

Street Address/P.O. Box: 9654 W. Linebaugh Avenue - #208

| | | |
|-----------------------|-----------|-----------------|
| City: Tampa (b)(6) | State: FL | Zip Code: 33626 |
|-----------------------|-----------|-----------------|

| | | |
|--------------------------------|--|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): N/A | Telephone Number (include area code): 727-345-8476 |
|--------------------------------|--|---|

Web site address: www.aaaregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: AAA Florida Senior Living Regional Center

Street Address/P.O. Box: 9654 West Linebaugh Avenue - #208

| | | |
|--|--|--|
| City: Tampa | State: FL | Zip Code: 33626 |
| Web site Address: www.aaaregionalcenter.com | Fax Number (include area code): N/A | Telephone (include area code): 727-345-8476 |

B. Name of Managing Company/Agency: Florida Senior Investors Inc

Street Address/P.O. Box: 9654 West Linebaugh Avenue - #208

| | | |
|--|------------------------------------|-----------------------------------|
| City: Tampa | State: FL | Zip Code: 33626 |
| Web site Address: www.aaaregionalcenter.com | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

Street Address/P.O. Box: N/A

| | | |
|--------------------------|--|---------------------------------------|
| City: N/A | State: | Zip Code: N/A |
| Web site Address: N/A | Fax Number (include area code): N/A | Telephone (include area code): N/A |



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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 |
| | | | TBD |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--------|---|--|----------------------------|
| (b)(4) | a. Industry Category Title: CONTINUING CARE RETIREMENT COMMUNITIES | NAICS Code for the Industry Category 6 2 3 3 1 1 _ _ _ _ _ | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | TBD |
| (b)(4) | b. Industry Category Title: COMMERCIAL AND INSTITUTIONAL BUILDING CONSTRUCTION | NAICS Code for the Industry Category 2 3 6 2 2 0 _ _ _ _ _ | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | TBD |
| (b)(4) | c. Industry Category Title: HOME HEALTH CARE SERVICES | NAICS Code for the Industry Category 6 2 1 6 1 0 _ _ _ _ _ | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | TBD |

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:

| | | | | |
|---|--|--|----------------------------|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: AAA FLORIDA SENIOR LIVING FUND I, LLC | Industry Category Title: CONTINUING CARE RETIREMENT COMMUNITY | | |
| | Address (Street Number and Name): 6211 MEMORIAL DRIVE | City: TAMPA | State: FL | Zip Code: 33615 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | TBD | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|--|---|--|-------------------------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code N/A |
| EB-5 Capital Investment N/A | Direct and Indirect Job Creation N/A | Jobs Maintained N/A | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|-------------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|--|---|--|-------------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|--|-------------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|---|---|--|-------------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|--|---|--|-------------------------|
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

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 |
| NONE | NONE | NONE |

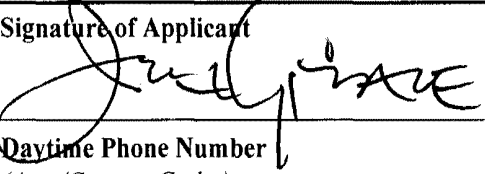
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| NONE | NONE | NONE |

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 Joseph P. Grace | Date (mm/dd/yyyy) 07/03/1952 |
| Daytime Phone Number (Area/Country Codes) 727-345-8476 | E-Mail Address joe@aaaregionalcenter.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|------------------|-----------------|--------|
| Name: Last Yu | First Shuang | Middle |
|------------------|-----------------|--------|

In Care Of: Law Offices of Hwang & Weiss, P.C.

Street Address/P.O. Box: 625 Fair Oaks Avenue, Suite 377

| | | | |
|-------------------------------|--------|---|---|
| City: South Pasadena | (b)(6) | State: CA | Zip Code: 91030 |
| Date of Birth (mm/dd/yyyy) | | Fax Number (include area code): 626-441-2393 | Telephone Number (include area code): 626-441-2383 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: Golden Olive Regional Center

| | | | |
|---|------------------------------------|-----------------------------------|-----------------|
| Street Address/P.O. Box: 5500 Lake Isabella Boulevard | | | |
| City: Lake Isabella | State: CA | | Zip Code: 93240 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): | |

B. Name of Managing Company/Agency: MW International, LLC

| | | | |
|--|------------------------------------|-----------------------------------|-----------------|
| Street Address/P.O. Box: 625 Fair Oaks Avenue, Suite 377 | | | |
| City: South Pasadena | State: CA | | Zip Code: 91030 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): | |

C. Name of Other Agent:

| | | | |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: | | | |
| City: | State: | | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (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: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|---------------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

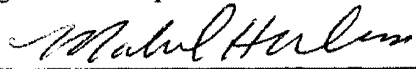
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Shuang Yu | Date (mm/dd/yyyy) 10/27/2015 |
| Daytime Phone Number (Area/Country Codes) 626-441-2383 | E-Mail Address ey@vip.sina.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Mabel Hwang Weiss | Date (mm/dd/yyyy) 10/28/2015 |
| Firm Name and Address Law Offices of Hwang & Weiss, P.C. 625 Fair Oaks Avenue, 377 South Pasadena, CA 91030 | | |
| Daytime Phone Number (Area/Country Codes) 626-441-2383 | Fax Number (Area/Country Codes) 626-441-2293 | E-Mail Address attorneys@hwangweiss.com |

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 Weihong | First Hu | Middle |
|-----------------------|-------------|--------|

In Care Of: NYC Mayflower Regional Center Inc

Street Address/P.O. Box: 12 Birth Hill Road

| | | |
|-------------------------|-----------|-----------------|
| City: Great Neck (b)(6) | State: NY | Zip Code: 11020 |
|-------------------------|-----------|-----------------|

| | | |
|-------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (718) 473-7588 |
|-------------------------------|------------------------------------|---|

Web site address: www.eb5mayflower.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID 1208850623

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: NYC Mayflower Regional Center Inc

Street Address/P.O. Box: 136-20 38th Ave, Suite 9F

| | | |
|---|------------------------------------|--|
| City: Flushing | State: NY | Zip Code: 11354 |
| Web site Address: www.eb5mayflower.com | Fax Number (include area code): | Telephone (include area code): (718) 473-7588 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1536253945

egarcia2 I924A 12/24/2015

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

- (b)(4)

| | | |
|-----------------------------------|--|---------------------------|
| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | N/A |

- (b)(4)

| | | |
|--|---|--------------------------------------|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| Commercial and Institutional Building Construction | | 2 3 6 2 _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | N/A |

- (b)(4)

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | N/A |

- (b)(4)

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | N/A |

- (b)(4)

Form I-924A 03/18/15 Y Page 2

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: Mayflowers International Hotel Management LLC | | Industry Category Title: Hotel | |
| Address (Street Number and Name): 38-59 12th Street | City: Long Island City | State: NY | Zip Code: 11101 |
| EB-5 Capital Investment: (b)(4) | Direct and Indirect Job Creation: (b)(4) | Jobs Maintained: N/A | |
| (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: Queens FM Development, L.P. ("FM") | | Industry Category Title: Hotel | |
| Address (Street Number and Name): 61-25 186th Street | City: Fresh Meadows | State: NY | Zip Code: 11365 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: N/A | |

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: Mayflower Business Group, LLC | | Industry Category Title: Hotel | |
| Address (Street Number and Name): 61-25 186th St | City: Fresh Meadows | State: NY | Zip Code: 11365 |
| EB-5 Capital Investment (b)(4) | Direct and Indirect Job Creation | Jobs Maintained N/A | |

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 |
| N/A | N/A | N/A |

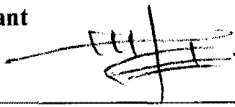
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Weihong Hu | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (718) 473-7588 | E-Mail Address xiaozhuang1177@hotmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|------------------|---------------|---------------|
| Name: Last XU | First John | Middle Jun |
|------------------|---------------|---------------|

In Care Of: Melissa J. Tsai, Esq.

Street Address/P.O. Box: 17700 CASTLETON STREET, SUITE 128

| | | |
|-------------------------------|--|--|
| City: CITY OF INDUSTRY (b)(6) | State: CA | Zip Code: 91748 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (626) 737-5886 | Telephone Number (include area code): (626) 737-5888 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1405051688

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: CA EB-5 EXPRESS, LLC

Street Address/P.O. Box: 19745 COLIMA ROAD, SUITE 1-616

| | | |
|-----------------------|--|---|
| City: ROWLAND HEIGHTS | State: CA | Zip Code: 91748 |
| Web site Address: | Fax Number (include area code): (626) 737-5886 | Telephone (include area code): (626) 737-5888 |

B. Name of Managing Company/Agency: J&C International Group, LLC

Street Address/P.O. Box: 17700 CASTLETON STREET, SUITE 128

| | | |
|------------------------|--|---|
| City: CITY OF INDUSTRY | State: CA | Zip Code: 91748 |
| Web site Address: | Fax Number (include area code): (626) 737-5886 | Telephone (include area code): (626) 737-5888 |

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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egarcia2 1924A 11/13/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| | | |
|---|--|---|
| a. Industry Category Title: NONRESIDENTIAL BUILDING CONSTRUCTION | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: 0 | Aggregate Direct and Indirect Job Creation: 0 | Aggregate Jobs Maintained: 0 |
| b. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | 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: CA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

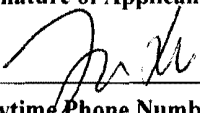
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

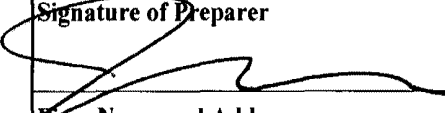
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant JOHN J. XU | Date (mm/dd/yyyy) 11/10/2015 |
| Daytime Phone Number (Area/Country Codes) (626) 737-5888 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| 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 Melissa J. Tsai, Esq. | Date (mm/dd/yyyy) 11/10/2015 |
| Firm Name and Address J&C International Group, LLC 17700 Castleton Street, Suite 128 City of Industry, CA 91748 | | |
| Daytime Phone Number (Area/Country Codes) (626) 737-5888 | Fax Number (Area/Country Codes) (626) 737-5886 | E-Mail Address melissa@jcintlgroup.com |

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 XU | First John | Middle Jun |
|------------------|---------------|---------------|

In Care Of: Melissa J. Tsai, Esq.

Street Address/P.O. Box: 17700 Castleton Street, Suite 128

| | | | |
|-------------------------------|---|---|-----------------|
| City: City of Industry | (b)(6) | State: CA | Zip Code: 91748 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (626) 737-5886 | Telephone Number (include area code): (626) 737-5888 | |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1403651674

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: NY EB-5 Express, LLC

| | | | |
|--|---|--|--|
| Street Address/P.O. Box: 133-38 Sanford Avenue, Suite #21K | | | |
| City: Flushing | State: NY | Zip Code: 11355 | |
| Web site Address: | Fax Number (include area code): (626) 737-5886 | Telephone (include area code): (626) 737-5888 | |

B. Name of Managing Company/Agency: J&C International Group, LLC

| | | | |
|--|---|--|--|
| Street Address/P.O. Box: 17700 Castleton Street, Suite 128 | | | |
| City: City of Industry | State: CA | Zip Code: 91748 | |
| Web site Address: | Fax Number (include area code): (626) 737-5886 | Telephone (include area code): (626) 737-5888 | |

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): | |



RCW1531053423

REC'D CSC15NOV 6 10:00

5-15-15

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: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: EB-5 Express, L.P. | | Industry Category Title: Nonresidential Building Construction | |
| Address (Street Number and Name): 42-78/42-86 Main Street | City: Flushing | State: NY | Zip Code: 11355 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Good Fortune Realty & Development, Inc. | | Industry Category Title: Nonresidential Building Construction | |
| Address (Street Number and Name): 53-24 190th Street | City: Fresh Meadows | State: NY | Zip Code: 11365 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (b)(4) | | | |

| | | | |
|---|-----------------------------------|--|--------------------|
| (2) Business Name Good Fortune Realty of New York, LLC | | Industry Category Title: Nonresidential Building Construction | |
| Address (Street Number and Name): 58-51 Maspeth Avenue | City: Maspeth | State: NY | Zip Code: 11378 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (b)(4) | | | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| 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: NY | 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) | | |

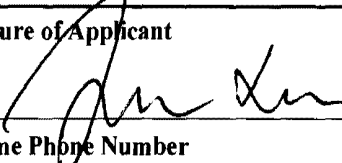
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 John J. Xu | Date (mm/dd/yyyy) 10/30/2015 |
| Daytime Phone Number (Area/Country Codes) (626) 737-5888 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| 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 Melissa J. Tsai, Esq. | Date (mm/dd/yyyy) 10/23/2015 |
| Firm Name and Address J&C International Group, LLC 17700 Castleton Street, Suite 128 City of Industry, CA 91748 | | |
| Daytime Phone Number (Area/Country Codes) (626) 737-5888 | Fax Number (Area/Country Codes) (626) 737-5886 | E-Mail Address melissa@jcintlgroup.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

REC'D CSC 150618 16:28

5338

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|-----------------|--------|
| Name: Last Lubin | First Robert | Middle |
|---------------------|-----------------|--------|

In Care Of: Mississippi Development Regional Center LLC

Street Address/P.O. Box: 620 Herndon Parkway - Suite 360

| | | |
|----------------------|-----------|-----------------|
| City: Herndon (b)(6) | State: VA | Zip Code: 20170 |
|----------------------|-----------|-----------------|

| | | |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (703) 885-0636 | Telephone Number (include area code): (703) 885-0630 |
|-----------------------------|--|--|

Web site address: www.aiifunds.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW103190252/W03001920

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 15 (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: Mississippi Development Regional Center, LLC

Street Address/P.O. Box: 620 Herndon Parkway - Suite 360

| | | |
|---------------------------------------|--|---|
| City: Herndon | State: VA | Zip Code: 20170 |
| Web site www.aiifunds.com Address: | Fax Number (include area code): (703) 885-0636 | Telephone (include area code): (703) 885-0630 |

B. Name of Managing Company/Agency: American Investor Immigration Funds, LLC

Street Address/P.O. Box: 620 Herndon Parkway - Suite 360

| | | |
|---------------------------------------|--|---|
| City: Herndon | State: VA | Zip Code: 20170 |
| Web site www.aiifunds.com Address: | Fax Number (include area code): (703) 885-0636 | Telephone (include area code): (703) 885-0630 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535253750

egarcia2 I924A 12/18/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | n/a |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 6 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: n/a | |
| (b)(4) | b. Industry Category Title: Architectural & Engineering Services | | NAICS Code for the Industry Category 5 4 1 3 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: n/a | |
| (b)(4) | c. Industry Category Title: Hotels (Traveler Accommodations) | | NAICS Code for the Industry Category 7 2 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: See addendum - add'l info | |

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: MHG, LP | | Industry Category Title: Construction, Hotels | |
| Address (Street Number and Name): 2011 N. 6th St. | City: Columbus | State: MS | Zip Code: 39701 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: n/a | |
| 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: Columbus Land Development | | Industry Category Title: Construction/Hotels | |
| Address (Street Number and Name): 2011 N. 6th St. | City: Columbus | State: MS | Zip Code: 39701 |
| EB-5 Capital Investment: (b)(4) | Direct and Indirect Job Creation: | Jobs Maintained: n/a | |
| (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: Natchez Riverside Entertainment, LP | | Industry Category Title: Gaming | |
| Address (Street Number and Name): 7 Roth Hill Rd. | City: Natchez | State: MS | Zip Code: 39120 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: n/a | |

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: Natchez Casino OpCo, LLC | | Industry Category Title: Gaming | |
| Address (Street Number and Name): 7 Roth Hill Rd. | City: Natchez | State: MS | Zip Code: 39120 |
| EB-5 Capital Investment (b)(4) | Direct and Indirect Job Creation | Jobs Maintained: n/a | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: MS | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| c. Name of Commercial Enterprise: HGIM, LP | | Industry Category Title: Construction, Hotels | |
| Address (Street Number and Name): 2703 Denny St. | City: Pascagoula | State: MS | Zip Code: 39567 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | n/a | |

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: LaFont Inn, LLC | | Industry Category Title: Construction, Hotels | |
| Address (Street Number and Name): 2703 Denny St. | City: Pascagoula | State: MS | Zip Code: 39567 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | n/a | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (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: MSSM, LP | | Industry Category Title: Construction, Hotels, Arch/Eng Svcs | |
| Address (Street Number and Name): 600 Russell St. | City: Starkville | State: MS | Zip Code: 39759 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: n/a | |

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: PHG Cooley Center Sponsor, LLC | | Industry Category Title: Const., Hotels, Arch/Eng, Real Estate | |
| Address (Street Number and Name): 600 Russell St. | City: Starkville | State: MS | Zip Code: 39759 |
| EB-5 Capital Investment: (b)(4) | Direct and Indirect Job Creation: (b)(4) | Jobs Maintained: n/a | |

| | | | |
|--|--|--|---------------------------|
| (2) Business Name: Russell Street Development, LLC | | Industry Category Title: Construction, Restaurants | |
| Address (Street Number and Name): 600 Russell Street | City: Starkville | State: MS | Zip Code: 39759 |
| EB-5 Capital Investment: (b)(4) | Direct and Indirect Job Creation: (b)(4) | Jobs Maintained: n/a | |

| | | | |
|--|--|--|---------------------------|
| e. Name of Commercial Enterprise: NRE2, LP | | Industry Category Title: Construction, Senior Living | |
| Address Street Number and Name: 110 N. Pearl St. | City: Natchez | State: MS | Zip Code: 39120 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: n/a | |
| 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 checked="" 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: | |
| PLEASE SEE ADDENDUM FOR ADDITIONAL PROJECTS | | | |
| 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 |
| | | | |

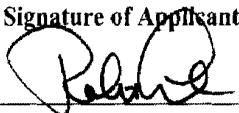
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Robert Lubin | Date (mm/dd/yyyy) 12/17/2015 |
| Daytime Phone Number (Area/Country Codes) (703) 885-0633 | E-Mail Address rlubin@aivilaw.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 Paul Ruby | Date (mm/dd/yyyy) 12/17/2015 |
| Firm Name and Address American Investor Immigration Law, PLLC PO Box 9300 Reston, VA 20190 | | |
| Daytime Phone Number (Area/Country Codes) (703) 885-0637 | Fax Number (Area/Country Codes) (703) 885-0637 | E-Mail Address pruby@aivilaw.com |

Addendum to 2015 Form I-924A Submission
Mississippi Development Regional Center, LLC

Part 3, Space 2.

d.

Industry Category Title: Gaming

NAICS Code: 713290

Aggregate EB-5 Inv.:

(b)(4)

Aggregate Job Creation:

Agg. Jobs Maint.: n/a

e.

Industry Category Title: Wholesale Trade

NAICS Code: 42

Aggregate EB-5 Inv.:

(b)(4)

Aggregate Job Creation:

Agg. Jobs Maint.: n/a

Part 3, Space 3.

(e) Project 6

Name: MAL, LP

Address: 207 Montgomery St, Montgomery, AL 36104

Industries: Construction, Real Estate

Capital Inv.:

(b)(4)

Job Creation:

Jobs Maint.: n/a

This business **does not** serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes.

(f) Project 7

Name: GPMU, LP

Address: 2301 14th Street, *Gulfport, MS 39501*

Industries: Construction, Real Estate

Capital Inv.:

Job Creation: (b)(4)

Jobs Maint.: n/a

This business **does not** serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes.

(g) Project 8

Name: LRMU, LP

Address: 103 E. 7th Street, *Little Rock, AR 72201*

Industries: Construction, Real Estate

Capital Inv.:

Job Creation: (b)(4)

Jobs Maint.: n/a

This business **does not** serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes.

(h) Project 9

Name: AMCA, LP

Address: 736 Broad Street, *Chattanooga, TN*

Industries: Construction, Hotels

Capital Inv.:

Job Creation: (b)(4)

Jobs Maint.: n/a

This business **does not** serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes.

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 LO | First CHUN-NAN | Middle |
| In Care Of: PACIFICLAND INTERNATIONAL DEVELOPMENT, INC. | | |
| Street Address/P.O. Box: 150 N SANTA ANITA AVE. STE 300 | | |
| City: ARCADIA | State: CA | Zip Code: 91006 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (626) 821-1883 | Telephone Number (include area code): (626) 821-1881 |
| Web site address: WWW.IMPERIALCENTERCAUSA.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

PLS REFER TO ATTACHED APPROVAL NOTICE

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: IMPERIAL REGIONAL CENTER

Street Address/P.O. Box: N.E. CORNER OF HEBER AND YOURMAN ROADS

| | | |
|--|---|--|
| City: HEBER | State: CA | Zip Code: 92249 |
| Web site WWW. Address: IMPERIALCENTERCAUSA.CO | Fax Number (include area code): (626) 821-1883 | Telephone (include area code): (626) 821-1881 |

B. Name of Managing Company/Agency: PACIFICLAND INTERNATIONAL DEVELOPMENT, INC.

Street Address/P.O. Box: 150 N SANTA ANITA AVE. STE 300

| | | |
|--|---|--|
| City: ARCADIA | State: CA | Zip Code: 91006 |
| Web site WWW. Address: IMPERIALCENTERCAUSA.CO | Fax Number (include area code): (626) 821-1883 | Telephone (include area code): (626) 821-1881 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



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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".)

(b)(4)

| | | | |
|--|---|---|--|
| a. Industry Category Title: REAL ESTATE DEVELOPMENT | | NAICS Code for the Industry Category 5 3 1 3 1 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: N/A | | 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: PID-1, LP | | Industry Category Title: REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): 150N SANTA ANITA AVE. STE300 | City: ARCADIA | State: CA | Zip Code: 91006 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

(b)(4)

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|---|--------------------|
| b. Name of Commercial Enterprise: PID-3, LP | | Industry Category Title: REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): 150 N SANTA ANITA AVE. STE300 | City: ARCADIA | State: CA | Zip Code: 91006 |
| 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: PID-5, LP | | Industry Category Title: REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): 150 N Santa Anita Ave. #300 | City: ARCADIA | State: CA | Zip Code: 91006 |
| 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)

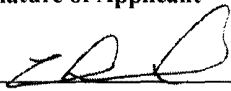
| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| | | |

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 CHUN-NAN LO | Date (mm/dd/yyyy) 11/20/2015 |
| Daytime Phone Number (Area/Country Codes) (626) 821-1881 | E-Mail Address pidcausa@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

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Part 1. Information About Principal of the Regional Center

| | | |
|------------------|-------------------|--------|
| Name: Last LO | First CHUN-NAN | Middle |
|------------------|-------------------|--------|

In Care Of: PACIFICLAND INTERNATIONAL DEVELOPMENT, INC.

Street Address/P.O. Box: 150 N SANTA ANITA AVE. STE 300

| | | |
|--------------------------------|---|---|
| City: ARCADIA | State: CA | Zip Code: 91006 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (626) 821-1883 | Telephone Number (include area code): (626) 821-1881 |

Web site address: WWW.IMPERIALCENTERCAUSA.COM

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

PLS REFER TO ATTACHED APPROVAL NOTICE

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: IMPERIAL REGIONAL CENTER

Street Address/P.O. Box: N.E. CORNER OF HEBER AND YOURMAN ROADS

| | | |
|--|---|--|
| City: HEBER | State: CA | Zip Code: 92249 |
| Web site WWW. Address: IMPERIALCENTERCAUSA.CO | Fax Number (include area code): (626) 821-1883 | Telephone (include area code): (626) 821-1881 |

B. Name of Managing Company/Agency: PACIFICLAND INTERNATIONAL DEVELOPMENT, INC.

Street Address/P.O. Box: 150 N SANTA ANITA AVE. STE 300

| | | |
|--|---|--|
| City: ARCADIA | State: CA | Zip Code: 91006 |
| Web site WWW. Address: IMPERIALCENTERCAUSA.CO | Fax Number (include area code): (626) 821-1883 | Telephone (include area code): (626) 821-1881 |

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”.)

(b)(4)

| | | | |
|--|---|---|--|
| a. Industry Category Title: REAL ESTATE DEVELOPMENT | | NAICS Code for the Industry Category 5 3 1 3 1 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: N/A | | 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:

(b)(4)

| | | | |
|--|---|---|--------------------|
| a. Name of Commercial Enterprise: PID-1, LP | | Industry Category Title: REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): 150N SANTA ANITA AVE.STE300 | City: ARCADIA | State: CA | Zip Code: 91006 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: PID-3, LP | | Industry Category Title: REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): 150 N SANTA ANITA AVE. STE300 | City: ARCADIA | State: CA | Zip Code: 91006 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: | |
| PID-5, LP | | REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 150 N Santa Anita Ave. #300 | ARCADIA | CA | 91006 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

(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?

☒ 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 |
| | | | |

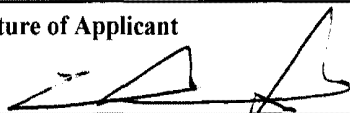
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 CHUN-NAN LO | Date (mm/dd/yyyy) 11/16/2015 |
| Daytime Phone Number (Area/Country Codes) (626) 821-1881 | E-Mail Address pidcausa@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater (b)(6) | State: FL | Zip Code: 32132 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940 | | |

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: Florida EB5 Investments LLC | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site FloridaEB5Investments. Address: com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |
| B. Name of Managing Company/Agency: None | | |
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
| C. Name of Other Agent: None | | |
| 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".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Lessors of Real Estate | | NAICS Code for the Industry Category 5 3 1 1 | |
| 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:

(b)(4)

| | | | |
|--|---|---------------------------------|--------------------|
| a. Name of Commercial Enterprise: Atlantic American Opportunities Fund III, LP | | Industry Category Title: N/A | |
| Address (Street Number and Name): 101 E Kennedy Blvd, #3300 | City: Tampa | State: FL | Zip Code: 33602 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Liberty Tampa Investments, LLC

Industry Category Title:

Traveler Accomodation

Address (Street Number and Name):

100 W Kennedy Blvd

City:

Tampa

State:

FL

Zip Code:

33602

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name**

Orlando RI Hotel Venture, LLC

Industry Category Title:

Traveler Accomodation

Address (Street Number and Name):

680 N Orange Ave

City:

Orlando

State:

FL

Zip Code:

32801

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****b. Name of Commercial Enterprise:**

see 3a above

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:

McGregor 325, LLC

Industry Category Title:

Lessors of Real Estate

Address (Street Number and Name):

15270 Ballast Point Dr

City:

Fort Myers

State:

FL

Zip Code

33908

EB-5 Capital Investment**Direct and Indirect Job Creation****Jobs Maintained**

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|-----------------------------------|--|--------------------|
| (2) Business Name: Prospect Park Development, LLC | | Industry Category Title: Lessors of Real Estate | |
| Address (Street Number and Name): 1101 Cleveland St | City: Clearwater | State: FL | Zip Code: 33755 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: see 3a above | | 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: One HC-Jensen Beach, LLC | | Industry Category Title: Nursing & Residential Care Facilities | |
| Address (Street Number and Name): 1537 NE Cedar St | City: Jensen Beach | State: FL | Zip Code: 34957 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|-----------------------------------|--|--------------------|
| (2) Business Name: Estero Oaks Associates, LLC | | Industry Category Title: Lessors of Real Estate | |
| Address (Street Number and Name): 9940 Estero Blvd | City: Estero | State: FL | Zip Code: 33967 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|---|---------------------------|
| d. Name of Commercial Enterprise: Atlantic American Opportunities Fund IV, LP | | Industry Category Title: N/A | |
| Address (Street Number and Name): 101 E Kennedy Blvd, #3300 | City: Tampa | State: FL | Zip Code: 33602 |
| Aggregate EB-5 Capital Investment: (b)(4) | Aggregate Direct and Indirect Job Creation: (b)(4) | Aggregate Jobs Maintained: (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 | | | |
| 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: Brandon Pavilion, LLC | | Industry Category Title: Lessors of Real Estate | |
| Address (Street Number and Name): 3499 US 301 | City: Riverview | State: FL | Zip Code: 33578 |
| EB-5 Capital Investment: (b)(4) | Direct and Indirect Job Creation: (b)(4) | Jobs Maintained: (b)(4) | |
| (2) Business Name: Skye at Boynton Beach, LLC | | Industry Category Title: Lessors of Real Estate | |
| Address (Street Number and Name): 500 E Ocean Avenue | City: Boynton Beach | State: FL | Zip Code: 33435 |
| EB-5 Capital Investment: (b)(4) | Direct and Indirect Job Creation: (b)(4) | Jobs Maintained: (b)(4) | |
| 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) | | |

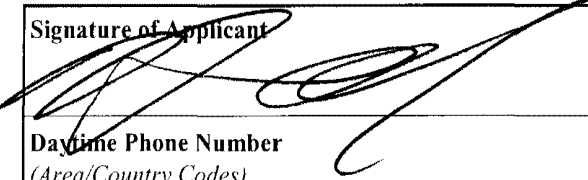
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|---|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater (b)(6) | State: FL | Zip Code: 32132 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940 | | |

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: Florida EB5 Investments LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site FloridaEB5Investments. Address: com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| 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.”)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| <div>(b)(4)</div> | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| 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: IDHH, LP | | Industry Category Title: Hotel Construction | |
| Address (Street Number and Name): 5370 International Dr. | City: Orlando | State: FL | Zip Code: 32819 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div>(b)(4)</div> | | | |
| 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: Hyatt House Hotel | | Industry Category Title: hotel | |
| Address (Street Number and Name): 5370 International Dr. | City: Orlando | State: FL | Zip Code: 32819 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: NFTC, LP | | Industry Category Title: Senior Living | |
| Address (Street Number and Name): 2908 County Route 214 | City: St. Augustine | State: FL | Zip Code: 32084 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

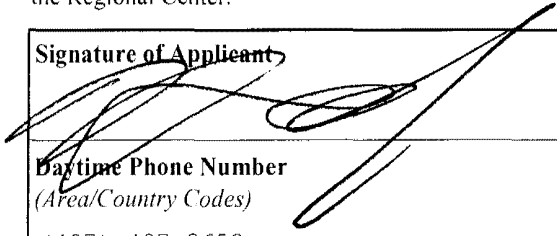
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater (b)(6) | State: FL | Zip Code: 32132 |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940 | | |

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: Florida EB5 Investments LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site FloridaEB5Investments. Address: com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535653824

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|--|---|--|--|
| a. Industry Category Title: Sawmills and Wood Preservation | | NAICS Code for the Industry Category 3 2 1 1 0 0 | |
| 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:

(b)(4)

| | | | |
|--|---|---|---------------------------|
| a. Name of Commercial Enterprise: FLORIDA SAWMILLS L.P. | | Industry Category Title: Loan to Third Party Enterprise | |
| Address (Street Number and Name): 1297 PROFESSIONAL DRIVE, | City: MYRTLE BEACH | State: SC | Zip Code: 29577 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|--|---|---------------------------|
| (1) Business Name: KLAUSNER LUMBER ONE LLC | | Industry Category Title: Sawmills and Wood Preservation | |
| Address (Street Number and Name): 17152 46TH TRACE, | City: LIVE OAK | State: FL | Zip Code: 32060 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |
| (2) Business Name | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

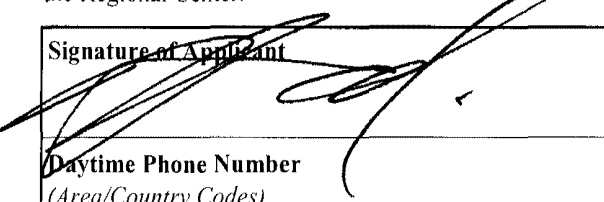
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater (b)(6) | State: FL | Zip Code: 32132 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940

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: Florida EB5 Investments LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site Address: FloridaEB5Investments.com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535653838

maginger I924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (b)(4) | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| 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: Doral Economic Impact Holdings | | Industry Category Title: Professional & Technical Services | |
| Address (Street Number and Name): 201 S. Biscayne Blvd | City: Miami | State: FL | Zip Code: 33131 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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 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: Rivera Point Buiness Ctr at Doral | | Industry Category Title: Professional & Technical Services | |
| Address (Street Number and Name): 1500 NW 89th Court | City: Doral | State: FL | Zip Code: 33172 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise: Riviera Point Holdings | | Industry Category Title: Office & Professional Services | |
| Address (Street Number and Name): 201 S. Biscayne Blvd. | City: Miami | State: FL | Zip Code: 33131 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: Professional Center Riviera Point | | Industry Category Title: Professional & Technical Services | |
| Address (Street Number and Name): 7971 Riviera Blvd. | City: Miramar | State: FL | Zip Code: 33023 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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 |
| | | | |

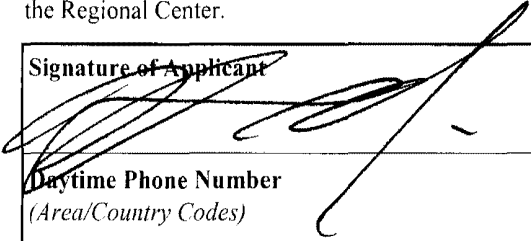
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | (b)(6) | State: FL |
| Zip Code: 32132 | | |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940 | | |

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: Florida EB5 Investments LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site FloridaEB5Investments. Address: com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| 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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| <div>(b)(4)</div> | | |

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: Commercial & Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div>(b)(4)</div> | | |
| b. Industry Category Title: Institutional Furniture Manufacturing | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | |
| <div>(b)(4)</div> | | |
| c. Industry Category Title: Hotel (except Casino Hotel) & Motels | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | |
| <div>(b)(4)</div> | | |


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3. Provide the following information for each job creating commercial enterprise in the regional center that has received EB-5 investor capital:

| | |
|--|---|
| a. Name of Commercial Enterprise: Langford International, LLC | In H |
| Address (Street Number and Name): 3634 NW 2nd Ave | City: Miami |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: |
| <div>(b)(4)</div> | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment that will have or will create or maintain jobs for EB-5 purposes? | |


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WALTER M CUMMINS JR
1109 S RIVERSIDE DR
EDGEWATER FL 32132

WALTER M CUMMINS JR
1109 S RIVERSIDE DR
EDGEWATER FL 32132

Part 3. Information About the Regional Center *(Continued)*

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

(b)(4)

| | | |
|---|---|---|
| a. Industry Category Title: d. Full Service Restaurant | | NAICS Code for the Industry Category 7 2 2 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category 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: Stambul Ventures II, LLC | | Industry Category Title: Hotel & Restaurant | |
| Address (Street Number and Name): 3634 NW 2nd Ave | City: Miami | State: FL | Zip Code: 33127 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center *(Continued)*

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center *(Continued)*

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

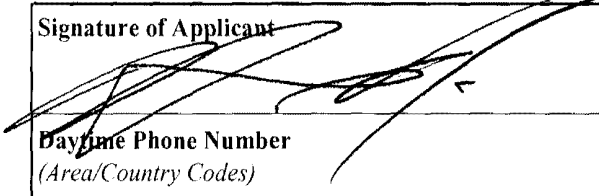
(b)(4)

| 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 Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater (b)(6) | State: FL | Zip Code: 32132 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940 | | |

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: Florida EB5 Investments LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site FloridaEB5Investments. Address: com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| 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: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Tarpon Springs TT Investor LLC | | Food & Drinking Places | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 5555 S. Kirkman Rd. Ste201 | Orlando | FL | 32819 |
| 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: Universal Twistee Treat LLC | | Industry Category Title: Food & Drinking Places | |
| Address (Street Number and Name): 5370 International Dr. | City: Orlando | State: FL | Zip Code: 32819 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise: Vistar Restaurant Fund II LLC | | Industry Category Title: Food & Drinking Places | |
| Address (Street Number and Name): 5555 S. Kirkman Rd. Ste201 | City: Orlando | State: FL | Zip Code: 32819 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: Universal TT LLC | | Industry Category Title: Food & Drinking Places | |
| Address (Street Number and Name): 5555 S. Kirkman Rd. Ste201 | City: Orlando | State: FL | Zip Code: 32819 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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) | | |

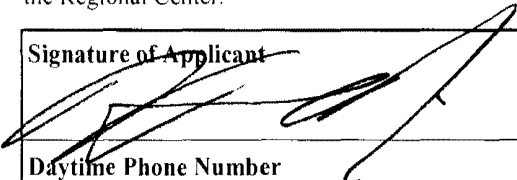
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Cummins Jr. | First Walter | Middle M. |
| In Care Of: Walter M. Cummins Jr. | | |
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater (b)(6) | State: FL | Zip Code: 32132 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (386) 410-5408 | Telephone Number (include area code): (407) 497-3653 |
| Web site address: www.FloridaEB5Investments.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000940 | | |

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: Florida EB5 Investments LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1109 S. Riverside Dr. | | |
| City: Edgewater | State: FL | Zip Code: 32132 |
| Web site FloridaEB5Investments. Address: com | Fax Number (include area code): (386) 410-5408 | Telephone (include area code): (407) 497-3653 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | 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: See attached A through F and cover letter | | NAICS Code for the Industry Category _____ |
| 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: See Attached A through F and Cover Letter | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: FL | 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: See Attached A through F and Cover Letter | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: FL | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: FL | 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: FL | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| (2) Business Name: See Attached A through F and Cover Letter | | 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: See Attached A through F and Cover Letter | | 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: See Attached A through F and Cover Letter | | 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) | | |

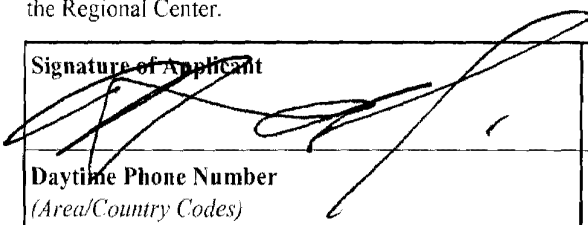
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Walter M. Cummins Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (407) 497-3653 | E-Mail Address floridaEB5Investments@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|---------------|--------|
| Name: Last CHANG | First John | Middle |
|---------------------|---------------|--------|

In Care Of: Green Energy Regional Center LLC

Street Address/P.O. Box: 150 Mathilda Place Suite 206

| | | | |
|-------------------------------|---|---|-----------------|
| City: Sunnyvale | (b)(6) | State: CA | Zip Code: 94086 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (408) 329-9281 | Telephone Number (include area code): (408) 329-9280 | |

Web site address: www.gerc.us

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) W09000730

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: Green Energy Regional Center LLC

Street Address/P.O. Box: 150 Mathilda Place Suite 206

| | | |
|----------------------------------|---|--|
| City: Sunnyvale | State: CA | Zip Code: 94086 |
| Web site www.gerc.us Address: | Fax Number (include area code): (408) 329-9281 | Telephone (include area code): (408) 329-9280 |

B. Name of Managing Company/Agency: Clean Focus Management LLC

Street Address/P.O. Box: 150 Mathilda Place Suite 206

| | | |
|--|---|--|
| City: Sunnyvale | State: CA | Zip Code: 94086 |
| Web site www.cleanfocus.us Address: | Fax Number (include area code): (408) 329-9281 | Telephone (include area code): (408) 329-9280 |

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: Solar Panel Installation | | NAICS Code for the Industry Category 2 3 7 1 3 0 |
| 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: Clean Focus Financing Company, LP | | Industry Category Title: Solar Panel Installation | |
| Address (Street Number and Name): 150 Mathilda Place, #206 | City: Sunnyvale | State: CA | Zip Code: 94086 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

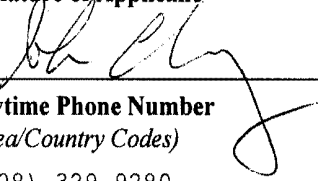
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| | | |

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 John Chang | Date (mm/dd/yyyy) 12/08/2015 |
| Daytime Phone Number (Area/Country Codes) (408) 329-9280 | E-Mail Address John Chang [john.chang@cleanfocus.us] | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chairman of Clean Focus Corporation, Managing Member of GERC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Hovey, Jr. | First David | Middle |
| In Care Of: Optima Arizona Regional Center, LLC | | |
| Street Address/P.O. Box: 7157 E. Rancho Vista Drive, Suite 109 | | |
| City: Scottsdale (b)(6) | State: AZ | Zip Code: 85251 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (480) 874-9910 | Telephone Number (include area code): (480) 874-9900 |
| Web site address: www.optimaweb.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1219950708

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: Optima Arizona Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 7157 E. Rancho Vista Drive, Suite 109 | | |
| City: Scottsdale | State: AZ | Zip Code: 85251 |
| Web site Address: www.optimaweb.com | Fax Number (include area code): (480) 874-9910 | Telephone (include area code): (480) 874-9900 |

B. Name of Managing Company/Agency: Not Applicable.

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Not Applicable.

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| 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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| <div>(b)(4)</div> | | |

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: None at date of filing. | | NAICS Code for the Industry Category _____ |
| 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: None at date of filing. | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

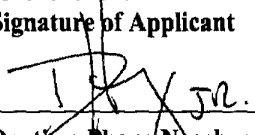
(b)(4)

| 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.

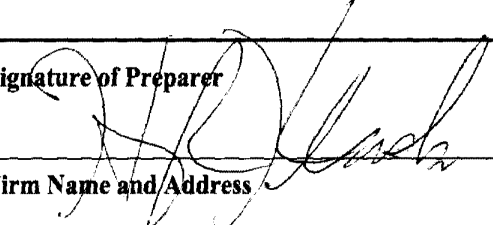
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant David C. Hovey, Jr. | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (480) 874-9900 | E-Mail Address Hoveydjr@optimaweb.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal of Optima Arizona Regional Center, LLC | | |

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 H. Ronald Klasko | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Klasko Immigration Law Partners, LLP 1601 Market Street, Suite 2600 Philadelphia, PA 19103 | | |
| Daytime Phone Number (Area/Country Codes) (215) 825-8600 | Fax Number (Area/Country Codes) (215) 825-8699 | E-Mail Address rklasko@klaskolaw.com |

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 Curtis | First Jonathan | Middle C |
|----------------------|-------------------|-------------|

In Care Of:

Street Address/P.O. Box: 865 Figueroa Street, 35th Floor

City: Los Angeles

State: CA

Zip Code: 90017

Date of Birth
(mm/dd/yyyy)

(b)(6)

Fax Number
(include area code):

Telephone Number
(include area code): (818) 653-6157

Web site address: www.californiagoldenfund.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1033650021

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: Southern California Regional Center d/b/a California Golden Fund

Street Address/P.O. Box: 865 Figueroa Street, 35th Floor

City: Los Angeles

State: CA

Zip Code: 90017

Web site
Address:

Fax Number
(include area code):

Telephone
(include area code): (818) 653-

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

City:

State:

Zip Code:

Web site
Address:

Fax Number
(include area code):

Telephone
(include area code):

C. Name of Other Agent: Larry Kosmont

Street Address/P.O. Box: 865 Figueroa Street, 35th Floor

City: Los Angeles

State: CA

Zip Code: 90017

Web site

Fax Number
(include area code):

Telephone
(include area code):



RCW1534853634

egarcia2

I924A

12/14/2015

Form I-924A 03/18/15 Y Page 1

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5338

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Accommodations | | NAICS Code for the Industry Category 7 2 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category ----- | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: N/A | | 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: Anaheim Hotel Investment LLC | | Industry Category Title: Accommodations | |
| Address (Street Number and Name): 311 E Chicago St Suite 510 | City: Milwaukee | State: WI | Zip Code: 53202 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Gardenwalk Hotel I, LLC | | Industry Category Title: Accommodations | |
| Address (Street Number and Name): 1775 South Clementine St. | City: Anaheim | State: CA | Zip Code: 92802 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise: 9920 Valley Blvd., LP | | Industry Category Title: Accommodations | |
| Address (Street Number and Name): 9920 Valley Blvd. | City: El Monte | State: CA | Zip Code: 91731 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: N/A | | 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: N/A | | 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 |
| | | | |

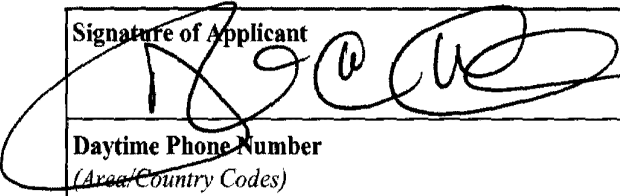
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Jonathan C. Curtis | Date (mm/dd/yyyy) 12/08/2015 |
| Daytime Phone Number (Area/Country Codes) (818) 653-6157 | E-Mail Address jcurtis@californiagoldenfund.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|--|--|--|
| Name: Last TESSLER | First YITCHAK | Middle |
| In Care Of: TESSLER DEVELOPMENTS | | |
| Street Address/P.O. Box: 461 PARK AVE SOUTH 2ND FLOOR | | |
| City: NEW YORK (b)(6) | State: NY | Zip Code: 10016 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 997-4119 | Telephone Number (include area code): (212) 869-1900 |
| Web site address: www.nyprc.com; www.ncm-usa.com; www.tpiony.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1031910024

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: NEW YORK PROTON REGIONAL CENTER, LLC

| | | |
|--|--|---|
| Street Address/P.O. Box: 755 SECOND AVENUE | | |
| City: NEW YORK | State: NY | Zip Code: 10017 |
| Web site www.nyprc.com Address: | Fax Number (include area code): (212) 682-3406 | Telephone (include area code): (212) 599-5555 |

B. Name of Managing Company/Agency: YITZCHAK TESSLER

| | | |
|--|--|---|
| Street Address/P.O. Box: 461 PARK AVENUE SOUTH 2ND FLOOR | | |
| City: NEW YORK | State: NY | Zip Code: 10016 |
| Web site www.tesslerdevelopments.com Address: | Fax Number (include area code): (212) 997-4119 | Telephone (include area code): (212) 869-1900 |

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): |



RCW1534853630

egarcia2 I924A 12/14/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|--|---|---|--|
| a. Industry Category Title: NON-RESIDENTIAL BUILDING CONSTRUCTION | | NAICS Code for the Industry Category 2 3 3 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|---|---|---|--|
| b. Industry Category Title: HOSPITALS (PROTON CENTER OPERATIONS) | | NAICS Code for the Industry Category 6 2 2 2 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|---|---|---|--|
| c. Industry Category Title: DATA PROCESSING SERVICES | | NAICS Code for the Industry Category 5 1 4 2 0 0 | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: BIG APPLE CAPITAL LENDERS, LLC | | Industry Category Title: SEE NAICS CODES ABOVE IN IN PART 3, 2. | |
| Address (Street Number and Name): 390 CONCORD AVENUE | City: BRONX | State: NY | Zip Code: 10454 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|--|---|---------------------------|
| (1) Business Name: NCM USA (NCM USA Bronx, Management & Service | | Industry Category Title: See NAICS Codes listed in Part 3, 2. | |
| Address (Street Number and Name): 390 CONCORD AVENUE | City: BRONX | State: NY | Zip Code: 10454 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|--|---|---------------------------|
| b. Name of Commercial Enterprise: WORLDWIDE CAPITAL MANAGEMENT, LLC | | Industry Category Title: See NAICS codes listed in Part 3, 2. | |
| Address (Street Number and Name): 755 SECOND AVENUE | City: NEW YORK | State: NY | Zip Code: 10017 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: THE PROTON INSTITUTE OF NEW YORK, LLC | | Industry Category Title: See NAICS codes listed in Part 3, 2. | |
| Address (Street Number and Name): 755 SECOND AVENUE | City: NEW YORK | State: NY | Zip Code: 10017 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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) | | |

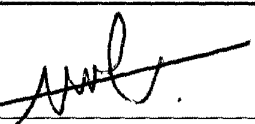
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

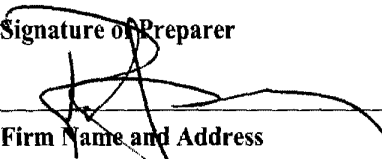
| | | |
|--|--|---|
| Signature of Applicant  | Printed Name of Applicant YITZCHAK TESSLER | Date (mm/dd/yyyy) DEC/10/2015 |
| Daytime Phone Number (Area/Country Codes) (212) 869-1900 | E-Mail Address ytessler@ytessler.com | |
| Relationship to the Regional Center Entity (Managing Member, President, 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 RANA JAZAYERLI | Date (mm/dd/yyyy) 12/11/15 |
| Firm Name and Address PHILLIPS LYTTLE LLP 800 17TH STREET NW, SUITE 450 WASHINGTON DC 20006 | | |
| Daytime Phone Number (Area/Country Codes) (202) 617-2711 | Fax Number (Area/Country Codes) (202) 617-2799 | E-Mail Address rjazayerli@phillipslytle.com |

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 DOOBAY | First Karamchand | Middle |
|----------------------|---------------------|--------|

In Care Of: Florida Gateway Regional Center

Street Address/P.O. Box: 6965 Piazza Grande Ave Suite 409

| | | | |
|-------------------------------|------------------------------------|---|-----------------|
| City: Orlando | (b)(6) | State: FL | Zip Code: 32835 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (386) 855-2870 | |

Web site address: www.eb-5now.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1115750228/ID1115750228

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: Florida Gateway Regional Center

Street Address/P.O. Box: 6965 Piazza Grande Ave Suite 409

| | | |
|--------------------------------------|------------------------------------|--|
| City: Orlando | State: FL | Zip Code: 32835 |
| Web site Address: www.eb-5now.com | Fax Number (include area code): | Telephone (include area code): (844) 347-2325 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|------------------------------------|-----------------------------------|-----------|
| City: | State: | Zip Code: |
| 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".)

| | | | | |
|--------|--|---|---|--|
| (b)(4) | a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Accommodation and Food Services | | NAICS Code for the Industry Category 7 2 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | 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:

| | | | | |
|--|---|---|----------------------------|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Senior Premier Living, LLC | | Industry Category Title: | |
| | Address (Street Number and Name): 7516 SE 113th Blvd | City: Jasper | State: FL | Zip Code: 32052 |
| | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Senior Premier Living II, LLC | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 7516 SE 113th Blvd | Jasper | FL | 32052 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (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? ☒ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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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: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| 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? ☐ 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: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: N/A | 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) | | |

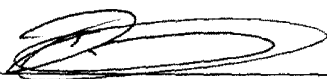
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

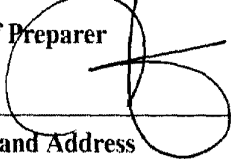
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant KARAMCHAND DOOBAY | Date (mm/dd/yyyy) 11/23/2015 |
| Daytime Phone Number (Area/Country Codes) (386) 855-2870 | E-Mail Address raj@eb-5now.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner and CEO of Regional Center | | |

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 Z. Zareefa Khan Escudero | Date (mm/dd/yyyy) 11/23/2015 |
| Firm Name and Address Law Offices of Z. Zareefa Khan, P.A. 3336 Griffin Road, Fort Lauderdale FL 33312 | | |
| Daytime Phone Number (Area/Country Codes) (954) 893-7172 | Fax Number (Area/Country Codes) (954) 893-7385 | E-Mail Address zareefa@zareefakhanlaw.com |

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Gardinier | First Justin | Middle |
| In Care Of: Greystone EB5 Southeast RC LLC | | |
| Street Address/P.O. Box: 152 West 57th Street, 60th Floor | | |
| City: New York | (b)(6) | State: NY |
| Zip Code: 10019 | | |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 649-9799 | Telephone Number (include area code): (212) 896-9193 |
| Web site address: www.greyco.com and www.greystoneEB5.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | |
| RC ID 1215650675 | | |

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: Greystone EB5 Southeast RC LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 152 West 57th Street, 60th Floor | | |
| City: New York | State: NY | Zip Code: 10019 |
| Web site www.greystoneEB5.com Address: | Fax Number (include area code): (206) 866-9792 | Telephone (include area code): (206) 792-7575 |

B. Name of Managing Company/Agency: Greystone EB-5 Holdings Corp.

| | | |
|--|---|--|
| Street Address/P.O. Box: 152 West 57th Street, 60th Floor | | |
| City: New York | State: NY | Zip Code: 10019 |
| Web site www.greystoneEB5.com Address: and www.greyco.com | Fax Number (include area code): (212) 649-9799 | Telephone (include area code): (212) 649-9700 |

C. Name of Other Agent: Greystone & Co., Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 152 West 57th Street, 60th Floor | | |
| City: New York | State: NY | Zip Code: 10019 |
| Web site www.greyco.com Address: | Fax Number (include area code): (212) 649-9799 | Telephone (include area code): (212) 649-9700 |



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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: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|------------------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: n/a |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☒ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

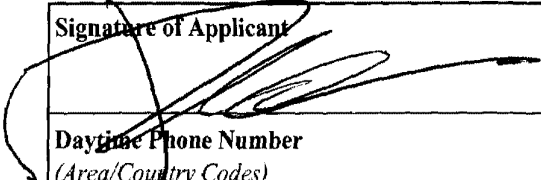
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

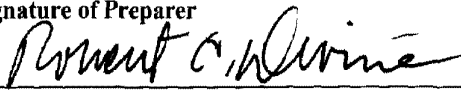
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Justin Gardinier | Date (mm/dd/yyyy) 12/02/2015 |
| Daytime Phone Number (Area/Country Codes) (212) 896-9193 | E-Mail Address justin.gardinier@greystoneEB5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 12/7/2015 |
| Firm Name and Address Baker, Donelson, Bearman, Caldwell & Berkowitz, PC 1900 Republic Centre, 633 Chestnut Street Chattanooga, TN 37450 | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

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Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Finch | First Jason | Middle M. |
| In Care Of: Jason Finch and Associates, PC LLO | | |
| Street Address/P.O. Box: 260 Regency Parkway Drive, Suite 220 | | |
| City: Omaha (b)(6) | State: NE | Zip Code: 68114 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (402) 763-9910 | Telephone Number (include area code): (402) 384-2464 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1336151517 | | |

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: Nu Nebraska RC, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 260 Regency Parkway Drive, Suite 220 | | |
| City: Omaha | State: NE | Zip Code: 68114 |
| Web site Address: | Fax Number (include area code): (402) 769-9109 | Telephone (include area code): (402) 384-2464 |

B. Name of Managing Company/Agency: N/A

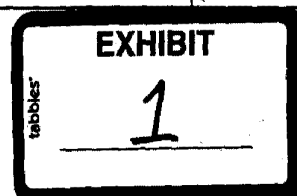
| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



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Form I-924A 03/18/15 Y Page 1

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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

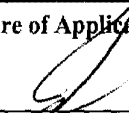
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Jason M. Finch | Date (mm/dd/yyyy) 12-5-15 |
| Daytime Phone Number (Area/Country Codes) (402) 384-2464 | E-Mail Address jfinch@jasonfinchlaw.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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-5
Supplement to Form I-

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last XU | First Susan | Middle |
| In Care Of: Valley Inception Regional Center | | |
| Street Address/P.O. Box: 300 Santana Row Ste 200 | | |
| City: San Jose | (b)(6) | State: CA Zip Code: 95128 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (408) 565-8910 | Telephone Number (include area code): (408) 565-8982 |
| Web site address: www.valleyinceptionRC.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1122050268 | | |

Part 2. Application Type (check 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: Valley Inception Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 300 Santana Row Ste 200 | | |
| City: San Jose | State: CA | Zip Code: 95128 |
| Web site www.valleyinceptionRC. Address: com | Fax Number (include area code): (408) 565-8910 | Telephone (include area code): (408) 565-8982 |

B. Name of Managing Company/Agency: Susan Xu

| | | |
|--|---|--|
| Street Address/P.O. Box: 300 Santana Row Ste 200 | | |
| City: San Jose | State: CA | Zip Code: 95128 |
| Web site www.valleyinceptionRC. Address: com | Fax Number (include area code): (408) 565-8910 | Telephone (include area code): (408) 565-8982 |

C. Name of Other Agent: Jack Smith

| | | |
|--|---|--|
| Street Address/P.O. Box: 300 Santana Row Ste 200 | | |
| City: San Jose | State: CA | Zip Code: 95128 |
| Web site www.valleyinceptionRC. Address: com | Fax Number (include area code): (408) 877-1689 | Telephone (include area code): (408) 565-8955 |



RCW1534153517

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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: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|---------------------------------|------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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 N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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: N/A | | 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 |
| N/A | N/A | N/A |

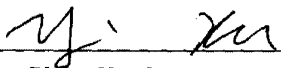
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Susan Xu | Date (mm/dd/yyyy) 12/01/2015 |
| Daytime Phone Number (Area/Country Codes) 408-565-8982 | E-Mail Address susan@valleyinception.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Balik | First Joseph | Middle Andrew |
| In Care Of: SOUTHEAST FLORIDA EB-5 REGIONAL CENTER, LLC. | | |
| Street Address/P.O. Box: 173 Saratoga Boulevard West | | |
| City: Royal Palm Beach (b)(6) | State: FL | Zip Code: 33411 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (561) 792-8777 | Telephone Number (include area code): (561) 792-1897 |
| Web site address: www.eb5floridarc.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1305251090

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: SOUTHEAST FLORIDA EB-5 REGIONAL CENTER, LLC.

| | | |
|--|---|--|
| Street Address/P.O. Box: 173 Saratoga Boulevard West | | |
| City: Royal Palm Beach | State: FL | Zip Code: 33411 |
| Web site www.eb5floridarc.com Address: | Fax Number (include area code): (561) 792-8777 | Telephone (include area code): (561) 792-1897 |

B. Name of Managing Company/Agency: GARDENS CAPITAL DEVELOPMENT, LLC.

| | | |
|--|---|--|
| Street Address/P.O. Box: 173 SARATOGA BOULEVARD WEST | | |
| City: ROYAL PALM BEACH | State: FL | Zip Code: 33411 |
| Web site ----- Address: | Fax Number (include area code): (561) 792-8777 | Telephone (include area code): (561) 792-1897 |

C. Name of Other Agent: GREAT AMERICAN DINER EB-5 HOLDINGS, LLC.

| | | |
|--|---|--|
| Street Address/P.O. Box: 173 SARATOGA BOULEVARD WEST | | |
| City: ROYAL PALM BEACH | State: FL | Zip Code: 33411 |
| Web site ----- Address: | Fax Number (include area code): (561) 792-8777 | Telephone (include area code): (561) 792-1897 |



RCW1533853503

egarcia2 I924A 12/04/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: NONRESIDENTIAL BUILDING CONSTRUCTION | | NAICS Code for the Industry Category 2 3 6 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: RESTAURANTS AND OTHER EATING PLACES | | NAICS Code for the Industry Category 7 2 2 5 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: CONTINUING CARE RETIREMENT COMMUNITY | | NAICS Code for the Industry Category 6 2 3 3 | |
| | 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:

| | | | | |
|--|---|---|---|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: GREAT AMERICAN DINER RESTAURANTS | | Industry Category Title: RESTAURANTS AND OTHER EATING PLACES | |
| | Address (Street Number and Name): 173 SARATOGA BOULEVARD WEST | City: ROYAL PALM BEACH | State: FL | Zip Code: 33411 |
| | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--------------------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| BISCAYNE PARK RESIDENCY | | CONTINUING CARE RETIREMENT COMMUNITY | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 5020 SW 22ND STREET | HOLLYWOOD | FL | 33023 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: | |
| SR HEALTHCARE GROUP, LP. | | CONTINUING ARE RETIREMENT COMMUNITY | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| 5020 SW 22ND STREET | HOLLYWOOD | FL | 33023 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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) | | |

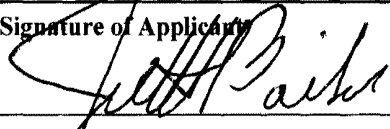
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 JOSEPH A. BALIK | Date (mm/dd/yyyy) 11/30/2015 |
| Daytime Phone Number (Area/Country Codes) (561) 792-1897 | E-Mail Address joe@eb5floridarc.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 SAME AS ABOVE | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

SUPPLEMENTAL INFORMATION FOR FORM I-924A
Fiscal Period October 1, 2014 to September 30, 2015
IN ATTACHED BINDER

Tab 1. REGIONAL CENTER APPROVAL LETTER

- A. Regional Center Mission Statement
- B. Standard Regional Center Brochure
- C. Operational Plan & Compliance
- D. Organizational Chart

Tab 2. ONGOING REGIONAL CENTER PROJECT

- A. Great American Diner Restaurants

Tab 3. PROJECT & REGIONAL CENTER ACTIVITY 10-01-2014 TO 09-30-2015

- A. Biscayne Park Residency
- B. Extraordinary Leaders Academy, Private Charter School

Tab 4. NEW PROJECTS - REGIONAL CENTER CONTRACTS

- A. Biscayne Park Residency, a continuing care retirement community (CCRC)
- B. ELA Charter School, a private charter school

Tab 5. FUTURE - REGIONAL CENTER PROJECTS

- A. Delphi Executive Clubs, an exclusive private clubs
- B. Infusion Beach & Hotel Project
- C. Private Charter School

Tab 6. PRESS RELEASES

Tab 7. ADDITIONAL STAFF & CONSULTANTS

Tab 8. REGIONAL CENTER MARKETING & FUTURE DEVELOPMENT

- A. Promotional & Marketing Plan, New & Future Development
- B. NACIS Industry Cluster Codes, New & Future Development

ID1305251090

Southeast Florida EB-5 Regional Center, LLC.
173 Saratoga Boulevard West
Royal Palm Beach, Florida 33411
561-792-1897
www.eb5floridarc.com

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 Todd, Jr. | First Jack | Middle Lionel |
| In Care Of: Cornerstone Regional Center, Inc. | | |
| Street Address/P.O. Box: 901-F Paverstone Drive | | |
| City: Raleigh (b)(6) | State: NC | Zip Code: 27615 |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): (919) 845-5164 | Telephone Number (include area code): (919) 896-7972 |
| Web site address: www.cornerstoneregionalcenter.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1321851186 / ID1321851186

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: Cornerstone Regional Center, Inc.

| | | |
|---|--|---|
| Street Address/P.O. Box: 901-F Paverstone Drive | | |
| City: Raleigh | State: NC | Zip Code: 27615 |
| Web site www.cornerstone Address: regionalcenter.com | Fax Number (include area code): (919) 845-5164 | Telephone (include area code): (919) 896-7972 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1533453484

egarcia2 I924A 11/30/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|---|---|---|
| a. Industry Category Title: None - Initial Projects Being Marketed | | NAICS Code for the Industry Category _____ |
| 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: None - Initial Projects Being Marketed | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

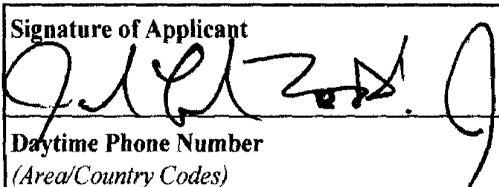
(b)(4)

| 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 Jack Lionel Todd, Jr. | Date (mm/dd/yyyy) 11/23/2015 |
| Daytime Phone Number (Area/Country Codes) (919) 889-4884 | E-Mail Address LionelTodd@cornerstoneregionalcenter.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Vice-President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|--------------------|-----------------|--------|
| Name: Last CHEN | First SUOBIN | Middle |
|--------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 11422 GALLANT RIDGE LN

| | | |
|-------------------------------|---|---|
| City: HOUSTON (b)(6) | State: TX | Zip Code: 77082 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (713) 660-1627 | Telephone Number (include area code): (713) 660-1620 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) 1410451732**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: PETROSAM LLC

Street Address/P.O. Box: 3721 BRIARPARK DRIVE STE 155

| | | |
|----------------------|---|--|
| City: HOUSTON | State: TX | Zip Code: 77042 |
| Web site Address: | Fax Number (include area code): (713) 660-1627 | Telephone (include area code): (713) 660-1620 |

B. Name of Managing Company/Agency: TAIHE WANG

Street Address/P.O. Box: 223 E. GARVEY AVE #168

| | | |
|----------------------|---|--|
| City: MONTEREY PARK | State: CA | Zip Code: 91755 |
| Web site Address: | Fax Number (include area code): (626) 288-8659 | Telephone (include area code): (626) 288-8700 |

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.")

| 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: DRILLING OIL AND GAS WELLS | | NAICS Code for the Industry Category 2 1 3 1 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: OIL AND GAS WELL EXTRACTION | | NAICS Code for the Industry Category 2 1 1 1 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: MACHINERY, EQUIPMENT AND SUPPLIES MERCHANT WHOLESALERS | | NAICS Code for the Industry Category 4 2 3 8 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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: PETROSAM LLC | | Industry Category Title: OIL AND GAS | |
| Address (Street Number and Name): 3721 BRIARPARK DRIVE STE155 | City: HOUSTON | State: TX | Zip Code: 77042 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

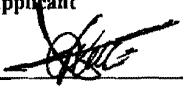
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 5.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant | Date (mm/dd/yyyy) 12/02/2015 |
| Daytime Phone Number (Area/Country Codes) (713) 836-1373 | E-Mail Address ZZOU@AMERRILENERGY.COM | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CHAIRMAN | | |

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 | |

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|-----------------|--------------|
| Name: Last Erwin | First Jarrod | Middle R. |
|---------------------|-----------------|--------------|

In Care Of:

Street Address/P.O. Box: 2150 Town Square Place, Suite 200

| | | |
|-------------------------|--------------|-----------------|
| City: Sugar Land (b)(6) | State: Texas | Zip Code: 77479 |
|-------------------------|--------------|-----------------|

| | | |
|--|---|---|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): 713-266-1243 | Telephone Number (include area code): 713-266-1290 |
|--|---|---|

Web site address: www.gulfcoastregionalprogram.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCID 1120750248

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: Gulf Coast Renewables & Redevelopment, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 1100 Poydras Street, Suite 3100 | | |
| City: New Orleans | State: LA | Zip Code: 70163 |
| Web site Address: www.gulfcoastregionalprogram.com | Fax Number (include area code): 866-495-1632 | Telephone (include area code): 504-708-2625 |

B. Name of Managing Company/Agency: Motorskill Capital Advisors, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 2150 Town Square Place | | |
| City: Sugar Land | State: TX | Zip Code: 77479 |
| Web site Address: www.gulfcoastregionalprogram.com | Fax Number (include area code): 866-495-1632 | Telephone (include area code): 504-708-2625 |

C. Name of Other Agent:

| | | |
|------------------------------------|--------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| 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".)

(b)(4)

| | | | |
|--|---|--------------------------------------|--|
| a. Industry Category Title: | | NAICS Code for the Industry Category | |
| Semiconductor and Related Device Manufacturing | | 3 3 4 4 1 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:

(b)(4)

| | | | |
|--|---|-----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Gulf Coast Renewables & Redevelopment Investment Project One, LLC | | Manufacturing semiconductor | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 1100 Poydras Street, Suite 3100 | New Orleans | LA | 70163 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|-----------------------------------|---|--------------------|
| (1) Business Name: Seraphim Solar USA Manufacturing, Inc. (formerly Lifeline Energy Louisiana, LLC) | | Industry Category Title: Manufacturing semiconductor | |
| Address (Street Number and Name): 3111 Lawson Street | City: Jackson | State: MS | Zip Code: 39213 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

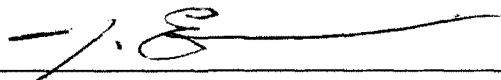
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

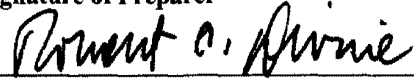
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Jarrod R. Erwin | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) 713-266-1290 | E-Mail Address rerwin@motorskill.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 12/17/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 DZIUBLA | First Robert | Middle W |
|-----------------------|-----------------|-------------|

In Care Of: EB-5 Impact Capital Regional Center, LLC

Street Address/P.O. Box: 916 Southwood Blvd., Suite 1G/ P.O. Box 3003

| | | | |
|-------------------------------|---|---|-----------------|
| City: Incline Village | (b)(6) | State: NV | Zip Code: 89450 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (858) 332-1795 | Telephone Number (include area code): (844) 889-8028 | |

Web site address: www.eb5impactcapital.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1410551734

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: EB-5 Impact Capital Regional Center, LLC

Street Address/P.O. Box: 916 Southwood Blvd., Suite 1G/ P.O. Box 3003

| | | |
|---|---|--|
| City: Incline Village | State: NV | Zip Code: 89450 |
| Web site Address: www.eb5impactcapital.com | Fax Number (include area code): (858) 332-1795 | Telephone (include area code): (844) 889-8028 |

B. Name of Managing Company/Agency: EB-5 Impact Advisors, LLC

Street Address/P.O. Box: 916 Southwood Blvd., Suite 1G/ P.O. Box 3003

| | | |
|-----------------------|---|--|
| City: Incline Village | State: NV | Zip Code: 89450 |
| Web site Address: | Fax Number (include area code): (858) 332-1795 | Telephone (include area code): (844) 889-8028 |

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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RCW 1535253745

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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: n/a | | NAICS Code for the Industry Category _ _ _ _ _ | |
| 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: Las Vegas Development Fund, LLC | | Industry Category Title: loan to finance construction | |
| Address (Street Number and Name): 916 Southwood Blvd., Ste 1G | City: Incline Village | State: NV | Zip Code: 89450 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: Front Sight Resort and Vacation Club | | Industry Category Title: 6116, 4511, 7211, 7224, 7225, 2372 | |
| Address (Street Number and Name): | City: Pharump | State: NV | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

| | | | |
|---|-----------------------------------|--|-----------|
| (2) Business Name Front Sight Fire Arm Training Institute | | Industry Category Title: 6116, 4511, 7112, 7131, 7139 | |
| Address (Street Number and Name): | City: Pahrump | State: NV | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| 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.)

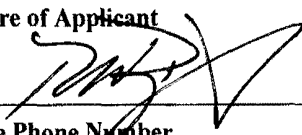
(b)(4)

| 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.

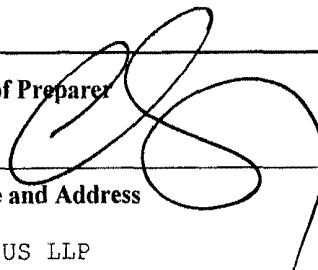
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Robert W. DZIUBLA | Date (mm/dd/yyyy) 11/16/2015 |
| Daytime Phone Number (Area/Country Codes) (844) 889-8028 | E-Mail Address rdziubla@eb5impactcapital.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/CEO | | |

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 C. Matthew Schulz | Date (mm/dd/yyyy) 12/16/2015 |
| Firm Name and Address Dentons US LLP 1530 Page Mill Rd., Suite 200 Palo Alto, CA 94304 | | |
| Daytime Phone Number (Area/Country Codes) (650) 798-0361 | Fax Number (Area/Country Codes) (650) 798-0310 | E-Mail Address matthew.schulz@dentons.com |

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 MA | First JUNG JUN | Middle |
|------------------|-------------------|--------|

In Care Of: FUTURE RESOURCES, INC.

Street Address/P.O. Box: 3325 WILSHIRE BLVD., #905

| | | |
|-------------------|-------------------|-----------------|
| City: LOS ANGELES | State: CALIFORNIA | Zip Code: 90010 |
|-------------------|-------------------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 213 480 7593 | Telephone Number (include area code): 213 480 7590 |
|--------------------------------|---|---|

Web site address: <http://www.fureinc.com/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

Part 2. Application Type (check 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: FUTURE RESOURCES, INC.

| | | |
|--|---|--|
| Street Address/P.O. Box: 3325 WILSHIRE BLVD., STE. 940 | | |
| City: LOS ANGELES | State: CALIFORNIA | Zip Code: 90010 |
| Web site Address: http://www.fureinc.com/ | Fax Number (include area code): 213 480 7593 | Telephone (include area code): 213 480 7590 |

B. Name of Managing Company/Agent: ~~NONE~~

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (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".)

| | | | |
|--------|--|---|---|
| (b)(4) | a. Industry Category Title: MATERIALS RECOVERY FACILITIES | | NAICS Code for the Industry Category 5 6 2 9 2 |
| | 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: NONE | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center *(Continued)*

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☒ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

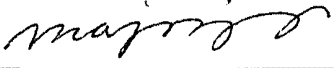
(b)(4)

| 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.

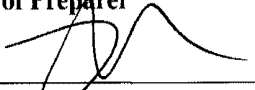
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant JUNGGUN MA | Date (mm/dd/yyyy) 12/12/2015 |
| Daytime Phone Number (Area/Country Codes) 213 480 7590 | E-Mail Address <div style="border: 1px solid black; width: 200px; height: 30px; display: flex; align-items: center; justify-content: center;">(b)(6)</div> | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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 PETER I. HWANG, ESQ. | Date (mm/dd/yyyy) 12/10/2015 |
| Firm Name and Address LAW OFFICES OF DAVID Y. KIM 3550 WILSHIRE BLVD., STE. 640, LOS ANGELES, CALIFORNIA 90010 | | |
| Daytime Phone Number (Area/Country Codes) 213 384 8602 | Fax Number (Area/Country Codes) 213 385 4825 | E-Mail Address phwang@davidkimlaw.com |

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 Khatib | First Rashid | Middle A. |
| In Care Of: Intram Investments Inc. | | |
| Street Address/P.O. Box: 5555 S. Kirkman Rd. Suite 201 | | |
| City: Orlando (b)(6) | State: FL | Zip Code: 32819 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (407) 363-3831 | Telephone Number (include area code): (407) 766-2300 |
| Web site address: www.intram.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1416451780

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: Vistar's EB-5 Business Alliance of Texas LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 5555 S. Kirkman Rd. Suite 201 | | |
| City: Orlando | State: FL | Zip Code: 32819 |
| Web site eb5businessalliance. Address: com | Fax Number (include area code): (407) 363-3831 | Telephone (include area code): (407) 354-2200 |

B. Name of Managing Company/Agency: Intram Investments Inc.

| | | |
|--|---|--|
| Street Address/P.O. Box: 5555 S. Kirkman Rd. Suite 201 | | |
| City: Orlando | State: FL | Zip Code: 32819 |
| Web site www.intram.com Address: | Fax Number (include area code): (407) 363-3831 | Telephone (include area code): (407) 354-2200 |

C. Name of Other Agent: Randall R. Hodge

| | | |
|--|---|--|
| Street Address/P.O. Box: 5555 S. Kirkman Rd. Suite 201 | | |
| City: Orlando | State: FL | Zip Code: 32819 |
| Web site NA | Fax Number (include area code): (407) 363-3831 | Telephone (include area code): (407) 701-9605 |



RCW1535253749

egarcia2 1924A 12/18/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

(b)(4)

3.

(b)(4)

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: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code |
| EB-5 Capital Investment NA | Direct and Indirect Job Creation NA | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--------------------------------|-----------|
| (2) Business Name: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: NA | |

| | | | |
|--|---|----------------------------------|-----------|
| c. Name of Commercial Enterprise: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: NA | Aggregate Direct and Indirect Job Creation: NA | Aggregate Jobs Maintained: NA | |

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: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: NA | |

| | | | |
|---|---|--------------------------------|-----------|
| (2) Business Name: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: NA | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|---|------------------|
| d. Name of Commercial Enterprise: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: NA | Aggregate Direct and Indirect Job Creation: NA | Aggregate Jobs Maintained: NA | |
| 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: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: | |
| (2) Business Name: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: NA | |
| e. Name of Commercial Enterprise: NA | | Industry Category Title: NA | |
| Address Street Number and Name: NA | City: NA | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: NA | Aggregate Direct and Indirect Job Creation: NA | Aggregate Jobs Maintained: NA | |
| 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: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: NA | |
| (2) Business Name: NA | | Industry Category Title: NA | |
| Address (Street Number and Name): NA | City: NA | State: | Zip Code: |
| EB-5 Capital Investment: NA | Direct and Indirect Job Creation: NA | Jobs Maintained: NA | |

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.

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

RCW1535253748

5338

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|------------------|-----------------|
| Name: Last Kozero | First Jeffery | Middle Bruno |
|----------------------|------------------|-----------------|

In Care Of: Three Streams Mid-Atlantic Regional Center

Street Address/P.O. Box: 649B Lofstrand Lane

| | | |
|------------------------|-----------|-----------------|
| City: Rockville (b)(6) | State: MD | Zip Code: 20850 |
|------------------------|-----------|-----------------|

| | | |
|---------------------------------------|--|--|
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): 888-557-6916 | Telephone Number (include area code): 301-440-7354 |
|---------------------------------------|--|--|

Web site address: K4EB5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1114050206

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: Three Streams Mid-Atlantic Regional Center

Street Address/P.O. Box: 649B Lofstrand Lane

| | | |
|-----------------|-----------|-----------------|
| City: Rockville | State: MD | Zip Code: 20850 |
|-----------------|-----------|-----------------|

| | | |
|-----------------------------|--|---|
| Web site Address: K4EB5.com | Fax Number (include area code): 888-557-6916 | Telephone (include area code): 301-591-8900 |
|-----------------------------|--|---|

B. Name of Managing Company/Agency: Three Streams Investments, LLC

Street Address/P.O. Box: 649A Lofstrand Lane

| | | |
|-----------------|-----------|-----------------|
| City: Rockville | State: MD | Zip Code: 20850 |
|-----------------|-----------|-----------------|

| | | |
|-----------------------------|--|---|
| Web site Address: K4EB5.com | Fax Number (include area code): 888-557-6916 | Telephone (include area code): 301-591-8900 |
|-----------------------------|--|---|

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------|---------------------------------|--------------------------------|
| Web site | Fax Number (include area code): | Telephone (include area code): |
|----------|---------------------------------|--------------------------------|



RCW1535253748

egarcia2 1924A 12/18/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--------|---|---|----------------------------|
| (b)(4) | a. Industry Category Title: Construction | NAICS Code for the Industry Category 2 3 6 | |
| | 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: Three Streams Radius, LLC | | Industry Category Title: Fund | |
| Address (Street Number and Name): 649A Lofstrand Lane | City: Rockville | State: MD | Zip Code: 20850 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|---|--------------------|
| (1) Business Name: K-4 Associates, Inc. | | Industry Category Title: Design and Construction | |
| Address (Street Number and Name): 649A Lofstrand Lane | City: Rockville | State: MD | Zip Code: 20850 |
| EB-5 Capital Investment: <div style="border: 1px solid black; height: 15px; width: 100%;"></div> | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

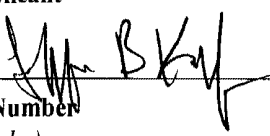
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

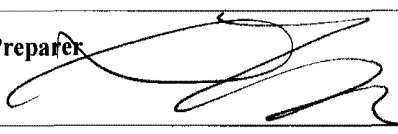
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Jeffery B. Kozero | Date (mm/dd/yyyy) 12-16-15 |
| Daytime Phone Number (Area/Country Codes) 301-440-7354 | E-Mail Address JKozero@threestreamsinvestments.com | |
| Relationship to the Regional 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 Laura F. Reiff | Date (mm/dd/yyyy) 12/16/15 |
| Firm Name and Address Greenberg Traurig LLP - TCO 1750 Tysons Boulevard, #1000 McLean, VA 22102 | | |
| Daytime Phone Number (Area/Country Codes) (703) 749-1300 | Fax Number (Area/Country Codes) (703) 749-1301 | E-Mail Address reiff@gtlaw.com |

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 WOLF | | First James | Middle Cameron |
| In Care Of: James C. Wolf | | | |
| Street Address/P.O. Box: 1390 Willow Pass Road, Suite 190 | | | |
| City: Concord | | State: CA | Zip Code: 94520 |
| Date of Birth (mm/dd/yyyy): | (b)(6) | Fax Number 9257718180 (include area code): | Telephone Number 9257718181 (include area code): |
| Web site address: http://www.goldenpacificventures.com/ | | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1033650017

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: Golden Pacific Ventures, Inc.

| | | | |
|---|---|--|-----------------|
| Street Address/P.O. Box: 1390 Willow Pass Road, Suite 190 | | | |
| City: Concord | | State: CA | Zip Code: 94520 |
| Web site Address: http://www.goldenpacificventures.com/ | Fax Number 9257718180 (include area code): | Telephone 9257718181 (include area code): | |

B. Name of Managing Company/Agency: Lipman & Wolf, LLP

| | | | |
|---|---|--|-----------------|
| Street Address/P.O. Box: 1390 Willow Pass Road, Suite 190 | | | |
| City: Concord | | State: CA | Zip Code: 94520 |
| Web site Address: | Fax Number 9257718180 (include area code): | Telephone 9257718181 (include area code): | |

C. Name of Other Agent: None

| | | | |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: | | | |
| City: | | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): | |



RCW1535553757

egarcia2 I924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Production of Fruits | | NAICS Code for the Industry Category 1 1 1 3 3 9 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| b. Industry Category Title: Production of Vegetables | | NAICS Code for the Industry Category 1 1 1 2 1 9 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|--|---|---|
| c. Industry Category Title: Production of Coffee | | NAICS Code for the Industry Category 3 1 1 9 2 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

- (b)(4) 3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

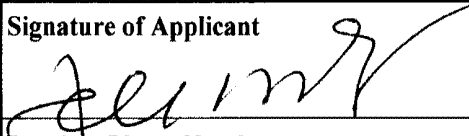
(b)(4)

| 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.

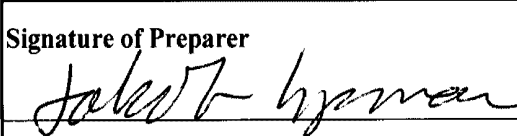
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant James WOLF | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) | E-Mail Address james@visawolf.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) | | |

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 Jakob S. Lipman | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Lipman & Wolf, LLP 1390 Willow Pass Road 190 Concord CA USA 94520 | | |
| Daytime Phone Number (Area/Country Codes) 1.925.771.8181 | Fax Number (Area/Country Codes) 1.925.771.8180 | E-Mail Address mail@visawolf.com |

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 Ou | First Joy | Middle |
|------------------|--------------|--------|

In Care Of:

Street Address/P.O. Box: 500 Sansome Street, Suite 750

| | | |
|--------------------------------|---|---|
| City: San Francisco (b)(6) | State: CA | Zip Code: 94111 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 4153946095 | Telephone Number (include area code): 4153949010 |

Web site address: girc.us

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW 1329651243 / ID 1329651243

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 15 (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: Group I Regional Center, LLC

Street Address/P.O. Box: 500 Sansome Street, Suite 750

| | | |
|------------------------------|---|--|
| City: San Francisco | State: CA | Zip Code: 94111 |
| Web site Address: girc.us | Fax Number (include area code): 4153946095 | Telephone (include area code): 4152341277 |

B. Name of Managing Company/Agency: Group I

Street Address/P.O. Box: 500 Sansome Street, Suite 750

| | | |
|---------------------------------|---|--|
| City: San Francisco | State: CA | Zip Code: 94111 |
| Web site Address: groupi.com | Fax Number (include area code): 4153946095 | Telephone (include area code): 4153947027 |

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): |



RCW1535253736

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9411 173051.253 0338 5326

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: See Attachment "A" | | NAICS Code for the Industry Category _____ |
| 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: Mid Market Funding, LLC | | Industry Category Title: (*) See Attachment "A" | | | |
| Address (Street Number and Name): 500 Sansome St, Ste 750 | City: San Francisco | State: CA | Zip Code: 94111 | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | | | |
| | | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? | | | | | |
| | | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|-----------------------------------|---|--------------------|
| (1) Business Name: Mid Market Center, LLC | | Industry Category Title: (*) See Attachment "A" | |
| Address (Street Number and Name): 500 Sansome St, Ste 750 | City: San Francisco | State: CA | Zip Code: 94111 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| See Attachment A | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

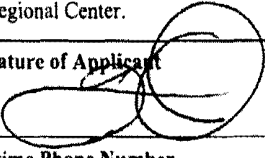
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

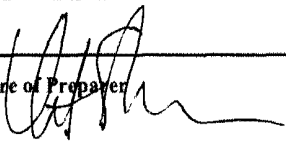
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Joy Ou | Date (mm/dd/yyyy) 10/12/2015 |
| Daytime Phone Number (Area/Country Codes) 4153947027 | E-Mail Address joy@groupi.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Victor Shum | Date (mm/dd/yyyy) 10/12/2015 |
| Firm Name and Address Vantage Law Firm 430 W. Grand Avenue, Oakland, CA 94612 | | |
| Daytime Phone Number (Area/Country Codes) 4158867486 | Fax Number (Area/Country Codes) 2079640654 | E-Mail Address vshum@vantage-law.com |

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|------------------|--------------|
| Name: Last Dean | First Phillip | Middle G. |
|--------------------|------------------|--------------|

In Care Of: Greystone Capital Investments Regional Center, LLC

Street Address/P.O. Box: 1272 Willowick Lane

| | | |
|--------------------------|-----------|-----------------|
| City: Rockford (b)(6) | State: IL | Zip Code: 61108 |
|--------------------------|-----------|-----------------|

| | | |
|-------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (815) 979-1424 |
|-------------------------------|------------------------------------|---|

Web site address: Pending

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID#: 1231050798

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: Greystone Capital Investments Regional Center, LLC

Street Address/P.O. Box: 4000 Morsay Drive

| | | |
|----------------|-----------|-----------------|
| City: Rockford | State: IL | Zip Code: 61107 |
|----------------|-----------|-----------------|

| | | |
|------------------------------|---|--|
| Web site Address: Pending | Fax Number (include area code): (815) 229-8218 | Telephone (include area code): (815) 979-1424 |
|------------------------------|---|--|

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------|------------------------------------|-----------------------------------|
| Web site | Fax Number (include area code): | Telephone (include area code): |
|----------|------------------------------------|-----------------------------------|



RCW1535553782

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Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

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5338

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last CHIU | First Sunny | Middle |
| In Care Of: Greater New York Regional Center LLC | | |
| Street Address/P.O. Box: 136-20 38th Ave 12 FL | | |
| City: Flushing (b)(6) | State: NY | Zip Code: 11354 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (718) 888-7752 | Telephone Number (include area code): (718) 888-0600 |
| Web site address: Under construction | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1134850389/ID1134850389 | | |

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: Greater New York Regional Center LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 136-20 38th Ave 12FL | | |
| City: Flushing | State: NY | Zip Code: 11354 |
| Web site Under construction Address: | Fax Number (include area code): (718) 888-7752 | Telephone (include area code): (718) 888-0600 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535553767

egarcia2 I924A 12/21/2015

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

- (b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

- (b)(4)

| | | |
|------------------------------------|---|--------------------------------------|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| Construction | | 2 3 6 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

- (b)(4)

| | | |
|------------------------------------|---|--------------------------------------|
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Hotel | | 7 2 1 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|------------------------------------|---|--------------------------------------|
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| Restaurant | | 7 2 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

- (b)(4)

| | | | |
|--|---|--------------------------------|--------------------|
| a. Name of Commercial Enterprise: One Fulton Square Fund LLC | | Industry Category Title: 52 | |
| Address (Street Number and Name): 13620 38th Ave 12FL | City: Flushing | State: NE | Zip Code: 11354 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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: 39 Prince Realty LLC | | Industry Category Title: Real Estate Development | |
| Address (Street Number and Name): 136-20 38th Ave 12FL | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise: Fulton SCG II Debt Fund LLC | | Industry Category Title: Investment Company | |
| Address (Street Number and Name): 136-20 38th Ave 3G | City: Flushing | State: NY | Zip Code: 11354 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: Fulton SCG Development LLC | | Industry Category Title: Real estate development | |
| Address (Street Number and Name): 136-20 38th Ave 12FL | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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 |
| | | | |

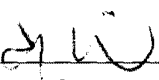
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

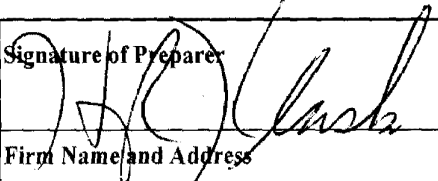
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Sunny Chiu | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (718) 713-0201 | E-Mail Address sunny.chiu@fandtgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, 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 H. Ronald Klasko | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Klasko Immigration Law Partners, LLP 1601 Market Street, Suite 2600 Philadelphia, PA 19103 | | |
| Daytime Phone Number (Area/Country Codes) (215) 825-8600 | Fax Number (Area/Country Codes) (215) 825-8699 | E-Mail Address rklasko@klaskolaw.com |

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 Choi | First Moses | Middle N/A |
| In Care Of: Southeast Regional Center, LLC | | |
| Street Address/P.O. Box: 4191 Pleasant Hill Road, Suite 100 | | |
| City: Duluth (b)(6) | State: GA | Zip Code: 30096 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (678) 889-9498 | Telephone Number (include area code): (678) 882-7756 |
| Web site address: www.srceb-5.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001300

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: Southeast Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 4191 Pleasant Hill Road, Suite 100 | | |
| City: Duluth | State: GA | Zip Code: 30096 |
| Web site Address: www.srceb-5.com | Fax Number (include area code): (678) 889-9498 | Telephone (include area code): (678) 882-7756 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535553793

egarcia2 I924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| 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: Transportation Equipment Manufacturing | | NAICS Code for the Industry Category 3 3 6 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _ _ _ _ _ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| c. Industry Category Title: N/A | | 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: SRC Ajin-Wooshin Fund IV, LLC | | Industry Category Title: Investment and Development | |
| Address (Street Number and Name): 4191 Pleasant Hill Rd. #100 | City: Duluth | State: GA | Zip Code: 30096 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: JH Industry, Inc d/b/a Wooshin USA | | Industry Category Title: Automotive Parts Manufacturing | |
| Address (Street Number and Name): 1450 County Road 177 | City: Cusseta | State: AL | Zip Code: 36852 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name N/A | | 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: SRC Ajin-Wooshin Fund V, LLC | | Industry Category Title: Investment and Development | |
| Address (Street Number and Name): 4191 Pleasant Hill Rd. #100 | City: Duluth | State: GA | Zip Code: 30096 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: Joon, LLC d/b/a Ajin USA | | Industry Category Title: Automotive Parts Manufacturing | |
| Address (Street Number and Name): 1500 County Road 177 | City: Cusseta | State: AL | Zip Code: 36852 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: N/A | | 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: N/A | | 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 |
| | | | |

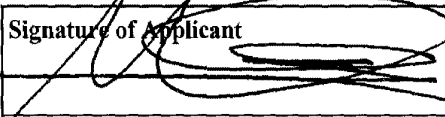
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Moses Choi | Date (mm/dd/yyyy) 12/17/2015 |
| Daytime Phone Number (Area/Country Codes) (678) 882-7756 | E-Mail Address moseschoi@srceb-5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO, Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☒ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|-----------------|--------|
| Name: Last El Fadi | First Marcel | Middle |
|-----------------------|-----------------|--------|

In Care Of: Marcel El Fadi

Street Address/P.O. Box: 8316 East Freeway

| | | |
|-------------------------------|---|---|
| City: Houston (b)(6) | State: Texas | Zip Code: 77029 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (713) 676-1081 | Telephone Number (include area code): (713) 676-0000 |

Web site address: www.royalwhitecement.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: Royal White Cement EB-5 Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 8316 East Freeway | | |
| City: Houston | State: Texas | Zip Code: 77029 |
| Web site Address: www.royalwhitecement.com | Fax Number (include area code): (713) 676-1081 | Telephone (include area code): (713) 676-0000 |

B. Name of Managing Company/Agency: Royal White Cement EB-5 Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 8316 East Freeway | | |
| City: Houston | State: Texas | Zip Code: 77029 |
| Web site Address: | Fax Number (include area code): (713) 676-1081 | Telephone (include area code): (713) 676-0000 |

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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (b)(4) | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| Industrial Building Construction | | <u>2</u> <u>3</u> <u>6</u> <u>2</u> <u>1</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Cement Manufacturing | | <u>3</u> <u>2</u> <u>7</u> <u>3</u> <u>1</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|-----------------------------|------------------------------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? | | | |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| | | | |
|--------|--|--------|---------|
| (b)(4) | Form I-526 Petition Final Case Actions | | |
| | Approved | Denied | Revoked |
| | | | |

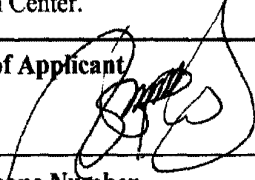
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| | | | |
|--------|--|--------|---------|
| (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 compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|--|--------------------------|
| Signature of Applicant  | Printed Name of Applicant Marcel El Fadi | Date (mm/dd/yyyy) |
| Daytime Phone Number (Area/Country Codes) 713-676-000 | E-Mail Address marcel@royalwhitecement.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|--|--|---|
| Signature of Preparer | Printed Name of Preparer John Meyer/Christian Triantaphyllis | Date (mm/dd/yyyy) |
| Firm Name and Address Foster LLP 600 Travis Street, 20th Floor, Houston, Texas 77002, USA | | |
| Daytime Phone Number (Area/Country Codes) (832) 426-0331 | Fax Number (Area/Country Codes) (713) 228-1303 | E-Mail Address ctriantaphyllis@fosterglobal.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

REC'D CSC 15DEC22 21:24
5326

Part 1. Information About Principal of the Regional Center

| | | |
|--|------------------------------------|--|
| Name: Last ZHANG | First Elaine | Middle |
| In Care Of: Dream of Texas Regional Center | | |
| Street Address/P.O. Box: 12012 Wickchester Lane Suite 680 | | |
| City: Houston (b)(6) | State: Texas | Zip Code: 77079 |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): | Telephone Number (include area code): 281-558-8889 |
| Web site address: N/A | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1415351771 | | |

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: **Dream of Texas Regional Center**

| | | |
|--|------------------------------------|---|
| Street Address/P.O. Box: 12012 Wickchester Lane Suite 680 | | |
| City: Houston | State: Texas | Zip Code: 77079 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 281-558-8889 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535653841

maginger 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in Part 2 of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| See enclosed business plan | First Project In Process | First Project In Process |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|---------------------------------------|---|--------------------------------------|--|
| a. Industry Category Title: | | NAICS Code for the Industry Category | |
| Non Residential Building Construction | | 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category | |
| Traveler Accommodation | | 7 2 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category | |
| Lessors of Real Estate | | 5 3 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Cred Fund, LP | | 2362 | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 12012 Wickchester Lane Suite 680 | Houston | Texas | 77079 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: Credtx, LLC (developer/owner/operator of KP Plaza Project Phase I) | | Industry Category Title: Non Residential Building Construction | |
| Address (Street Number and Name): 8205 West Sam Houston Parkway South | City: Houston | State: TX | Zip Code: 77072 |
| 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: | | 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: Texas | 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: |
| | | Texas | |
| 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.

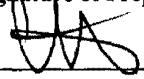
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Elaine Zhang | Date (mm/dd/yyyy) 12/06/2015 |
| Daytime Phone Number (Area/Country Codes) 281-558-8889 | E-Mail Address elainezhang@credgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, 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 John Meyer / Yiting Hu | Date (mm/dd/yyyy) 12/12/2015 |
| Firm Name and Address Foster LLP, 600 Travis Street Suite 2000, Houston, Texas 77002 | | |
| Daytime Phone Number (Area/Country Codes) 713-229-8733 | Fax Number (Area/Country Codes) 713-228-1303 | E-Mail Address jmeyer@fosterglobal.com / dhu@fosterglobal.com |

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Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|---------------|--------|
| Name: Last DVIVEDI | First Neel | Middle |
|-----------------------|---------------|--------|

In Care Of: Real Estate Immigration Fund, LLC

Street Address/P.O. Box: 21-34 30th Avenue, Suite 1A

| | | | |
|---------------|--------|-----------|-----------------|
| City: Astoria | (b)(6) | State: NY | Zip Code: 11102 |
|---------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 347-824-2874 | Telephone Number (include area code): 347-829-4520 |
|-------------------------------|---|---|

Web site address: <http://www.reifrc.com>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1122250269

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: Real Estate Immigration Fund, LLC

Street Address/P.O. Box: 21-24 30th Avenue, Suite 1A

| | | |
|--|---|--|
| City: Astoria | State: NY | Zip Code: 11102 |
| Web site Address: http://www.reifrc.com | Fax Number (include area code): 347-824-2874 | Telephone (include area code): 347-829-4520 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|------------------------------------|-----------------------------------|-----------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | Telephone (include area code): | |



RCW1535753852

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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (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: Residential Construction | | NAICS Code for the Industry Category 2 3 6 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: Nonresidential Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Other Heavy and Civil Engineering | | NAICS Code for the Industry Category 2 3 7 9 9 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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: ERY Tenant LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 60 Columbus Circle | City: New York | State: NY | Zip Code: 0023 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

** This figure represents the total EB-5 capital invested in ERY Tenant LLC through the Real Estate Immigration Fund. Such EB-5 capital will be combined with other sources of capital (EB-5 and non-EB-5) to generate the job creation figures listed here.

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: N/A | | 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 N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |

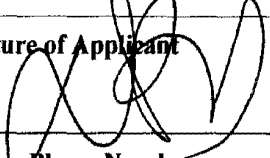
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

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 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.

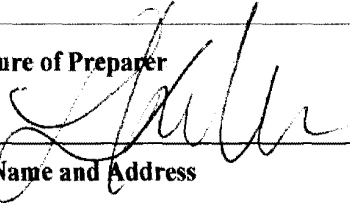
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Neel DVIVEDI | Date (mm/dd/yyyy) 12/04/2015 |
| Daytime Phone Number (Area/Country Codes) 347-829-4520 | E-Mail Address n.dvivedi@reifrc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principle | | |

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 Lillian Katherine Kalmykov | Date (mm/dd/yyyy) 12/17/2015 |
| Firm Name and Address Greenberg Traurig LLP - New Jersey 500 Campus Drive, PO Box 677 Florham Park, NJ 07932-0677 | | |
| Daytime Phone Number (Area/Country Codes) (973)443-3276 | Fax Number (Area/Country Codes) 973-301-8410 | E-Mail Address kalmykovk@gtlaw.com |

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 Fischer | First Mark | Middle A. |
|-----------------------|---------------|--------------|

In Care Of: Oklahoma Regional Center LLC

Street Address/P.O. Box: 1917 E. Cambridge Way

| | | |
|----------------------------|--|--|
| City: Edmond (b)(6) | State: OK | Zip Code: 73013 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 405-478-0932 | Telephone Number (include area code): 405-478-8770 |

Web site address: TBD

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1335851441/ID1118650240**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: Oklahoma Regional Center, LLC - DBA - THE REGIONAL CENTER OF OKLAHOMA

Street Address/P.O. Box: 701 Cedar Lake Boulevard

| | | |
|-----------------------|--|---|
| City: Oklahoma City | State: Oklahoma | Zip Code: 73114 |
| Web site Address: TBD | Fax Number (include area code): 405-478-0932 | Telephone (include area code): 405-478-8770 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|-------------------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------------------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535653829

maging

I924A

12/22/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | N/A |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|--|---|---|--|
| a. Industry Category Title: N/A (No investments sponsored through RC yet) | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: N/A | |
| | | | |
| 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:

(b)(4)

| | | | |
|--|---|--|------------------|
| a. Name of Commercial Enterprise: None (No investments sponsored through RC yet) | | Industry Category Title: None (No investments sponsored through RC yet) | |
| Address (Street Number and Name): N/A | City: N/A | State: N/A | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: N/A | |
| | | | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |
| 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 |
| N/A | N/A | N/A |

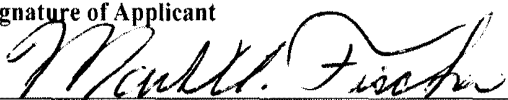
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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.

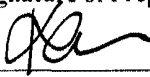
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Mark A. Fischer | Date (mm/dd/yyyy) 12-14-15 |
| Daytime Phone Number (Area/Country Codes) 405-478-8770 | E-Mail Address markf@chaparralenergy.com | |
| Relationship to the Regional Center Entity (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 Katie Wu | Date (mm/dd/yyyy) 12/24/15 |
| Firm Name and Address Fragomen, Del Rey, Bernsen & Loewy, LLP 18401 Von Karman Avenue, Suite 255 Irvine, CA 92612 | | |
| Daytime Phone Number (Area/Country Codes) 949-261-0209 | Fax Number (Area/Country Codes) 949-261-2821 | E-Mail Address kwu@fragomen.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

REC'D CSC 15DEC16 20:02

5338

Part 1. Information About Principal of the Regional Center

| | | |
|--|--|--|
| Name: Last Tan | First Jerry | Middle |
| In Care Of: Tan Holdings Corporation | | |
| Street Address/P.O. Box: TSL Plaza, 3rd Floor, Beach Road/PO Box 501280 | | |
| City: Garapan (b)(6) | State: Saipan MF | Zip Code: 96950 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 670.233.4716 | Telephone Number (include area code): 670.233.8080 |
| Web site address: www.tanholdings.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | |

Part 2. Application Type (check 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: Marianas Investment Co., LLC

| | | |
|---|--|---|
| Street Address/P.O. Box: TSL Plaza, 3rd Flr, Beach Rd/PO Box 501280 | | |
| City: Garapan | State: Saipan MF | Zip Code: 96950 |
| Web site Address: www.tanholdings.com | Fax Number (include area code): 670.233.4716 | Telephone (include area code): 670.233.8080 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535053670

egarcia2 I924A 12/16/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| (b)(4) Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|---|---|---|
| a. Industry Category Title: Hotels (except Casino Hotels) and Motels | | NAICS Code for the Industry Category 7 2 1 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: Commerical & Institutional Bldg Construc | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| 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: Kanoa Resort Saipan, LP | | Industry Category Title: Hotels (except Casino Hotels) | |
| Address (Street Number and Name): Beach Road, Chalan Kanoa | City: Saipan | State: | Zip Code: 96950 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center *(Continued)*

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

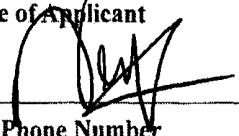
(b)(4)

| 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 compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

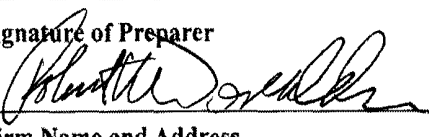
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Jerry Tan | Date (mm/dd/yyyy) 12/09/2015 |
| Daytime Phone Number (Area/Country Codes) 670.233.8080 | E-Mail Address <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Robert W. Donaldson | Date (mm/dd/yyyy) 12/15/15 |
| Firm Name and Address Black Helterline LLP 805 SW Broadway, Suite 1900, Portland, OR 97205 | | |
| Daytime Phone Number (Area/Country Codes) 503-224-5560 | Fax Number (Area/Country Codes) 503-224-6148 | E-Mail Address rwd@bhlaw.com |

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 Olson | | First Robert | Middle |
| In Care Of: American Pacific Hotels Regional Center | | | |
| Street Address/P.O. Box: 2995 Main Street, Third Floor | | | |
| City: Irvine | | State: CA <input type="checkbox"/> | Zip Code: 92614 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | | Telephone Number (include area code): |
| Web site address: | | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1208350617/ID1208350617

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: American Pacific Hotels Regional Center, LLC | | | |
| Street Address/P.O. Box: 2995 Main Street, Third Floor | | | |
| City: Irvine | | State: CA <input type="checkbox"/> | Zip Code: 92614 |
| Web site Address: | Fax Number (include area code): | | Telephone (include area code): |
| B. Name of Managing Company/Agency: R.D. Olson Development | | | |
| Street Address/P.O. Box: 2995 Main Street, Third Floor | | | |
| City: Irvine | | State: CA | Zip Code: 92614 |
| Web site Address: rdodevelopment.com | Fax Number (include area code): | | Telephone (include area code): 9494742001 |
| C. Name of Other Agent: | | | |
| Street Address/P.O. Box: | | | |
| City: | | State: <input type="checkbox"/> | Zip Code: |
| Web site | Fax Number (include area code): | | Telephone (include area code): |



RCW1536554097

egarcia2 I924A 12/29/2015



RCW1536554097

egarcia2

I924A

12/29/2015

NIMA KORPIVAARA
RE: ROBERT OLSON
19772 MACARTHUR BLVD STE 220
IRVINE CA 92612

NIMA KORPIVAARA
RE: ROBERT OLSON
19772 MACARTHUR BLVD STE 220
IRVINE CA 92612

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Hotels (except Casino Hotels) and Motels | | NAICS Code for the Industry Category 7 2 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category — — — — — | |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |

(b)(4)

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|---|------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input checked="" type="checkbox"/> | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

| | | | |
|---|--|---|-------------------------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code N/A |
| EB-5 Capital Investment 0.00 | Direct and Indirect Job Creation 0.00 | Jobs Maintained 0.00 | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|--|---|-------------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

| | | | |
|---|--|---|-------------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |


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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |



| | | | |
|---|--|---|-------------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |


Part 3. Information About the Regional Center (Continued)

| | | | |
|---|--|--|-------------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State:  | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State:  | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State:  | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

| | | | |
|---|--|--|-------------------------|
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State:  | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0.00 | Aggregate Direct and Indirect Job Creation: 0.00 | Aggregate Jobs Maintained: 0.00 | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: <input type="checkbox"/> | Zip Code: N/A |
| EB-5 Capital Investment: 0.00 | Direct and Indirect Job Creation: 0.00 | Jobs Maintained: 0.00 | |

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.

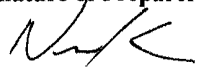
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant Blake Evans | Date (mm/dd/yyyy) 12/22/2015 |
| Daytime Phone Number (Area/Country Codes) 949-271-1119 | E-Mail Address blake.evans@rbddevelopment.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) VP of Finance of 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 Nima Korpivaara | Date (mm/dd/yyyy) 12/28/2015 |
| Firm Name and Address David Hirson & Partners 19972 MacArthur Blvd. Ste 220 Irvine, CA 92612 | | |
| Daytime Phone Number (Area/Country Codes) 949-383-5358 | Fax Number (Area/Country Codes) 949-383-5368 | E-Mail Address nimak@hirsonimmigration.com |

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 Kamel | First Joseph | Middle M. |
| In Care Of: Foster, LLP | | |
| Street Address/P.O. Box: 600 Travis Street, Suite 2000 | | |
| City: Houston (b)(6) | State: Texas | Zip Code: 77002 |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): | Telephone Number (include area code): 956-212-0634 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1034250076

Part 2. Application Type (check 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: RGV EB-5 Regional Center

| | | |
|---|---------------------------------|---|
| Street Address/P.O. Box: 2807 Santa Erica | | |
| City: Mission | State: Texas | Zip Code: 78572 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 956-212-0634 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535753903

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|---|---|---|
| a. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category <u>2</u> <u>3</u> <u>6</u> <u>2</u> _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|---|---|---|
| b. Industry Category Title: Hotel Operations | | NAICS Code for the Industry Category <u>7</u> <u>2</u> <u>1</u> <u>1</u> <u>1</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|------------------------------------|---|---|
| c. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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 compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

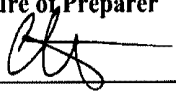
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Joseph M. Kamel | Date (mm/dd/yyyy) 12/14/2015 |
| Daytime Phone Number (Area/Country Codes) (956) 212 - 0634 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 30px; display: flex; align-items: center; justify-content: center;">(b)(6)</div> | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 John Meyer/Christian Triantaphyllis | Date (mm/dd/yyyy) 12/22/2015 |
| Firm Name and Address Foster LLP 600 Travis Street, 20th Floor, Houston, Texas 77002, USA | | |
| Daytime Phone Number (Area/Country Codes) (832) 426-0331 | Fax Number (Area/Country Codes) (713) 228-1303 | E-Mail Address ctriantaphyllis@fosterglobal.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

09-02-0000 REC'D CSC 150CT21 21:26

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Rodriguez | First J. | Middle Richard |
| In Care Of: | | |
| Street Address/P.O. Box: 10010 San Pedro Ave., Suite 105 | | |
| City: San Antonio (b)(6) | State: TX | Zip Code: 78216 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (210) 499-5496 | Telephone Number (include area code): (210) 340-5500 |
| Web site address: www.magirealestate.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1031910074/RC ID1031910074

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: Central Texas Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 10010 San Pedro Ave., Suite 105 | | |
| City: San Antonio | State: TX | Zip Code: 78216 |
| Web site Address: www.ctrceb5.com | Fax Number (include area code): (210) 499-5496 | Telephone (include area code): (210) 340-5500 |

B. Name of Managing Company/Agency: CT Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 10010 San Pedro, Suite 105 | | |
| City: San Antonio | State: TX | Zip Code: 78216 |
| Web site Address: | Fax Number (include area code): (210) 499-5496 | Telephone (include area code): (210) 340-5500 |

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): |



RCW1530053397

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

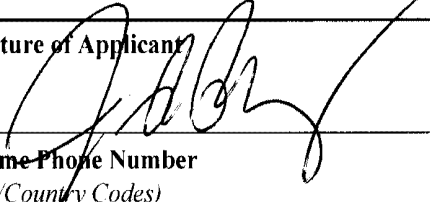
| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| 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 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.

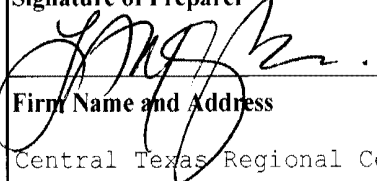
| | | |
|---|--|--|
| Signature of Applicant  | Printed Name of Applicant J. Richard Rodriguez | Date (mm/dd/yyyy) 10/14/2015 |
| Daytime Phone Number (Area/Country Codes) (210) 340-5500 | E-Mail Address rrodriguez@magirealestate.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chairman and Chief Executive Officer | | |

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 Loren McCall-Campbell | Date (mm/dd/yyyy) 10/14/2015 |
| Firm Name and Address Central Texas Regional Center 10010 San Pedro Ave. Suite 105 San Antonio, TX 78216 | | |
| Daytime Phone Number (Area/Country Codes) (210) 340-5500 | Fax Number (Area/Country Codes) (210) 499-5495 | E-Mail Address lmccallcampbell@brassfunds.com |

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 Hooper | First Robert | Middle C. |
| In Care Of: Nevada State EB-5 Regional Center | | |
| Street Address/P.O. Box: 704 W. Nye Lane, Suite 201 | | |
| City: Carson City (b)(6) | State: NV | Zip Code: 89703 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (775) 883-4430 |
| Web site address: nveb5.org | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1033650016 | | |

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: Nevada State EB-5 Regional

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 704 W. Nye Lane, Suite 201 | | |
| City: Carson City | State: NV | Zip Code: 89703 |
| Web site Address: nveb5.org | Fax Number (include area code): | Telephone (include area code): (775) 600-4091 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



RCW1535753896

maginger 1924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| | | | |
|------------------------------------|---|---|--|
| a. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ | |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

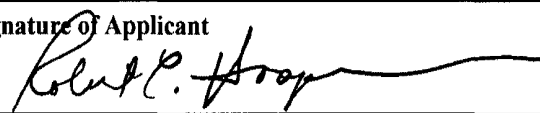
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

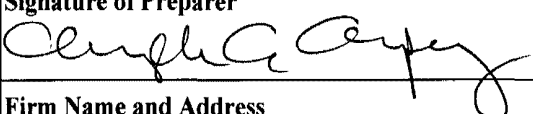
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Robert C. Hooper | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (775) 883-4430 | E-Mail Address rhooper@nnda.org | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Cherylle C. Corpuz | Date (mm/dd/yyyy) 12/16/2015 |
| Firm Name and Address Corpuz Law Group 1420 Walnut Street, Ste 1188 Philadelphia, PA 19102 | | |
| Daytime Phone Number (Area/Country Codes) (215) 599-2188 | Fax Number (Area/Country Codes) (215) 790-6242 | E-Mail Address ccorpuz@corpuzlaw.com |

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 Greenberg | First Scott | Middle E. |
|-------------------------|----------------|--------------|

In Care Of: GO USA EB-5 Regional Center

Street Address/P.O. Box: 250 Parkway Drive, Suite 120

| | | |
|---------------------------|-----------|-----------------|
| City: Lincolnshire (b)(6) | State: IL | Zip Code: 60069 |
|---------------------------|-----------|-----------------|

| | | |
|--|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): | Telephone Number (include area code): 847-325-9339 |
|--|------------------------------------|---|

Web site address: www.GOUSAEB5.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1423151851/ID1423151851

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: GO USA EB-5 Regional Center, LLC

Street Address/P.O. Box: 250 Parkway Drive, Suite 120

| | | |
|--|------------------------------------|--|
| City: Lincolnshire | State: IL | Zip Code: 60069 |
| Web site Address: www..GOUSAEB5.com | Fax Number (include area code): | Telephone (include area code): 847-325-9339 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|------------------------------------|-----------------------------------|-----------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | Telephone (include area code): | |



RCW1535753897

egarcia2 I924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Furniture and Home Furnishing Merchant Wholesalers | | NAICS Code for the Industry Category 4 2 3 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: Other Specialty Trade Contractors | | NAICS Code for the Industry Category 2 3 8 9 | |
| | 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: SMASHotels EB5 Investors, LLC* | | Industry Category Title: Lender | |
| Address (Street Number and Name): 250 Parkway Drive, Suite 120 | City: Lincolnshire | State: IL | Zip Code: 60069 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| (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 | | | |

*The Midwest Metropolitan Regional Center sponsored the first fifteen (15) investors in SMASHotels EB5 Investors, LLC. Accordingly, GO USA EB5 Regional Center did not sponsor any investors during the past fiscal year. However, SMASHotels EB5 Investors, LLC did receive EB-5 investor capital and such funds are reflected on the Midwest Metropolitan Regional Center Form I-924A. Form I-924A 03/18/15 Y Page 2

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: SMASHotels Chicago, LLC* | | Industry Category Title: Hotel Developer | |
| Address (Street Number and Name): 250 Parkway Drive, Suite 120 | City: Illinois | State: IL | Zip Code: 60069 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | (b)(4) | |
| (2) Business Name N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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 | |
| | | | |

*The Midwest Metropolitan Regional Center sponsored the first fifteen (15) investors in SMASHotels EB5 Investors, LLC. Accordingly, GO USA EB5 Regional Center did not sponsor any investors during the past fiscal year. However, SMASHotels EB5 Investors, LLC did receive EB-5 investor capital and such funds are reflected on the Midwest Metropolitan Regional Center Form I-924A. Form I-924A 03/18/15 Y Page 3

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 |
| | | | |

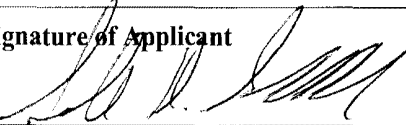
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

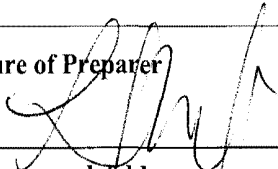
| | | |
|--|--|--------------------------|
| Signature of Applicant  | Printed Name of Applicant Scott D. Greenberg | Date (mm/dd/yyyy) |
| Daytime Phone Number (Area/Country Codes) 847-229-9200 | E-Mail Address scott@ecdco.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Laura Foote Reiff | Date (mm/dd/yyyy) 12/22/15 |
| Firm Name and Address Greenberg Traurig LLP - TCO 1750 Tysons Boulevard, #1000 McLean, VA 22102 | | |
| Daytime Phone Number (Area/Country Codes) 703- 749-1372 | Fax Number (Area/ Country Codes) (703) 749-1301 | E-Mail Address reiff@gtlaw.com |

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 Khosravi | First Khalil | Middle |
| In Care Of: GLOBAL MEDICAL CENTER OF SOUTHERN CALIFORNIA LLC | | |
| Street Address/P.O. Box: 7025 East Avenida de Santiago | | |
| City: Anaheim (b)(6) | State: CA | Zip Code: 92807 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (760) 900-1659 |
| Web site address: none | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: GLOBAL MEDICAL CENTER OF SOUTHERN CALIFORNIA REGIONAL CENTER

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 7025 East Avenida de Santiago | | |
| City: Anaheim | State: CA | Zip Code: 92807 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (760) 900-1659 |

B. Name of Managing Company/Agency: GLOBAL MEDICAL CENTER OF SOUTHERN CALIFORNIA LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 7025 East Avenida de Santiago | | |
| City: Anaheim | State: CO | Zip Code: 92807 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (760) 900-1659 |
| 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): |



RCW1535753892

Managing I924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--|---|---|--|
| a. Industry Category Title: Medical Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Urgent Medical Care Centers | | NAICS Code for the Industry Category 6 2 1 4 9 3 | |
| 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: Global Medical Center of So Cal Partners LP | | Industry Category Title: Medical Center | |
| Address (Street Number and Name): 15621 Main Street | City: Hesperia | State: CA | Zip Code: 92345 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

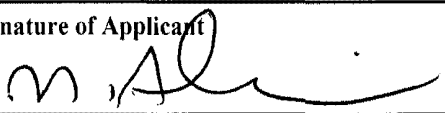
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Majid Ahmadi | Date (mm/dd/yyyy) 12-16-15 |
| Daytime Phone Number (Area/Country Codes) (714) 553-2920 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Co-Managing Member, Global Medical Center of Southern California Regional Center | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|---------------|-------------------|
| Name: Last Ryan | First John | Middle Timothy |
|--------------------|---------------|-------------------|

In Care Of:

Street Address/P.O. Box: Pan Am Building, 139 Murray Blvd., Suite 100

| | | |
|-----------------------------|--|--|
| City: Hagatna (b)(6) | State: GU | Zip Code: 96910 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (671) 475-9801 | Telephone Number (include area code): (671) 475-9800 |

Web site address: www.guameb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

W09000570 / ID 1031910094

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: Guam Strategic Development Regional Center

| | | |
|--|--|---|
| Street Address/P.O. Box: 139 Murray Blvd., Suite 100 | | |
| City: Hagatna | State: GU | Zip Code: 96910 |
| Web site www.guameb5.com Address: | Fax Number (include area code): (671) 475-9801 | Telephone (include area code): (671) 475-9800 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535753889

egarcia2 I924A 12/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

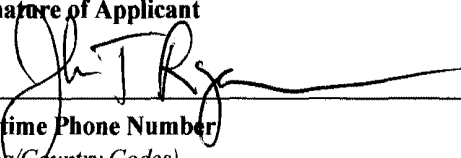
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 John T. Ryan | Date (mm/dd/yyyy) 12/11/2015 |
| Daytime Phone Number (Area/Country Codes) (671) 475-9800 | E-Mail Address jryan@guameb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 Michele Franchett | Date (mm/dd/yyyy) 12/16/2015 |
| Firm Name and Address Stone, Grzegorek & Gonzalez, LLP 800 Wilshire Boulevard, Suite 900 Los Angeles, CA 90017 | | |
| Daytime Phone Number (Area/Country Codes) (231) 627-8997 | Fax Number (Area/Country Codes) (213) 627-8998 | E-Mail Address Michele@SGGImmigration.com |

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 REITANO | First RICHARD | Middle N/A |
| In Care Of: | | |
| Street Address/P.O. Box: P.O. BOX 540175 | | |
| City: LAKE WORTH (b)(6) | State: FL | Zip Code: 33454 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): N/A | Telephone Number (include area code): 561-248-2919 |
| Web site address: EB5VISAFUNDS.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1205250593/ID1205250593**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: EB5 VISA FUND, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 772 US HIGHWAY 1 STE 200 | | |
| City: NORTH PALM BEACH | State: FL | Zip Code: 33408 |
| Web site Address: EB5VISAFUNDS.COM | Fax Number (include area code): 561-209-1175 | Telephone (include area code): 561-209-1125 |

B. Name of Managing Company/Agency: RICHARD REITANO MANAGING MEMBER/CHAIRMAN

| | | |
|--|--|--|
| Street Address/P.O. Box: PO BOX 540175 | | |
| City: LAKE WORTH | State: FL | Zip Code: 33454 |
| Web site Address: N/A | Fax Number (include area code): N/A | Telephone (include area code): 561-248-2919 |

C. Name of Other Agent: LOU J FUOCO, CPA MANAGING DIRECTOR OF THE FUOCO GROUP CPA FIRM

| | | |
|--|---|--|
| Street Address/P.O. Box: 772 US HWY 1, STE 200 | | |
| City: NORTH PALM BEACH | State: FL | Zip Code: 33408 |
| Web site Address: FUOCO.COM | Fax Number (include area code): 631-870-3951 | Telephone (include area code): 631-870-3901 |



RCW1535853919

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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| N/A | N/A | N/A |

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: PUBLIC ACCOUNTANTS (CPAs) PRIVATE PRACTICES, CERTIFIED | | NAICS Code for the Industry Category 5 4 1 2 1 1 |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |
| b. Industry Category Title: FOOD SERVICES AND DRINKING PLACES | | NAICS Code for the Industry Category 7 2 2 0 0 0 |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |
| c. Industry Category Title: CONSTRUCTION | | NAICS Code for the Industry Category 2 3 0 0 0 0 |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|--|------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|--|--|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| 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 |

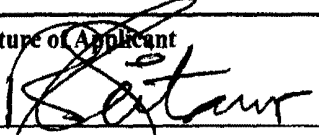
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |

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.

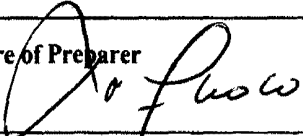
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant RICHARD REITANO | Date (mm/dd/yyyy) 12/22/2015 |
| Daytime Phone Number (Area/Country Codes) 561-248-2919 | E-Mail Address REIT99@COMCAST.NET | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) MANAGING MEMBER/CEO | | |

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 LOU FUOCO | Date (mm/dd/yyyy) 12/22/2015 |
| Firm Name and Address EB5 VISA FUND, LLC 772 US HIGHWAY 1 NORTH PALM BEACH FLORIDA 33408 | | |
| Daytime Phone Number (Area/Country Codes) 631-870-3901 | Fax Number (Area/Country Codes) 631-870-3951 | E-Mail Address LFUOCO@FUOCO.COM |

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 RYU | First KEUN | Middle |
|-------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 3207 159TH PL SE

City: MILL CREEK

State: WA

Zip Code: 98012

Date of Birth
(mm/dd/yyyy):

Fax Number
(include area code):

Telephone Number
(include area code):

Web site address: <http://www.eb5ewrc.com>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1034150054

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: EASTERN WASHINGTON REGIONAL CENTER

Street Address/P.O. Box: 3411 184TH ST SW SUITE 190

City: LYNNWOOD

State: WA

Zip Code: 98037

Web site
Address:

Fax Number
(include area code): (425) 248-4994

Telephone
(include area code):

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

City:

State:

Zip Code:

Web site
Address:

Fax Number
(include area code):

Telephone
(include area code):

C. Name of Other Agent: N/A

Street Address/P.O. Box:

City:

State:

Zip Code:

Fax Number
(include area code):

Telephone
(include area code):



RCW1600554163

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: SEE ATTACHED | | NAICS Code for the Industry Category _____ |
| 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: GREEN ENERGY EB-5 INVESTMENT, LP | | Industry Category Title: GREEN ENERGY / REAL ESTATE DEVELOPMENT | |
| Address (Street Number and Name): 3411 184TH ST SW SUITE 190 | City: LYNNWOOD | State: WA | Zip Code: 98037 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| (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: SEE ATTACHED | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

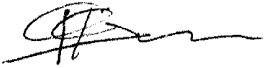
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

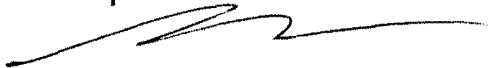
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant KEUN RYU | Date (mm/dd/yyyy) 12/21/15 |
| Daytime Phone Number (Area/Country Codes) (425) 248-4999 | E-Mail Address kyryu@newstarrealty.com | |
| Relationship to the Regional Center Entity (Managing 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 Shahzad Q. Qadri | Date (mm/dd/yyyy) 12/22/15 |
| Firm Name and Address WONG FLEMING 10675 WILLOWS RD NE, SUITE 250 REDMOND, WA 98052 | | |
| Daytime Phone Number (Area/Country Codes) (425) 869-4040 | Fax Number (Area/Country Codes) (425) 869-4050 | E-Mail Address sqadri@wongfleming.com |

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 LIAO | First FangFang | Middle |
|--------------------|-------------------|--------|

In Care Of: Virginia Center for Foreign Investment and Job Creation, LLC

Street Address/P.O. Box: 1600 Tysons Blvd., Suite 1150

| | | | |
|--------------|--------|-----------|-----------------|
| City: McLean | (b)(6) | State: VA | Zip Code: 22102 |
|--------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (571) 765-3506 | Telephone Number (include area code): (571) 765-3500 |
|-------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1111850202

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: Virginia Center for Foreign Investment and Job Creation, LLC

Street Address/P.O. Box: 1600 Tysons Blvd., Suite 1150

| | | |
|----------------------|---|--|
| City: McLean | State: VA | Zip Code: 22102 |
| Web site Address: | Fax Number (include area code): (571) 765-3506 | Telephone (include area code): (571) 765-3500 |

B. Name of Managing Company/Agency: Virginia Green Capital Services, LLC

Street Address/P.O. Box: 1600 tysons Blvd., Suite 1150

| | | |
|----------------------|---|--|
| City: McLean | State: VA | Zip Code: 22102 |
| Web site Address: | Fax Number (include area code): (571) 765-3506 | Telephone (include area code): (571) 765-3500 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535653808

egarcia2 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|--------------------------------------|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

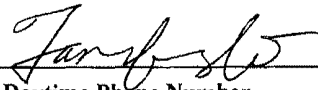
(b)(4)

| 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.

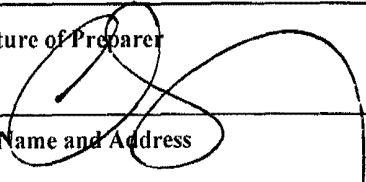
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant FangFang LIAO | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (571) 765-3500 | E-Mail Address jessie.liao@gulfcoastfunds.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) General Manager | | |

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 C. Matthew Schulz | Date (mm/dd/yyyy) 12/21/2015 |
| Firm Name and Address Dentons US LLP 1530 Page Mill Road, Suite 200 Palo Alto, CA 94304 | | |
| Daytime Phone Number (Area/Country Codes) (650) 798-0361 | Fax Number (Area/Country Codes) (650) 798-0310 | E-Mail Address matthew.schulz@dentons.com |

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 <u>London</u> | First <u>Enc</u> | Middle <u>M</u> |
|-----------------------------|---------------------|--------------------|

In Care Of:

Street Address/P.O. Box: 138 Stone Brook Estates

| | | |
|-------------------------|------------------|------------------------|
| City: <u>Morgantown</u> | State: <u>WV</u> | Zip Code: <u>26508</u> |
|-------------------------|------------------|------------------------|

| | | |
|--|---|---|
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): <u>(304) 285-2526</u> | Telephone Number (include area code): <u>(304) 285-2570</u> |
|--|---|---|

Web site address: (b)(6)

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1134150373 / ID1134150373

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: Mid Atlantic EBS Regional Center, LLC

Street Address/P.O. Box: 138 Stone Brook Estates

| | | |
|-------------------------|------------------|------------------------|
| City: <u>Morgantown</u> | State: <u>WV</u> | Zip Code: <u>26508</u> |
|-------------------------|------------------|------------------------|

| | | |
|---|---|--|
| Web site Address: <u>MidAtlanticEBS.com</u> | Fax Number (include area code): <u>(304) 285-2526</u> | Telephone (include area code): <u>(304) 285-2570</u> |
|---|---|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|-------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|-------------------|---------------------------------|--------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|-------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|-------------------|---------------------------------|--------------------------------|



RCW1533853509

egarcia2 1924A 12/04/2015

REC'D CSC/15DEC 4 10:24

5338

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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

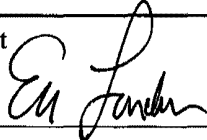
(b)(4)

| 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 ERIC H London | Date (mm/dd/yyyy) 11/30/15 |
| Daytime Phone Number (Area/Country Codes) (341) 285-2570 | E-Mail Address ELondon@BowlesRice.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|-------------|
| Name: Last GORMAN | First GARY | Middle J |
|----------------------|---------------|-------------|

In Care Of: BLUE RIBBON REGIONAL CENTER

Street Address/P.O. Box: 200 N. MAIN STREET

| | | |
|--------------------------------|---|---|
| City: OREGON (b)(6) | State: WI | Zip Code: 53575 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (608) 835-3922 | Telephone Number (include area code): (608) 835-3900 |

Web site address: NONE TO DATE

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1113350203 / ID1113350203

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: BLUE RIBBON REGIONAL CENTER, LLC

Street Address/P.O. Box: 200 N. MAIN STREET

| | | |
|-----------------------------------|---|--|
| City: OREGON | State: WI | Zip Code: 53575 |
| Web site NONE TO DATE Address: | Fax Number (include area code): (608) 835-3922 | Telephone (include area code): (608) 835-3900 |

B. Name of Managing Company/Agency: GORMAN & COMPANY, INC.

Street Address/P.O. Box: 200 N. MAIN STREET

| | | |
|--|---|--|
| City: OREGON | State: WI | Zip Code: 53575 |
| Web site WWW.GORMANUSA.COM Address: | Fax Number (include area code): (608) 835-3922 | Telephone (include area code): (608) 835-3900 |

C. Name of Other Agent: N/A

Street Address/P.O. Box: N/A

| | | |
|--------------------------|--|---------------------------------------|
| City: N/A | State: | Zip Code: N/A |
| Web site N/A Address: | Fax Number (include area code): N/A | Telephone (include area code): N/A |



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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: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|--|-----------------------------------|------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|--|---|--|-------------------------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code N/A |
| EB-5 Capital Investment N/A | Direct and Indirect Job Creation N/A | Jobs Maintained N/A | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|-------------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|--|---|--|-------------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|---|---|--|-------------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|-------------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: N/A |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

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.)

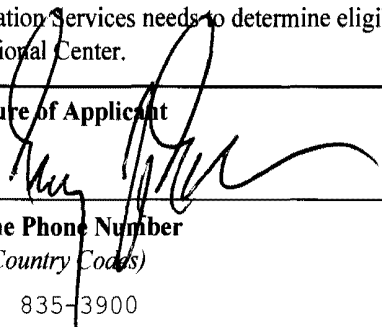
(b)(4)

| 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 Gary J. Gorman | Date (mm/dd/yyyy) 12/07/2015 |
| Daytime Phone Number (Area/Country Codes) (608) 835-3900 | E-Mail Address ggorman@gormanusa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) MANAGER | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|--|--|
| Name: Last Yang | First Frank | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 4448 Technology Drive | | |
| City: Fremont (b)(6) | State: CA | Zip Code: 94538 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (888) 505-3289 | Telephone Number (include area code): (510) 651-9508 |
| Web site address: N/A | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1236250926 | | |

Part 2. Application Type (Select one)

- ☐ a. Supplement for the Fiscal Year Ending September 30, ____ (YYYY)
- ☒ b. Supplement for a Series of Fiscal Years Beginning on October 1, 2014 (YYYY) and Ending on September 30, 2015 (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: Nevada Development Fund LLC

| | | |
|---|--|---|
| Street Address/P.O. Box: 6342 Everest Drive | | |
| City: Reno | State: NV | Zip Code: 89523 |
| Web site N/A Address: | Fax Number (include area code): (888) 505-3289 | Telephone (include area code): (510) 651-9508 |

B. Name of Managing Company/Agency: Frank Yang

| | | |
|--|--|---|
| Street Address/P.O. Box: 4448 Technology Drive | | |
| City: Fremont | State: CA | Zip Code: 94538 |
| Web site N/A Address: | Fax Number (include area code): (888) 505-3289 | Telephone (include area code): (510) 651-9508 |

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): |



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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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☒ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☒ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input checked="" 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.)

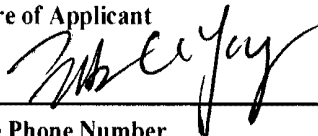
(b)(4)

| 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 Frank Yang | Date (mm/dd/yyyy) 11/30/2015 |
| Daytime Phone Number (Area/Country Codes) (510) 651-9508 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|------------------------------------|---|
| Name: Last Yuan | First Fuer | Middle |
| In Care Of: Paramount Regional Center | | |
| Street Address/P.O. Box: 801 S Figueroa Street, Suite 1800 | | |
| City: Los Angeles (b)(6) | State: CA | Zip Code: 90017 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (213) 995-6833 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID1432551995/RCW1432551995

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: Paramount Regional Center

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 1020 S. Figueroa Street | | |
| City: Los Angeles | State: CA | Zip Code: 90015 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (213) 995-6833 |

B. Name of Managing Company/Agency: Paramount Regional Center, LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: 1020 S. Figueroa Street | | |
| City: Los Angeles | State: CA | Zip Code: 90015 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (213) 995-6833 |

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 |
|-----------------------------------|--|---------------------------|
| | | N/A |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| | | | |
|---|--|---|--|
| a. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |
| b. Industry Category Title: Traveler Accommodation | | NAICS Code for the Industry Category 7 2 1 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |
| c. Industry Category Title: | | NAICS Code for the Industry Category — — — — — | |
| Aggregate EB-5 Capital Investment: 0 | Aggregate Direct and Indirect Job Creation: 0 | Aggregate Jobs Maintained: N/A | |

(b)(4)

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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: Los Angeles Hotel Project, LLC | | Industry Category Title: Nonresidential Building Construction | |
| Address (Street Number and Name): 801 S Figueroa St, Ste 1800 | City: Los Angeles | State: CA | Zip Code: 90017 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | N/A | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Fuer Yuan | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (213) 995-6833 | E-Mail Address tracychu@hazensgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) General Manager | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|---|--|--|
| Name: Last LANGENDOEN | First GARY | Middle |
| In Care Of: AMERICAN CALIFORNIA REGIONAL CENTER LLC | | |
| Street Address/P.O. Box: 3452 EAST FOOTHILL BLVD., SUITE 200 | | |
| City: PASADENA | State: CA | Zip Code: 91107 |
| Date of Birth (mm/dd/yyyy) (b)(6) | Fax Number (include area code): (866) 768-1443 | Telephone Number (include area code): (626) 796-8700 |
| Web site address: www.madisonrealtycompanies/eb5 | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID1219850704 | | |

Part 2. Application Type (Select one)

- ☐ a. Supplement for the Fiscal Year Ending September 30, ____ (YYYY)
- ☒ b. Supplement for a Series of Fiscal Years Beginning on October 1, 2014 (YYYY) and Ending on September 30, 2015 (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: AMERICAN CALIFORNIA REGIONAL CENTER

| | | |
|---|--|---|
| Street Address/P.O. Box: 3452 EAST FOOTHILL BLVD., SUITE 200 | | |
| City: PASADENA | State: CA | Zip Code: 91107 |
| Web site www.madisonrealtycompanies.com/eb5 | Fax Number (include area code): (866) 768-1443 | Telephone (include area code): (626) 796-8700 |

B. Name of Managing Company/Agency: MADISON WESTLEAD REALTY LP

| | | |
|---|--|---|
| Street Address/P.O. Box: 3452 EAST FOOTHILL BLVD., SUITE 200 | | |
| City: PASADENA | State: CA | Zip Code: 91107 |
| Web site www.madisonrealtycompanies.com/eb5 | Fax Number (include area code): (866) 768-1443 | Telephone (include area code): (626) 796-8700 |

C. Name of Other Agent: GARY LANGENDOEN

| | | |
|---|--|---|
| Street Address/P.O. Box: 3452 EAST FOOTHILL BLVD., SUITE 200 | | |
| City: PASADENA | State: CA | Zip Code: 91107 |
| Web site www.madisonrealtycompanies.com/eb5 | Fax Number (include area code): (866) 768-1443 | Telephone (include area code): (626) 796-8700 |

**RCW1534353539**
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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: (PLEASE SEE ADDENDUM) | | NAICS Code for the Industry Category _____ |
| 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: CALIFORNIA EDUCATION FUND LP | | Industry Category Title: COMMERCIAL AND INSTITUTIONAL BUILDING CONSTRUCTION ELEMENTARY AND SECONDARY SCHOOLS | |
| Address (Street Number and Name): 10100 SANTA MONICA BLVD., SUITE 300 | City: LOS ANGELES | State: CA | Zip Code: 90067 |
| Aggregate EB-5 Capital Investment: (PLEASE SEE ADDENDUM) | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|---------------------------|
| (1) Business Name: CALIFORNIA PREPARATORY ACADEMIES | | Industry Category Title: COMMERCIAL AND INSTITUTIONAL BUILDING CONSTRUCTION ELEMENTARY AND SECONDARY SCHOOLS | |
| Address (Street Number and Name): 10100 SANTA MONICA BLVD., SUITE 300 | City: LOS ANGELES | State: CA | Zip Code: 90067 |
| EB-5 Capital Investment: (PLEASE SEE ADDENDUM) | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

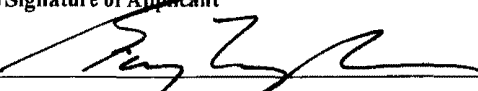
(b)(4)

| 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.

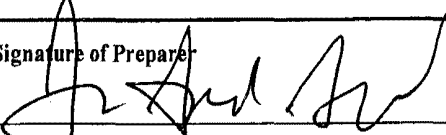
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant GARY LANGENDOEN | Date (mm/dd/yyyy) 11/16/2015 |
| Daytime Phone Number (Area/Country Codes) (626) 796-8700 | E-Mail Address glangendoen@madisonrealtyadv.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CHIEF EXECUTIVE OFFICER | | |

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 JASON ANDREW BLATT | Date (mm/dd/yyyy) 11/16/2015 |
| Firm Name and Address c/o AMERICAN CALIFORNIA REGIONAL CENTER 3452 EAST FOOTHILL BLVD., SUITE 200, PASADENA, CA 91107 | | |
| Daytime Phone Number (Area/Country Codes) (626) 796-8700 | Fax Number (Area/Country Codes) (866) 768-1443 | E-Mail Address jasonb@westleadcap.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

REC'D 03/15/2014 17:35

5338

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last McRay | First Gary | Middle J. |
| In Care Of: International Michigan Investments Regional Center | | |
| Street Address/P.O. Box: 313 S. Washington Square | | |
| City: Lansing (b)(6) | State: MI | Zip Code: 48933 |
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): (517) 367-7385 | Telephone Number (include area code): (517) 371-8285 |
| Web site address: www.invest2usa.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1031910260

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: International Michigan Investments Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 313 S. Washington Square | | |
| City: Lansing | State: MI | Zip Code: 48933 |
| Web site www.invest2usa.com Address: | Fax Number (include area code): (517) 367-7385 | Telephone (include area code): (517) 371-8285 |

B. Name of Managing Company/Agency: International Partners of Michigan, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 313 S. Washington Square | | |
| City: Lansing | State: MI | Zip Code: 48933 |
| Web site www.invest2usa.com Address: | Fax Number (include area code): (517) 367-7385 | Telephone (include area code): (517) 371-8285 |

C. Name of Other Agent: Gary J. McRay

| | | |
|---|---|--|
| Street Address/P.O. Box: 313 S. Washington Square | | |
| City: Lansing | State: MI | Zip Code: 48933 |
| Web site www.invest2usa.com Address: | Fax Number (include area code): (517) 367-7385 | Telephone (include area code): (517) 371-8285 |

**RCW1534853628**

egarcia2 I924A 12/14/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: See Attachment No. 1 - Table B-1 | | NAICS Code for the Industry Category _____ | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: Harbor Village at Harbor Shores III, LLC | | Industry Category Title: See Attachment No. 1 - Table B-1 | |
| Address (Street Number and Name): 518 Broad Street | City: St. Joseph | State: MI | Zip Code: 49085 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Harbor Village at Harbor Shores, LLC | | Industry Category Title: See Attachment No. 1 - Table B-1 | |
| Address (Street Number and Name): 518 Broad Street, Suite 300 | City: St. Joseph | State: MI | Zip Code: 49085 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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 |
| | | | |

(See Attachments 2 and 3)

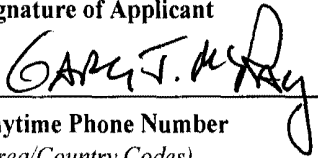
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Gary J. McRay | Date (mm/dd/yyyy) 11/30/2015 |
| Daytime Phone Number (Area/Country Codes) (517) 371-8285 | E-Mail Address gmcray@fosterswift.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President and Manager | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Wilson | First Eric | Middle L. |
|----------------------|---------------|--------------|

In Care Of: Chesapeake Regional Center, LLC

Street Address/P.O. Box: 4437 Brookfield Corporate Drive, Suite 207

| | | |
|-----------------|-----------|-----------------|
| City: Chantilly | State: VA | Zip Code: 20151 |
|-----------------|-----------|-----------------|

| | | |
|---|---|---|
| Date of Birth (mm/dd/yyyy): (b)(6) | Fax Number (include area code): (970) 352-9311 | Telephone Number (include area code): (970) 346-7200 |
|---|---|---|

Web site address: www.chesapeakeerc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1306051099

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: Chesapeake Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 4437 Brookfield Corporate Drive, Suite 207 | | |
| City: Chantilly | State: VA | Zip Code: 20151 |
| Web site Address: www.chesapeakeerc.com | Fax Number (include area code): (970) 352-9311 | Telephone (include area code): (970) 352-7200 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in Part 2 of this form. Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|--|---|---|--|
| (b)(4) | a. Industry Category Title: Non Residential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Lessors or Real Estate | | NAICS Code for the Industry Category 5 3 1 1 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | c. Industry Category Title: Travelers Accomidations | | NAICS Code for the Industry Category 7 2 1 1 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |

See Page 8 for additional Industry Category Titles.

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:

| | | | | |
|--------|--|---|---|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Hopkins Gateway Hotel, LP | | Industry Category Title: Travelers & Accomidations | |
| | Address (Street Number and Name): 409 Washington Ave Ste 900 | City: Towson | State: MD | Zip Code: 21204 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (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: LSH GE Gateway 2, LLC | | Industry Category Title: Travelers Accomidations | |
| Address (Street Number and Name): 409 Washington Ave. Ste 900 | City: Towson | State: MD | Zip Code: 21204 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <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: N/A | | 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.

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 Penbera | First Joseph | Middle John |
|-----------------------|-----------------|----------------|

In Care Of:

Street Address/P.O. Box: 4921 N. Van Ness Blvd.

| | | | |
|-------------------------------|--------|---|---|
| City: Fresno | (b)(6) | State: CA | Zip Code: 93704 |
| Date of Birth (mm/dd/yyyy) | | Fax Number (include area code): (559) 224-2001 | Telephone Number (include area code): (559) 360-3535 |

Web site address: www.greaterhoustoninvestmentcenter.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) W1215350674

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: Greater Houston Investment Center, LL

| | | | |
|--|---|--|-----------------|
| Street Address/P.O. Box: 1908 Sawdust Road | | | |
| City: The Woodlands | State: TX | | Zip Code: 77380 |
| Web site greaterhoustoninvestme Address: ntcenter.com | Fax Number (include area code): (281) 260-7013 | Telephone (include area code): (281) 260-7000 | |

B. Name of Managing Company/Agency: PenberaParis, LLC

| | | | |
|--|---|--|-----------------|
| Street Address/P.O. Box: 4921 Van Ness Blvd. | | | |
| City: Fresno | State: CA | | Zip Code: 93704 |
| Web site www.penberaparis.com Address: | Fax Number (include area code): (559) 224-2001 | Telephone (include area code): (559) 360-3535 | |

C. Name of Other Agent: Dr. Joseph J. Penbera - Regional Center Director

| | | | |
|--|---|--|-----------------|
| Street Address/P.O. Box: 4921 Van Ness Blvd. | | | |
| City: Fresno | State: CA | | Zip Code: 93704 |
| Web site | Fax Number (include area code): (559) 224-2001 | Telephone (include area code): (559) 360-3535 | |



RCW1535553789

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|---|---|--|
| a. Industry Category Title: Commercial and Industrial Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|--|
| b. Industry Category Title: Nonresidential Buildings Lessor except mini-warehouses | | NAICS Code for the Industry Category 5 3 1 1 2 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|--|---|--|
| c. Industry Category Title: Parking Lots and Garages | | NAICS Code for the Industry Category 8 1 2 9 2 0 |
| 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: Woodlands Gate Project, Limited Partnership | | Industry Category Title: Comm. & Institution Bldg Construction | | | |
| Address (Street Number and Name): 1908 Sawdust Road | City: The Woodlands | State: TX | Zip Code: 77380 | | |
| 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? | | | | | |
| | | | | | |

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: Woodlands G Holdings, LLC | | Industry Category Title: Office space, Apts, Retail & Parking | |
| Address (Street Number and Name): 504 Springhill Dr., Ste. 440 | City: Spring | State: TX | Zip Code: 77386 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

(b)(4)

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

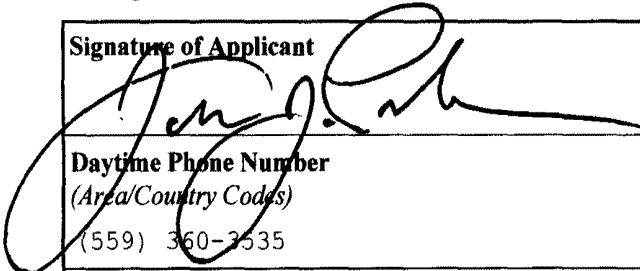
(b)(4)

| 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.

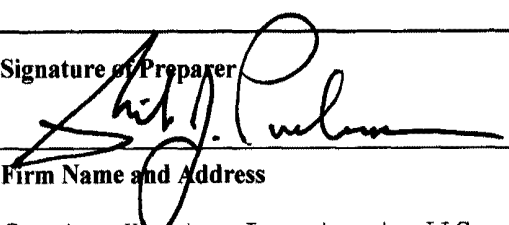
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant Joseph J. Penbera | Date (mm/dd/yyyy) 12/07/2015 |
| Daytime Phone Number (Area/Country Codes) (559) 360-3535 | E-Mail Address jpenbera@comcast.net | |
| Relationship to the Regional Center Entity (Managing Member, President, 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 Michael J. Penbera | Date (mm/dd/yyyy) 12/07/2015 |
| Firm Name and Address Greater Houston Investment, LLC 1908 Sawdust Road The Woodlands, TX 77380 | | |
| Daytime Phone Number (Area/Country Codes) (916) 990-6599 | Fax Number (Area/Country Codes) (559) 224-2001 | E-Mail Address michael.penbera@ceic.us.com |

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 Spackman | First Gary | Middle M |
| In Care Of: Timothy P. Post Esq | | |
| Street Address/P.O. Box: 736 S. Center Street | | |
| City: Reno | (b)(6) | State: NV |
| Zip Code: 89501 | | |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (775) 322-3974 | Telephone Number (include area code): (775) 322-7980 |
| Web site address: www.REDIGEB5.com; Gary@REDIGEB5.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | |
| RCW1232050815/ID1232050815 | | |

Part 2. Application Type (check 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: Regional Economic Development Investment Group, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 736 S. Center Street | | |
| City: Reno | State: NV | Zip Code: 89501 |
| Web site Address: www.REDIGEB5.com | Fax Number (include area code): (775) 322-3974 | Telephone (include area code): (775) 322-7980 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: Reno | State: NV | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

| | | |
|------------------------------|--|---------------------------------------|
| Street Address/P.O. Box: N/A | | |
| City: N/A | State: | Zip Code: |
| Web site Address: N/A | Fax Number (include area code): N/A | Telephone (include area code): N/A |



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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | |
|-----------------------------------|--|---------------------------|
| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| None | None | None |

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: See Attachment Part 3, Section 2 enclosed hereafter | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: None | Aggregate Direct and Indirect Job Creation: None | Aggregate Jobs Maintained: None | |
| 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: None | Aggregate Direct and Indirect Job Creation: None | Aggregate Jobs Maintained: None | |

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: None | | Industry Category Title: None | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: | |

| | | | |
|--|---|--|------------------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment N/A | Direct and Indirect Job Creation N/A/N/A | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: | |

| | | | |
|--|---|--|------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|---|---|--|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|--|------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

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.)

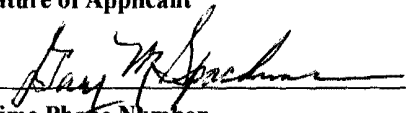
(b)(4)

| 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 compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Gary M. Spckman | Date (mm/dd/yyyy) 10/19/2015 |
| Daytime Phone Number (Area/Country Codes) 760-342-3297 | E-Mail Address Gary@REDIGEB5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chairman | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☒ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last MARENCO | First EDDY | Middle |
| In Care Of: Jacob Zhang, Ivy Accounting Tax Advisory | | |
| Street Address/P.O. Box: 8950 SW 74th Ct Ste 2201-A24 | | |
| City: MIAMI (b)(6) | State: FL | Zip Code: 33156 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (305) 390-3130 | Telephone Number (include area code): (786) 227-6928 |
| Web site address: None | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1208650618/ID1208650618 | | |

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: CITIZENS REGIONAL CENTER OF FLORIDA, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 333 SE 2nd Ave. Ste 2000 | | |
| City: MIAMI | State: FL | Zip Code: 33131 |
| Web site Address: None | Fax Number (include area code): (305) 390-3130 | Telephone (include area code): (786) 227-6928 |

B. Name of Managing Company/Agency: SAME AS ABOVE

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | 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.”)

| | | |
|--|---|----------------------------------|
| Aggregate EB-5 Capital Investment N/A | Aggregate Direct and Indirect Job Creation N/A | Aggregate Jobs Maintained N/A |
|--|---|----------------------------------|

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 OF BUILDINGS | | NAICS Code for the Industry Category 2 3 6 0 0 0 | |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| b. Industry Category Title: CREDIT INTERMEDIATION AND RELATED ACTIVITIES | | NAICS Code for the Industry Category 5 2 2 0 0 0 | |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|--|---------------------------------|------------------|
| (1) Business Name: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|---|---------------------------------|-----------------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

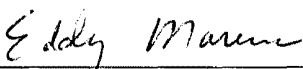
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 EDDY MARENCO | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (786) 227-6928 | E-Mail Address JACOB@IVY-CPA.COM | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal, Citizens Regional Center of Florida, LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | | | | |
|---|--------------------------|------------------------------------|---|-----------|-----------|
| Name: Last | Colmenares | First | Enrique | Middle | Florencio |
| In Care Of: | Jeffrey E. Campion, P.A. | | | | |
| Street Address/P.O. Box: | 2216 Park Avenue | | | | |
| City: | Miami Beach | State: | FL | Zip Code: | 33141 |
| Date of Birth (mm/dd/yyyy): | (b)(6) | Fax Number (include area code): | Telephone Number (305) 215-3680 (include area code): | | |
| Web site address: | | | | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | | | | |

ID1210050640

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: | | | | | |
| SOBE EB5 Regional Center, LLC | | | | | |
| Street Address/P.O. Box: | | | | | |
| 2216 Park Avenue | | | | | |
| City: | | Miami Beach | | State: FL | |
| Zip Code: | | 33141 | | | |
| Web site Address: | | sobeeb5.com | | Fax Number (include area code): | |
| Telephone (include area code): | | (305) 215-3680 | | | |
| B. Name of Managing Company/Agency: | | | | | |
| Street Address/P.O. Box: | | | | | |
| City: | | State: | | Zip Code: | |
| Web site Address: | | Fax Number (include area code): | | Telephone (include area code): | |
| C. Name of Other Agent: | | | | | |
| Street Address/P.O. Box: | | | | | |
| City: | | State: | | Zip Code: | |
| Web site Address: | | Fax Number (include area code): | | Telephone (include area code): | |



RCW1535653842

egarcia2 I924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|--------------------------------------|--|
| a. Industry Category Title: Accommodation | | NAICS Code for the Industry Category | |
| | | 7 2 1 1 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|--|---|--------------------------------------|--|
| b. Industry Category Title: Construction | | NAICS Code for the Industry Category | |
| | | 2 3 6 2 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|--|---|--------------------------------------|--|
| c. Industry Category Title: Furniture, Fixtures, and Equipment | | NAICS Code for the Industry Category | |
| | | 4 2 3 2 0 0 | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: Park Avenue EB5 Investors, LLC | | Industry Category Title: Accommodation; Restaurants; Construction; furniture, fixtures, and equipment; and Architectural, Engineering and Related Services + | |
| Address (Street Number and Name): 2216 Park Avenue | City: Miami Beach | State: FL | Zip Code: 33141 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Industry Category Title:

Address (Street Number and Name):
2216 Park Avenue

City:
Miami Beach

State:
FL

Zip Code:
33141

EB-5 Capital Investment:
\$1,000,000 *See attachment

Direct and Indirect Job Creation:
*See attachment

Jobs Maintained:
N/A

(2) Business Name

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

b. Name of Commercial Enterprise:

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

Aggregate EB-5 Capital Investment:

Aggregate Direct and Indirect Job Creation:

Aggregate Jobs Maintained:

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code

EB-5 Capital Investment

Direct and Indirect Job Creation

Jobs Maintained

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

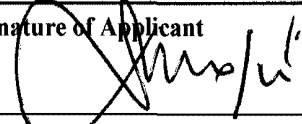
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

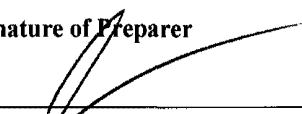
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Enrique Colmenares | Date (mm/dd/yyyy) 12/09/2015 |
| Daytime Phone Number (Area/Country Codes) 305-215 3680 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Jeffrey E. Campion | Date (mm/dd/yyyy) 12/17/15 |
| Firm Name and Address Jeffrey E. Campion, P.A. 1675 Market Street, Ste. 201 Weston FL 33326 | | |
| Daytime Phone Number (Area/Country Codes) (954) 385-2355 | Fax Number (Area/Country Codes) (954) 385-5554 | E-Mail Address campionj@campionlaw.com |

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 Anderson | First Douglas | Middle |
| In Care Of: New Hampshire EB5 Regional Center | | |
| Street Address/P.O. Box: 620 Ragged Mountain Road | | |
| City: Danbury (b)(6) | State: NH | Zip Code: 03230 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 8019315901 | Telephone Number (include area code): 8015586200 |
| Web site address: WWW.NHEB5RC.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910083

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: New Hampshire EB5 Regional Center

| | | |
|---|--|---|
| Street Address/P.O. Box: 620 Ragged Mountain Road | | |
| City: Danbury | State: NH | Zip Code: 03230 |
| Web site Address: WWW.NHEB5RC.COM | Fax Number (include area code): 8019315901 | Telephone (include area code): 6037685700 |

B. Name of Managing Company/Agency: New Hampshire EB5 Regional Center

| | | |
|---|--|---|
| Street Address/P.O. Box: 620 Ragged Mountain Road | | |
| City: Danbury | State: NH | Zip Code: 03230 |
| Web site Address: WWW.NHEB5RC.COM | Fax Number (include area code): 8019315901 | Telephone (include area code): 6037685700 |

C. Name of Other Agent: DOUGLAS ANDERSON

| | | |
|---|--|---|
| Street Address/P.O. Box: 620 Ragged Mountain Road | | |
| City: Danbury | State: NH | Zip Code: 03230 |
| Web site Address: WWW.NHEB5RC.COM | Fax Number (include area code): 8019315901 | Telephone (include area code): 8015586200 |



RCW1535553790

egarcia2 I924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| 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: Resort Hotels (without Casino) | | NAICS Code for the Industry Category 7 2 1 1 1 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _ _ _ _ _ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| c. Industry Category Title: | | 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: NH Ragged Mountain Resort Investment, LP | | Industry Category Title: Resort Hotels (without Casino) | |
| Address (Street Number and Name): 620 Ragged Mountain Road | City: Danbury | State: NH | Zip Code: 03230 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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:

Ragged Mountain Resort Development, Inc.

Industry Category Title:

Resort Hotels (without Casino)

Address (Street Number and Name):

620 Ragged Mountain Road

City:

Danbury

State:

NH

Zip Code:

03230

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name****Industry Category Title:****Address (Street Number and Name):****City:****State:****Zip Code:****EB-5 Capital Investment:****Direct and Indirect Job Creation:****Jobs Maintained:****b. Name of Commercial Enterprise:****Industry Category Title:****Address (Street Number and Name):****City:****State:****Zip Code:****Aggregate EB-5 Capital Investment:****Aggregate Direct and Indirect Job Creation:****Aggregate Jobs Maintained:**

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:**Industry Category Title:****Address (Street Number and Name):****City:****State:****Zip Code:****EB-5 Capital Investment****Direct and Indirect Job Creation****Jobs Maintained**

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

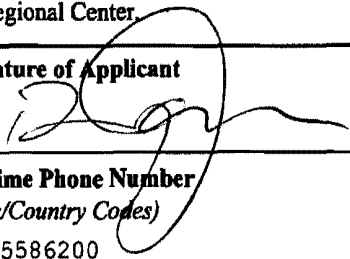
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

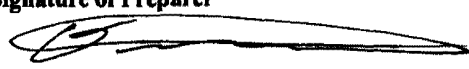
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Douglas Anderson | Date (mm/dd/yyyy) 12/01/2015 |
| Daytime Phone Number (Area/Country Codes) 8015586200 | E-Mail Address danderson@pgc.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Omar Hakim, Esq. | Date (mm/dd/yyyy) 12/01/2015 |
| Firm Name and Address Mona Shah & Associates, 299 Broadway, Suite 1005, New York, NY 10007 | | |
| Daytime Phone Number (Area/Country Codes) 2122337473 | Fax Number (Area/Country Codes) 2122334877 | E-Mail Address mona@mshahlaw.com |

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 Nelson | First Dwight | Middle |
|--------------------------|---------------------|--------|

In Care Of:

Street Address/P.O. Box: **3400 McCall Avenue, Suite 100**

| | | | |
|---|--|--|------------------------|
| City: Selma | (b)(6) | State: CA | Zip Code: 93662 |
| Date of Birth [REDACTED] (mm/dd/yyyy) | Fax Number (559) 896-8609 (include area code): | Telephone Number (559) 896-1443 (include area code): | |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the **W09002620**
Regional Center's most recently issued approval notice)**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: **California Global Alliance Regional Center**Street Address/P.O. Box: **3400 McCall Avenue, Suite 100**

| | | |
|--|--|---|
| City: Selma | State: CA | Zip Code: 93662 |
| Web site Eb5immigrationca.com Address: | Fax Number (559) 896-8609 (include area code): | Telephone (559) 896-1443 (include area code): |

B. Name of Managing Company/Agency: **Lewis C. Nelson and Sons, Inc**Street Address/P.O. Box: **3400 McCall Avenue, Suite 100**

| | | |
|--|---|--|
| City: Selma | State: CA | Zip Code: 93662 |
| Web site EB5immigrationca.com Address: | Fax Number (559)896-8609 (include area code): | Telephone (559)896-1443 (include area code): |

C. Name of Other Agent: **None**

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

**RCW1535553763**

egarcia2 I924A 12/21/2015

RCW1535553763

5338

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| a. Industry Category Title: Retail Auto Dealership | | NAICS Code for the Industry Category |
|---|---|---|
| | | <u>4</u> <u>4</u> <u>1</u> <u>0</u> <u>0</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| b. Industry Category Title: Hotel | | NAICS Code for the Industry Category |
|--|---|---|
| | | <u>7</u> <u>2</u> <u>1</u> <u>0</u> <u>0</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| c. Industry Category Title: Nursing Homes and Assisted Living Facilities | | NAICS Code for the Industry Category |
|---|---|---|
| | | <u>6</u> <u>2</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u> |
| 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: Hanford Motors | | Industry Category Title: Retail Auto Dealership | |
|--|---|--|---------------------------|
| Address (Street Number and Name): 369 N. 11th Avenue | City: Hanford | State: CA | Zip Code: 93230 |
| 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

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|---------------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: 0 | |

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.)

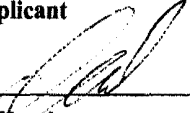
(b)(4)

| 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.

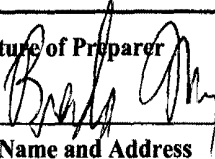
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Dwight Nelson | Date (mm/dd/yyyy) 12/19/2015 |
| Daytime Phone Number (Area/Country Codes) (559) 896-1443 | E-Mail Address mlewison@me.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) | | |

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 Brandon Meyer | Date (mm/dd/yyyy) 12/17/2015 |
| Firm Name and Address Meyer Law Group 50 Francisco Street STE 450 San Francisco CA USA 94133 | | |
| Daytime Phone Number (Area/Country Codes) 415-416-6638 | Fax Number (Area/Country Codes) | E-Mail Address brandon@meyerlawgroup.us |

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 Hanson | First Kevin | Middle Conrad |
|----------------------|----------------|------------------|

In Care Of: International Creative Capital LLC

Street Address/P.O. Box: 2745 E. Eau Gallie Blvd, Suite 351

| | | |
|------------------------------|-----------|-----------------|
| City: Satellite Beach (b)(6) | State: FL | Zip Code: 32937 |
|------------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (952) 216-8679 | Telephone Number (include area code): (888) 928-1788 |
|-------------------------------|---|---|

Web site address: www.internationalcreativecapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1402251658

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: International Creative Capital LLC

Street Address/P.O. Box: 274 E. Eau Gallie Blvd, Suite 351

| | | |
|-----------------------|-----------|-----------------|
| City: Satellite Beach | State: FL | Zip Code: 32937 |
|-----------------------|-----------|-----------------|

| | | |
|--|---|--|
| Web site internationalcreativec Address: apital.com | Fax Number (include area code): (952) 216-8679 | Telephone (include area code): (888) 928-1788 |
|--|---|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|---------------------------------|-----------|
| City: | State: <input type="checkbox"/> | Zip Code: |
|-------|---------------------------------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent: Kevin Conrad Hanson

Street Address/P.O. Box: 274 E. Eau Gallie Blvd, Suite 351

| | | |
|-----------------------|-----------|-----------------|
| City: Satellite Beach | State: FL | Zip Code: 32937 |
|-----------------------|-----------|-----------------|

| | | |
|----------------------|---|--|
| Web site Address: | Fax Number (include area code): (952) 216-8679 | Telephone (include area code): (888) 928-1788 |
|----------------------|---|--|



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5326

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 6 2 0 0 | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: SPMU, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 620 Herndon Pkwy, Ste 360 | City: Herndon | State: VA | Zip Code: 20170 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Custom House Hotel, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

218 6th Ave, Suite 200

City:

Des Moines

State:

IA

Zip Code:

50309

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name****Industry Category Title:****Address (Street Number and Name):****City:****State:****Zip Code:****EB-5 Capital Investment:****Direct and Indirect Job Creation:****Jobs Maintained:****b. Name of Commercial Enterprise:**

ICC Black Forest, LP

Industry Category Title:

Construction

Address (Street Number and Name):

274 E. Eau Gallie Blvd, #351

City:

Satellite Beach

State:

FL

Zip Code:

32937

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:

Black Forest, LLC

Industry Category Title:**Address (Street Number and Name):**

8300 Norman Center Dr. #1000

City:

Bloomington

State:

MN

Zip Code

55437-1060

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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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 |
| | | | |

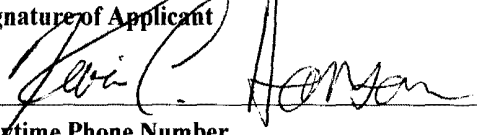
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

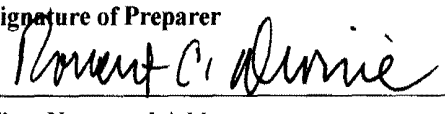
| | | |
|--|---|---------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Kevin Conrad Hanson | Date (mm/dd/yyyy) 12-8-2015 |
| Daytime Phone Number (Area/Country Codes) (888) 928-1788 | E-Mail Address khanson@internationalcreativecapital.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Robert C. Divine | Date (mm/dd/yyyy) 12/9/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

ADDENDUM to FORM I-924A for FY 2015

International Creative Capital Regional Center, RC ID 1402251658

Part 3, Question 2 Identify each industry that has been the focus of capital investment:

The Regional Center chooses to treat EB-5 funds as "invested" when funds are received by the new commercial enterprise either directly or after release from escrow, as the USCIS Q&A of 12/06/2011 allows. Although the new commercial enterprise SPMU, LP has raised [REDACTED] in EB-5 capital as of September 30, 2015, this money has not yet been released from escrow and is not calculated as aggregate investment for reporting purposes this year.

Industry Category Title: Per guidance provided by representatives during the September 17, 2015 USCIS Stakeholder meeting, only the primary NAICS code for the projects, Construction, is listed here.

Regional Center Update

Custom House: The Custom House project funded by the new commercial enterprise, SPMU, LP, is now subscribed in full, with [REDACTED] investors completing their investments and filing I-526 petitions during FY2015. Capital contributions will not be released to the new commercial enterprise SPMU, LP until I-526 approval. The project is currently being financed using non-Eb-5 capital including owner's equity and a senior construction loan, with approximately [REDACTED] spent on the project during FY2015.

Black Forest: During FY 2015, the Regional Center submitted an I-924 amendment filings requesting exemplar project approval for the new commercial enterprise ICC Black Forest, LP (**RCW1526752976**). A copy of the I-924 Exemplar Receipt notice is attached. The offering for the Black Forest project is expected to begin within the next few months, with I-526 petitions filed soon thereafter.

Job Calculation

The Regional Center chooses to treat jobs created as those associated with approved I-829s, counting 10 jobs created per approved investor, as the USCIS Q&A of 12/06/2011 allows. [REDACTED]

[REDACTED]

(b)(4)

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 Smith | First Stephen | Middle H. |
| In Care Of: | | |
| Street Address/P.O. Box: 9500 Roosevelt Way NE, Ste 300 | | |
| City: Seattle (b)(6) | State: WA | Zip Code: 98115 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (206) 686-4935 | Telephone Number (include area code): (206) 771-8320 |
| Web site address: www.stevesmithdev.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1418251794

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: Western Pacific Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 9500 Roosevelt Way NE, Suite 300 | | |
| City: Seattle | State: WA | Zip Code: 98115 |
| Web site www.eb5wwrc.com Address: | Fax Number (include area code): (206) 686-4935 | Telephone (include area code): (206) 774-8320 |

B. Name of Managing Company/Agency: Smith Management Services LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 9500 Roosevelt Way, NE Suite 300 | | |
| City: Seattle | State: WA | Zip Code: 98115 |
| Web site www.stevesmithdev.com Address: | Fax Number (include area code): (206) 686-4935 | Telephone (include area code): (206) 774-8320 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: WA | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535553799

magingner I924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--------|---|---|----------------------------|
| (b)(4) | a. Industry Category Title: Construction | NAICS Code for the Industry Category 2 3 6 0 0 0 | |
| | 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:

| | | | | |
|--------|--|---|----------------------------|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Roosevelt Way Investment, LP | Industry Category Title: Construction | | |
| | Address (Street Number and Name): 15958 NE 117th Way | City: Redmond | State: WA | Zip Code: 98052 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| | Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: G & K Investment LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 15958 NE 117th Way | City: Redmond | State: WA | Zip Code: 98052 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | 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: WA | 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: WA | 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: WA | 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: WA | 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: WA | 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: WA | 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: WA | 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.

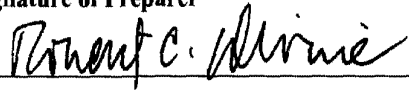
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Stephen Steven H. Smith | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 774-8320 | E-Mail Address steve@stevesmithdev.com | |
| Relationship to the Regional Center Entity (Managing Member, President, 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 Robert C. Divine | Date (mm/dd/yyyy) 12/16/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

**SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL INFORMATION PER FOIA (5 U.S.C. § 552 (b)(4)),
SUBMITTER REQUESTS PREDISCLOSURE NOTIFICATION PER PRESIDENTIAL EXECUTIVE ORDER NO. 12,
600, 52 FED. REG. 23781 (JUNE 23, 1987)**

ADDENDUM to FORM I-924A for FY 2015

Western Pacific Regional Center, LLC RC ID 1418251794

Part 3, Question 2 Identify each industry that has been the focus of capital investment:

The Regional Center chooses to treat EB-5 funds as "invested" when funds are received by the new commercial enterprise either directly or after release from escrow, as the USCIS Q&A of 12/06/2011 allows.

Industry Category Title: Per guidance provided by representatives during the September 17, 2015 USCIS Stakeholder meeting, only the primary NAICS code for the project, Construction, is listed here.

Regional Center Update

Following its initial approval and designation on June 18, 2015, the Regional Center submitted an I-924 amendment filing requesting expanded geographic scope (**RCW1518852773**). A copy of the I-924 Amendment Receipt notice is attached. The Regional Center also filed a second I-924 amendment requesting exemplar project approval, but this filing was done after October 1, 2015 and will be included with I-924A materials for 2016.

Job Calculation

The Regional Center chooses to treat jobs created as those associated with approved I-829s, counting 10 jobs created per approved investor, as the USCIS Q&A of 12/06/2011 allows. No Forms I-829 have been approved for any investors associated with the regional center.

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924**REC'D CSC 15DEC21 21:24
5326**Part 1. Information About Principal of the Regional Center**

| | | |
|---------------------|------------------|--------------|
| Name: Last Smith | First Stephen | Middle H. |
|---------------------|------------------|--------------|

In Care Of:

Street Address/P.O. Box: 9500 Roosevelt Way NE, Ste 300

| | | |
|----------------------|-----------|-----------------|
| City: Seattle (b)(6) | State: WA | Zip Code: 98115 |
|----------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (206) 686-4935 | Telephone Number (include area code): (206) 774-8320 |
|----------------------------|--|--|

Web site address: www.stevesmithdev.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RC ID 1034250074

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: Western Washington Regional Center, LLC

Street Address/P.O. Box: 9500 Roosevelt Way NE, Suite 300

| | | |
|---------------|-----------|-----------------|
| City: Seattle | State: WA | Zip Code: 98115 |
|---------------|-----------|-----------------|

| | | |
|--------------------------------------|---|--|
| Web site Address: www.eb5wwrc.com | Fax Number (include area code): (206) 686-4935 | Telephone (include area code): (206) 774-8320 |
|--------------------------------------|---|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|-----------|-----------|
| City: | State: WA | Zip Code: |
|-------|-----------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|



RCW1535653803

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I924A

12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 6 0 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: Heavy and Civil Engineering Construction | | NAICS Code for the Industry Category 2 3 7 9 9 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | 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:

| | | | | |
|--------|--|---|--|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Lake City Senior Investors, LP | | Industry Category Title: Construction | |
| | Address (Street Number and Name): 9500 Roosevelt Way, NE # 300 | City: Seattle | State: WA | Zip Code: 98115 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| | Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Lake City Project Associates, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

9500 Roosevelt Way, NE # 300

City:

Seattle

State:

WA

Zip Code:

98115

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:**

Lake City Senior Investors II, LP

Industry Category Title:

Construction

Address (Street Number and Name):

9500 Roosevelt Way, NE # 300

City:

Seattle

State:

WA

Zip Code:

98115

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:

Lake City Project Associates LLC

Industry Category Title:

Construction

Address (Street Number and Name):

9500 Roosevelt Way, NE # 300

City:

Seattle

State:

WA

Zip Code

98115

EB-5 Capital Investment**Direct and Indirect Job Creation****Jobs Maintained**

(b)(4)

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: Marysville Senior Community EB-5, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 150 -120th Ave NE, Ste 110 | City: Bellevue | State: WA | Zip Code: 98005 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

(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?

☐ 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: Marysville Senior Community, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 150-120th Ave NE, Ste 110 | City: Bellevue | State: WA | Zip Code: 98005 |
| 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: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|--|--------------------|
| d. Name of Commercial Enterprise: Seattle Waterfront Improvement Fund I, LP | | Industry Category Title: Heavy and Civil Engineering Const. | |
| Address (Street Number and Name): 673 Woodland Sq. Loop, #320 | City: Lacey | State: WA | Zip Code: 98503 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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 | | | |
| 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: City of Seattle (Bonds) | | Industry Category Title: Heavy and Civil Engineering Construct. | |
| Address (Street Number and Name): 700 Fifth Ave, 43rd Floor | City: Seattle | State: WA | Zip Code: 98124 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| e. Name of Commercial Enterprise: Vanbao Sr Housing Opportunity Fund I LLC | | Industry Category Title: Construction | |
| Address Street Number and Name: 601 Union Street, Ste 4200 | City: Seattle | State: WA | Zip Code: 98101 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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: Linden Village Assisted Living Comm, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 601 Union Street, Ste 4200 | City: Seattle | State: WA | Zip Code: 98101 |
| 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: | |

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.

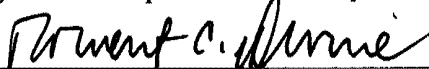
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Stephen Steven H. Smith | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 774-8320 | E-Mail Address steve@stevesmithdev.com | |
| Relationship to the Regional Center Entity (Managing Member, President, 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 Robert C. Divine | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL INFORMATION PER FOIA (5 U.S.C. § 552 (b)(4)),
SUBMITTER REQUESTS PREDISCLOSURE NOTIFICATION PER PRESIDENTIAL EXECUTIVE ORDER NO. 12,
600, 52 FED. REG. 23781 (JUNE 23, 1987)

ADDENDUM to FORM I-924A

Western Washington Regional Center, LLC RC ID 1034250074

for FY 2015

Aggregate Investment

The Regional Center chooses to treat EB-5 funds as "invested" when funds are received by the new commercial enterprise either directly or after release from escrow, as the USCIS Q&A of 12/06/2011 allows.

Industry Category Title: Per guidance provided by representatives during the September 17, 2015 USCIS Stakeholder meeting, only the primary NAICS codes for the projects, Construction and Heavy and Civil Engineering Construction, are listed.

Job Creation

The Regional Center chooses to treat jobs created as those associated with approved I-829s, counting 10 jobs created per approved investor, as the USCIS Q&A of 12/06/2011 allows. [REDACTED]

I-526 Approvals

(b)(4)

For fiscal year ending September 30, 2015, [REDACTED] I-526 petitions were approved for the Stadium Place Fund I, LP new commercial enterprise. This new commercial enterprise (and associated job-creating entity, RDMSPI, LLC) did not receive any additional EB-5 investment during this reporting period, so the entities were not listed in Part 3, Question 3.

REVISED PART 3, Question 3 Allocation for FY2014:

In our 2014 filing, we had taken the approach of allocation of investment to occur simultaneously in the new commercial enterprise and the job-creating entity or entities. Following the September 17, 2015 stakeholder call and guidance to allocate these amounts separately even though this may result in differing values in the aggregate investment between the NCE and the JCE(s), we are submitting a revised I-924A filings for FY 2014 showing the amounts that were actually released from the new commercial enterprises to the job creating entity during that particular fiscal year. A summary of the changed value is in the chart below, with a revised I-924A form for 2014 included in this package. We have also revised the industry allocation to only include the primary industries as described above.

[Chart continued on Next Page]

**SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL INFORMATION PER FOIA (5 U.S.C. § 552 (b)(4)),
SUBMITTER REQUESTS PREDISCLOSURE NOTIFICATION PER PRESIDENTIAL EXECUTIVE ORDER NO. 12,
600, 52 FED. REG. 23781 (JUNE 23, 1987)**

(b)(4)

| YEAR | Job Creating Entity | Investment Originally Reported | Amount on Revised I-924A |
|-------------|----------------------------------|---------------------------------------|---------------------------------|
| FY2014 | Lake City Project Associates LLC | | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,**
Supplement to Form I-924

REC'D 10DEC21 19:31

5326

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Smith | First Stephen | Middle H. |
| In Care Of: | | |
| Street Address/P.O. Box: 9500 Roosevelt Way NE, Ste 100 | | |
| City: Seattle (b)(6) | State: WA | Zip Code: 98115 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (206) 686-4935 | Telephone Number (include area code): (206) 771-8320 |
| Web site address: www.stevesmithdev.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RC ID 1034250074**Part 2. Application Type (Select 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: Western Washington Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 9500 Roosevelt Way NE, Suite 100 | | |
| City: Seattle | State: WA | Zip Code: 98115 |
| Web site Address: www.eb5wwrc.com | Fax Number (include area code): (206) 686-4935 | Telephone (include area code): (206) 774-8320 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: WA | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535753898

maginger 1924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 6 0 0 0 | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: Lake City Senior Investors, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 9500 Roosevelt Way, Ste 300 | City: Seattle | State: WA | Zip Code: 98115 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Lake City Project Associates, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 9500 Roosevelt Way, Ste 300 | City: Seattle | State: WA | Zip Code: 98115 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise: Stadium Place Fund I, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 2401 Utah Avenue South, #305 | City: Seattle | State: WA | Zip Code: 98134 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: RDMSPI, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 1938 Fairview Ave. East, #300 | City: Seattle | State: WA | Zip Code: 98102 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: WA | 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: WA | 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: WA | 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: WA | 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: WA | 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: WA | 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 |
| | | | |

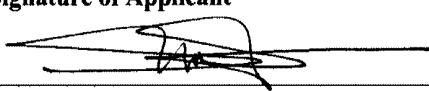
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

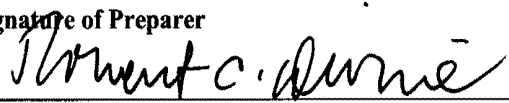
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Steven Stephen H. Smith | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 774-8320 | E-Mail Address steve@stevesmithdev.com | |
| Relationship to the Regional Center Entity (Managing Member, President, 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 Robert C. Divine | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

**SUBMISSION CONTAINS CONFIDENTIAL COMMERCIAL INFORMATION PER FOIA (5 U.S.C. § 552 (b)(4)),
SUBMITTER REQUESTS PREDISCLOSURE NOTIFICATION PER PRESIDENTIAL EXECUTIVE ORDER NO. 12,
600, 52 FED. REG. 23781 (JUNE 23, 1987)**

REVISED ADDENDUM to FORM I-924A

Western Washington Regional Center, LLC RC ID 1034250074

for FY 2014

(b)(4)

Aggregate Investment

The Regional Center chooses to treat EB-5 funds as "invested" when funds are received by the new commercial enterprise either directly or after release from escrow, as the USCIS Q&A of 12/06/2011 allows. As of September 30, 2014, the Regional Center's new commercial enterprises have received a combined total of [REDACTED] from EB-5 investors.

For FY2013, we reported [REDACTED] I-526 approvals, but actually there were [REDACTED] I-526 approvals for the Lake City project that were issued prior to 9/30/2013. For FY2014, there were [REDACTED] I-526 approvals in the Lake City Project, but because the prior [REDACTED] were not reported in 2013, we are including them in the calculation for FY2014 for a total of [REDACTED] I-526 approvals through 10/1/2014. There were [REDACTED] approvals and [REDACTED] denial in the Stadium Place Project for FY2014.

Job Creation

The Regional Center chooses to treat jobs created as those associated with approved I-829s, counting 10 jobs created per approved investor, as the USCIS Q&A of 12/06/2011 allows [REDACTED]

[REDACTED]

(b)(4)

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 Kraft | First Robert | Middle William |
| In Care Of: Wisconsin EB5 Regional Center LLC (WERC) | | |
| Street Address/P.O. Box: 311 E. Chicago, Suite 510 | | |
| City: Milwaukee | State: WI | Zip Code: 53202 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (414) 431-0745 | Telephone Number (include area code): (414) 431-0742 |
| Web site address: www.firstpathway.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 11225750307 | | |

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: Wisconsin EB5 Regional Center LLC (WERC)

| | | |
|--|---|--|
| Street Address/P.O. Box: 311 E. Chicago, Suite 510 | | |
| City: Milwaukee | State: WI | Zip Code: 53202 |
| Web site Address: www.firstpathway.com | Fax Number (include area code): (414) 431-0745 | Telephone (include area code): (414) 431-0742 |

B. Name of Managing Company/Agency: FirstPathway Partners LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 311 E. Chicago, Suite 510 | | |
| City: Milwaukee | State: WI | Zip Code: 53202 |
| Web site Address: www.firstpathway.com | Fax Number (include area code): (414) 431-0745 | Telephone (include area code): (414) 431-0742 |

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): |



RCW1535053668

egarcia2 1924A 12/16/2015

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

- ~~(b)(4)~~

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

- (b)(4)

| | | | |
|------------------------------------|---|--------------------------------------|--|
| a. Industry Category Title: | | NAICS Code for the Industry Category | |
| Residential Building Construction | | 2 3 6 2 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

- (b)(4)

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

- ~~(b)(4)~~

| | | |
|---|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

- ~~(b)(4)~~

| | | | |
|--|---|---|---|
| a. Name of Commercial Enterprise: Vista Tower Investor, LLC | | Industry Category Title: Financing/Hotel Condominium Development | |
| Address (Street Number and Name): 311 E. Chicago, Suite 510 | City: Milwaukee | State: WI | Zip Code: 53202 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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:

Parcel C Acquisition LLC

Industry Category Title:

Hotel/Condominium Development

Address (Street Number and Name):

225 N. Columbus Drive

City:

Suite 100, Chicago

State:

IL

Zip Code:

60601

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:**

(b)(4) [Redacted]

(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.)

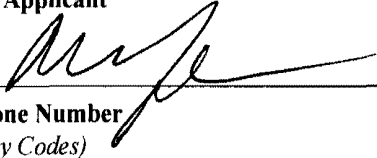
(b)(4)

| 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 Robert W. Kraft | Date (mm/dd/yyyy) 12/16/15 |
| Daytime Phone Number (Area/Country Codes) (414) 431-0742 | E-Mail Address bkraft@firstpathway.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chairman & CEO | | |

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 Michele Franchett | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Boulevard 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 Michele@sggimmigration.com |

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 Stephenson | First Daniel | Middle Lee |
|--------------------------|-----------------|---------------|

In Care Of: The Rancon Group

Street Address/P.O. Box: 41391 Kalmia Street

| | | |
|-----------------------|-----------|-----------------|
| City: Murrieta (b)(6) | State: CA | Zip Code: 92562 |
|-----------------------|-----------|-----------------|

| | | |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (951) 834-9801 | Telephone Number (include area code): (951) 696-0600 |
|-----------------------------|--|--|

Web site address: www.rancongroup.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1228950786

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: Rancon Regional Center

Street Address/P.O. Box: 41391 Kalmia Street

| | | |
|--|--|---|
| City: Murrieta | State: CA | Zip Code: 92562 |
| Web site www. Address: ranconregionalcenter.c | Fax Number (include area code): (951) 834-9801 | Telephone (include area code): (951) 200-2360 |

B. Name of Managing Company/Agency: same as above

Street Address/P.O. Box:

| | | |
|----------------------|---------------------------------|--------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|------------|---------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web Add | Fax Number area code): | Telephone (include area code): |

RCW1535853920

maginger 1924A 12/24/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: See attached | | NAICS Code for the Industry Category _____ | |
| 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: Europa Village | | Industry Category Title: See attached | |
| Address (Street Number and Name): 33475 La Serena Way | City: Temecula | State: CA | Zip Code: 92591 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| (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 checked="" 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: <div style="text-align: center; font-size: 2em;">N/A</div> | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: <div style="text-align: center; font-size: 2em;">N/A</div> | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

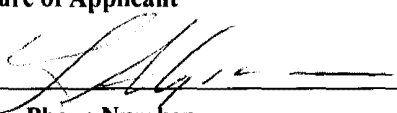
(b)(4)

| 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 Daniel Lee Stephenson | Date (mm/dd/yyyy) 12/22/2015 |
| Daytime Phone Number (Area/Country Codes) (951) 696-0600 | E-Mail Address danstephenson@rancongroup.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 | |

Rancon Regional Center

Form 924A

Additional Information

The Rancon Regional Center was approved on January 22, 2014. Late in 2014 we starting marketing on our EB-5 project, Europa Village. As of September 30, 2015 we had 17 investors and are still actively marketing in China and Vietnam. As of September 30, 2015, 14 had submitted their I526 and are awaiting adjudication. Our Europa Village project is not yet under construction.

Item #2a Industry Category Title

4453 Beer, wine and liquor stores

2362 Non-residential building construction

7211 Travel accommodation

7223 Special food services

7224 Drinking places (alcoholic beverages)

7225 Restaurants and other eating places

3121 Beverage manufacturing

NAICS Codes

4453, 2362, 7211, 7223, 7224, 7225, 3121.

Item 3a

4453 Beer, wine and liquor stores

2362 Non-residential building construction

7211 Travel accommodation

7223 Special food services

7224 Drinking places (alcoholic beverages)

7225 Restaurants and other eating places

3121 Beverage manufacturing

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Greene | First Adam | Middle S. |
|----------------------|---------------|--------------|

In Care Of: Live in America - Washington D.C./Baltimore Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | | |
|--------------------|--------|-----------|-----------------|
| City: White Plains | (b)(6) | State: NY | Zip Code: 10604 |
|--------------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
|-------------------------------|---|---|

Web site address: <http://www.liveinamerica.us/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID 1304651086

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: Live in America - Washington D.C./Baltimore Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|--------------------|-----------|-----------------|
| City: White Plains | State: NY | Zip Code: 10604 |
|--------------------|-----------|-----------------|

| | | |
|---------------------------|---|--|
| Web site None Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |
|---------------------------|---|--|

B. Name of Managing Company/Agency: Live in America Financial Services LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|--------------------|-----------|-----------------|
| City: White Plains | State: NY | Zip Code: 10604 |
|--------------------|-----------|-----------------|

| | | |
|--|---|--|
| Web site http://www. Address: liveinamerica.us/ | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |
|--|---|--|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|---------------|------------------------------------|-----------------------------------|
| Web site A | Fax Number (include area code): | Telephone (include area code): |
|---------------|------------------------------------|-----------------------------------|



RCW1535153685

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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: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: None | | 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: None | | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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 |
| | | | |

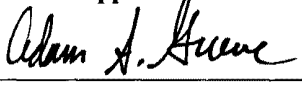
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - Washington D.C./Baltimore Regional Center LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|-------------------|----------------|--------|
| Name: Last XUE | First BORAN | Middle |
|-------------------|----------------|--------|

In Care Of:

Street Address/P.O. Box: 27 N 27TH STREET SUITE 2100

| | | |
|----------------------------|--|--|
| City: BILLINGS (b)(6) | State: MT | Zip Code: 59101 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (604) 281-1815 | Telephone Number (include area code): (406) 861-3897 |

Web site address: www.mtenergy.org

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1131850351

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: USA MONTANA ENERGY REGIONAL CENTER, LLC

| | | |
|--|--|---|
| Street Address/P.O. Box: 27 NORTH 27TH STREET SUITE 2100 | | |
| City: BILLINGS | State: MT | Zip Code: 59101 |
| Web site Address: WWW.MTENERGY.ORG | Fax Number (include area code): (604) 281-1815 | Telephone (include area code): (406) 861-3897 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (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: N/A | | NAICS Code for the Industry Category _____ |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

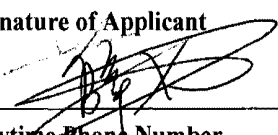
(b)(4)

| 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 BORAN XUE | Date (mm/dd/yyyy) 10/01/2015 |
| Daytime Phone Number (Area/Country Codes) (406) 861-3897 | E-Mail Address BORAN@MTENERGY.ORG | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) MANAGING MEMBER/PRESIDENT | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|---|---|---|
| Name: Last Hicks | First Brian | Middle K |
| In Care Of: MAG Ventures 3, LLC Regional Center | | |
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | (b)(6) | State: OH |
| Zip Code: 43215 | | |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (614) 221-8976 | Telephone Number (include area code): (614) 914-5076 |
| Web site address: http://www.midamericanglobal.com/ | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1419851813**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: MAG Ventures 3, LLC Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | State: OH | Zip Code: 43215 |
| Web site http://www. Address: midamericanglobal.com/ | Fax Number (include area code): (614) 221-8976 | Telephone (include area code): (614) 914-5076 |

B. Name of Managing Company/Agency: MidAmerican Global Ventures, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | State: OH | Zip Code: 43215 |
| Web site http://www. Address: midamericanglobal.com/ | Fax Number (include area code): (614) 221-8976 | Telephone (include area code): (614) 914-5076 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



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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: N/A (see attached letter) | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: N/A (see attached letter) | Aggregate Direct and Indirect Job Creation: N/A (see attached letter) | Aggregate Jobs Maintained: N/A (see attached letter) | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|--|---|------------------|
| a. Name of Commercial Enterprise: N/A (see attached letter) | | Industry Category Title: N/A (see attached letter) | |
| Address (Street Number and Name): N/A (see attached letter) | City: N/A (see attached letter) | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A (see attached letter) | Aggregate Direct and Indirect Job Creation: N/A (see attached letter) | Aggregate Jobs Maintained: N/A (see attached letter) | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

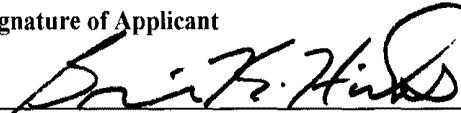
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Brian K. Hicks | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (614) 914-5076 | E-Mail Address brian.hicks@midamericanglobal.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924**

RCW1535553771

5338

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Hicks | First Brian | Middle K |
| In Care Of: MAG Ventures 1, LLC Regional Center | | |
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus (b)(6) | State: OH | Zip Code: 43215 |
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): (614) 221-8976 | Telephone Number (include area code): (614) 914-5076 |
| Web site address: http://www.midamericanglobal.com/ | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID140805172 | | |

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: MAG Ventures 14, LLC Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | State: OH | Zip Code: 43215 |
| Web site http://www. Address: midamericanglobal.com/ | Fax Number (include area code): (614) 221-8976 | Telephone (include area code): (614) 914-5076 |

B. Name of Managing Company/Agency: MidAmerican Global Ventures, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | State: OH | Zip Code: 43215 |
| Web site http://www. Address: midamericanglobal.com/ | Fax Number (include area code): (614) 221-8976 | Telephone (include area code): (614) 914-5076 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535553771

egarcia2 I924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| 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: N/A (see attached letter) | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: N/A (see attached letter) | Aggregate Direct and Indirect Job Creation: N/A (see attached letter) | Aggregate Jobs Maintained: N/A (see attached letter) | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|--|---|------------------|
| a. Name of Commercial Enterprise: N/A (see attached letter) | | Industry Category Title: N/A (see attached letter) | |
| Address (Street Number and Name): N/A (see attached letter) | City: N/A (see attached letter) | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A (see attached letter) | Aggregate Direct and Indirect Job Creation: N/A (see attached letter) | Aggregate Jobs Maintained: N/A (see attached letter) | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

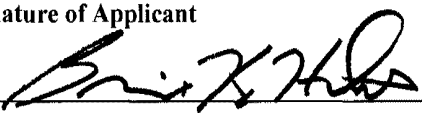
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Brian K. Hicks | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (614) 914-5076 | E-Mail Address brian.hicks@midamericanglobal.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|------------------|-------------|----------------|
| Name: Last Evans | First Blake | Middle Kenneth |
|------------------|-------------|----------------|

In Care Of: R.D. Olson Development

Street Address/P.O. Box: 2955 Main Street, Third Floor

| | | | |
|-------------------------------|--------|---|---|
| City: Irvine | (b)(6) | State: CA | Zip Code: 92614 |
| Date of Birth (mm/dd/yyyy) | | Fax Number (include area code): 949.271.1080 | Telephone Number (include area code): 949.271.1100 |

Web site address: www.rdodevelopment.com

USCIS-assigned number for the Designated Regional Center (attach the RCW 1208350617
Regional Center's most recently issued approval notice)

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 14 (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: American Pacific Hotels Regional Center

Street Address/P.O. Box: 2955 Main Street, Third Floor

| | | |
|---|---|--|
| City: Irvine | State: CA | Zip Code: 92614 |
| Web site Address: www.rdodevelopment.com | Fax Number (include area code): 949.271.1080 | Telephone (include area code): 949.271.1100 |

B. Name of Managing Company/Agency: American Pacific Hotels, LLC

Street Address/P.O. Box: 2955 Main Street, Third Floor

| | | |
|---|---|--|
| City: Irvine | State: CA | Zip Code: 92614 |
| Web site Address: www.rdodevelopment.com | Fax Number (include area code): 949.271.1080 | Telephone (include area code): 949.271.1100 |

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): |



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egarcia2 1924A 10/07/2015

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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: 0 | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: 0 | Aggregate Direct and Indirect Job Creation: 0 | Aggregate Jobs Maintained: 0 | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|--|---------------------------------|------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: N/A | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: 0 | Aggregate Direct and Indirect Job Creation: 0 | Aggregate Jobs Maintained: 0 | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.

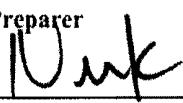
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Blake Evans | Date (mm/dd/yyyy) 04/06/2015 |
| Daytime Phone Number (Area/Country Codes) 949.271.1100 | E-Mail Address blake.evans@rdodevelopment.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chief Financial Officer | | |

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 Nima Kopivaara | Date (mm/dd/yyyy) 4/10/2018 |
| Firm Name and Address David Hirson & Partners, LLP 8 Cheshire Court Newport Beach CA USA 92660 | | |
| Daytime Phone Number (Area/Country Codes) 949.383.5363 | Fax Number (Area/Country Codes) 949.383.5368 | E-Mail Address nimak@hirsonimmigration.com |

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 Hicks | First Brian | Middle K |
| In Care Of: MAG Ventures 2, LLC Regional Center | | |
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | (b)(6) | State: OH |
| Zip Code: 43215 | | |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (614) 221-8976 | Telephone Number (include area code): (614) 914-5076 |
| Web site address: http://www.midamericanglobal.com/ | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1408051713**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: MAG Ventures 2, LLC Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | State: OH | Zip Code: 43215 |
| Web site http://www. Address: midamericanglobal.com/ | Fax Number (include area code): (614) 221-8976 | Telephone (include area code): (614) 914-5076 |

B. Name of Managing Company/Agency: MidAmerican Global Ventures

| | | |
|--|---|--|
| Street Address/P.O. Box: 21 E. State St., Suite 2200 | | |
| City: Columbus | State: OH | Zip Code: 43215 |
| Web site http://www. Address: midamericanglobal.com/ | Fax Number (include area code): (614) 221-8976 | Telephone (include area code): (614) 914-5076 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site ... | Fax Number (include area code): | Telephone (include area code): |



RCW1535553772

egarcia2 1924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|---|--|---|
| a. Industry Category Title: N/A (see attached letter) | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: N/A (see attached letter) | Aggregate Direct and Indirect Job Creation: N/A (see attached letter) | Aggregate Jobs Maintained: N/A (see attached letter) |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|--|---|------------------|
| a. Name of Commercial Enterprise: N/A (see attached letter) | | Industry Category Title: N/A (see attached letter) | |
| Address (Street Number and Name): N/A (see attached letter) | City: N/A (see attached letter) | State: | Zip Code: N/A |
| Aggregate EB-5 Capital Investment: N/A (see attached letter) | Aggregate Direct and Indirect Job Creation: N/A (see attached letter) | Aggregate Jobs Maintained: N/A (see attached letter) | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

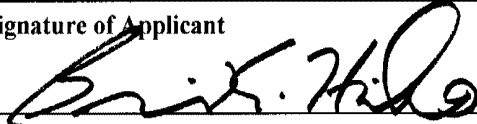
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Brian K. Hicks | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (614) 914-5076 | E-Mail Address brian.hicks@midamericanglobal.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Greene | First Adam | Middle S. |
|----------------------|---------------|--------------|

In Care Of: Live in America - New York Regional Center LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|---------------------------|-----------|-----------------|
| City: White Plains (b)(6) | State: NY | Zip Code: 10604 |
|---------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
|-------------------------------|---|---|

Web site address: <http://www.liveinamerica.us/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1230350795

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: Live in America - New York Regional Center LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site None Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

B. Name of Managing Company/Agency: Live in America Financial Services LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 711 Westchester Avenue, Suite 203 | | |
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site http://www.liveinamerica.us/ | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535153677

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 |
|-----------------------------------|--|---------------------------|
| | | |

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: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: None | | 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: None | | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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.)

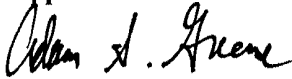
(b)(4)

| 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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - New York Regional Center LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

REC'D CSC/150617 20:02

5338

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Daniels | First Evan | Middle R. |
| In Care Of: | | |
| Street Address/P.O. Box: 4242 Loma Alto Drive, N71 | | |
| City: Dallas (b)(6) | State: TX | Zip Code: 75219 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 691-0026 | Telephone Number (include area code): (214) 762-0123 |
| Web site address: www.ruraleB5.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1101850148 / ID1101850148

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: Rural Economic Development Center, LLC (name change pending)

| | | |
|---|---|--|
| Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200 | | |
| City: Columbia | State: MO | Zip Code: 65201 |
| Web site www.ruraleB5.com Address: | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |

B. Name of Managing Company/Agency: GILS Management Group, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200 | | |
| City: Columbia | State: MO | Zip Code: 65201 |
| Web site gilsmanagementgroup. Address: com | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |

C. Name of Other Agent: Rural Economic Development Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1900 Gulf Street | | |
| City: Lamar | State: MO | Zip Code: 64759 |
| Web site www.ruraleB5.com ... | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |



RCW1535153716

egarcia2 1924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|--|---------------------------------|------------------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|--|-----------------------------------|------------------|
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |
| 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.)

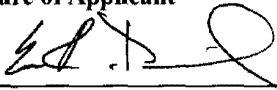
(b)(4)

| 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 Evan R. Daniels | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (214) 762-0123 | E-Mail Address edaniels@polymerwood.net | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Co-Manager | | |

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 Brian Graham | Date (mm/dd/yyyy) 12/16/2015 |
| Firm Name and Address K&L Gates, LLP, 2801 Via Fortuna, Suite 350, Austin, TX 78746 | | |
| Daytime Phone Number (Area/Country Codes) (512) 482-6828 | Fax Number (Area/Country Codes) (512) 482-6859 | E-Mail Address brian.graham@klgates.com |

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 Chan | First Tat | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: PO Box 1880 | | |
| City: San Gabriel (b)(6) | State: CA | Zip Code: 91778 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (323) 210-7298 | Telephone Number (include area code): (909) 896-7865 |
| Web site address: N/A | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID: 1115250222

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: Harris Real Estate Fund LLC (Formerly US Federal Investment Immigration Fund)

| | | |
|--------------------------------------|---|--|
| Street Address/P.O. Box: PO Box 1880 | | |
| City: San Gabriel | State: CA | Zip Code: 91778 |
| Web site N/A Address: | Fax Number (include area code): (323) 210-7298 | Telephone (include area code): (909) 896-7865 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Victoria Chan Attorney at Law

| | | |
|--------------------------------------|---|--|
| Street Address/P.O. Box: PO Box 1880 | | |
| City: San Gabriel | State: CA | Zip Code: 91778 |
| Web site N/A Address: | Fax Number (include area code): (323) 210-7298 | Telephone (include area code): (909) 896-7865 |



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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: N/A | | NAICS Code for the Industry Category _____ |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| | | | |
|--------|---|--------|---------|
| (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 Tat Chan | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (909) 896-7865 | E-Mail Address vc3233@gmail.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 Victoria Chan | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Harris Law Group USA PO Box 1880 San Gabriel, CA 91778 | | |
| Daytime Phone Number (Area/Country Codes) (909) 896-7865 | Fax Number (Area/Country Codes) (323) 210-7298 | E-Mail Address victoria@harrislawgroupusa.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924**

RCW 1535653814

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Part 1. Information About Principal of the Regional Center

| | | |
|--------------------|---------------|--------|
| Name: Last Zeng | First Fang | Middle |
|--------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: PO Box 1880

| | | | |
|--------------------------------|---|---|-----------------|
| City: San Gabriel | (b)(6) | State: CA | Zip Code: 91778 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (323) 210-7298 | Telephone Number (include area code): (909) 896-7865 | |

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID 1115250221**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: Harris Investment Immigration Fund LLC

Street Address/P.O. Box: PO Box 1880

| | | |
|--------------------------|---|--|
| City: San Gabriel | State: CA | Zip Code: 91778 |
| Web site N/A Address: | Fax Number (include area code): (323) 210-7298 | Telephone (include area code): (909) 896-7865 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Victoria Chan Attorney at Law

Street Address/P.O. Box: PO Box 1880

| | | |
|--------------------------|---|--|
| City: San Gabriel | State: CA | Zip Code: 91778 |
| Web site N/A Address: | Fax Number (include area code): (323) 210-7298 | Telephone (include area code): (909) 896-7865 |



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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

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: N/A | | NAICS Code for the Industry Category _____ |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|---------------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

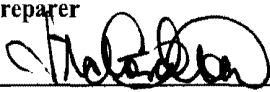
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Fang Zeng | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (909) 896-7865 | E-Mail Address vc3233@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing 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 Victoria Chan | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Harris Law Group USA PO Box 1880 San Gabriel, CA 91778 | | |
| Daytime Phone Number (Area/Country Codes) (909) 896-7865 | Fax Number (Area/Country Codes) (323) 210-7298 | E-Mail Address victoria@harrislawgroupusa.com |

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 Zhang | First Hansong | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 1215 Magdalena Court | | |
| City: Los Altos (b)(6) | State: CA | Zip Code: 94024 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 6503836223 | Telephone Number (include area code): 4083906723 |
| Web site address: N/A | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1430451949 / ID1430451949

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 15 (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: Pacific Investment & Immigration Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 1215 Magdalena Court | | |
| City: Los Altos | State: CA | Zip Code: 94024 |
| Web site Address: N/A | Fax Number (include area code): 6503836223 | Telephone (include area code): 4083906723 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1600654200

egarcia2 I924A 01/05/2016

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.

- (b)(4) 1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|---------------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

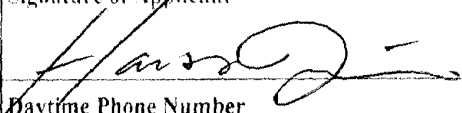
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.


| | | |
|--|---|---|
| Signature of Applicant  | Printed Name of Applicant Hansong Zhang | Date (mm/dd/yyyy) 10/12/2015 12/29/2015 H. Z |
| Daytime Phone Number (Area/Country Codes) 4083906723 | E-Mail Address hansong@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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 Victor Shum | Date (mm/dd/yyyy) 10/12/2015 |
| Firm Name and Address Vantage Law Firm 430 W. Grand Avenue, Oakland, CA 94612 | | |
| Daytime Phone Number (Area/Country Codes) 4158867486 | Fax Number (Area/Country Codes) 2079640654 | E-Mail Address vshum@vantage-law.com |

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 Andersson | First Karl | Middle David |
| In Care Of: n/a | | |
| Street Address/P.O. Box: 1305 11th Street, Suite 301 | | |
| City: Bellingham (b)(6) | State: WA | Zip Code: 98225 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (360) 746-8631 | Telephone Number (include area code): (360) 318-6486 |
| Web site address: http://www.pnwer.org/ | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034750117 | | |

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: Pacific Northwest EB-5 Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 1305 11th Street, Suite 301 | | |
| City: Bellingham | State: WA | Zip Code: 98225 |
| Web site http://www.pnwer.org/ Address: | Fax Number (include area code): (360) 746-8631 | Telephone (include area code): (360) 318-6486 |

B. Name of Managing Company/Agency: Same as "A" above

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



RCW1531053420

egarcia2 I924A 11/06/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| <div>(b)(4)</div> | | |

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: General Freight Trucking | | NAICS Code for the Industry Category 0 0 4 8 4 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div>(b)(4)</div> | | |
| b. Industry Category Title: n/a | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: n/a | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: n/a | | NAICS Code for the Industry Category _ _ _ _ _ |
| Aggregate EB-5 Capital Investment: n/a | 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: See "Schedule A New Commercial Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | 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 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: See "Schedule B Job Creating Enterprises" | | Industry Category Title: n/a | |
| Address (Street Number and Name): | City: | State: WA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: See "Schedule A New Commercial Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | 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: See "Schedule B Job Creating Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: See "Schedule A New Commercial Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | 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: See "Schedule B Job Creating Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | 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: See "Schedule A New Commercial Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | 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: See "Schedule B Job Creating Enterprises" | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: WA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: See "Schedule A New Commercial Enterprises" | | 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: See "Schedule B Job Creating Enterprises" | | 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: n/a | | 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.)

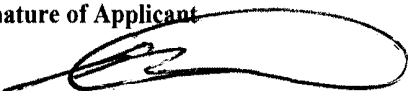
(b)(4)

| 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 K. David Andersson | Date (mm/dd/yyyy) 11/22/2015 |
| Daytime Phone Number (Area/Country Codes) (360) 318-6486 | E-Mail Address kda@greentruck.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Chen | First Kevin | Middle |
| In Care Of: Art District Los Angeles Regional Center, LLC | | |
| Street Address/P.O. Box: 1131 E. 5th Street | | |
| City: Los Angeles | (b)(6) | State: CA |
| Zip Code: 90013 | | 5233 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (213) 621-2868 | Telephone Number (include area code): (818) 967-7693 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1308851116/ ID1308851116

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: Art District Los Angeles Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1131 E. 5th Street | | |
| City: Los Angeles | State: CA | Zip Code: 90013 |
| Web site Address: N/A | Fax Number (include area code): (213) 621-2868 | Telephone (include area code): (818) 967-7693 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

| | | |
|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Fax Number (include area code): | Telephone (include area code): | |



RCW1536454058

maging 924A 12/28/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

| | | | |
|--------|--|---|----------------------------|
| (b)(4) | a. Industry Category Title: Lessors of Real Estate | NAICS Code for the Industry Category 5 3 1 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | b. Industry Category Title: Restaurants and Other Eating Places | NAICS Code for the Industry Category 7 2 2 5 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | c. Industry Category Title: Continue on Page 11 | 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:

| | | | | |
|--|--|--|----------------------------|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: Arts District Project I, LP | Industry Category Title: Please see page 12 | | |
| | Address (Street Number and Name): 1129 E. 5th Street | City: Los Angeles | State: CA | Zip Code: 90013 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? | | | | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Arts District Development, LLC | | Industry Category Title: Please see page 12 | |
| Address (Street Number and Name): 1129 E. 5th Street | City: Los Angeles | State: CA | Zip Code: 90013 |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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.)

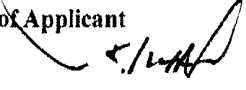
(b)(4)

| 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.

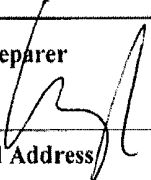
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Kevin Chen | Date (mm/dd/yyyy) 12/23/2015 |
| Daytime Phone Number (Area/Country Codes) (818) 967-7693 | E-Mail Address kevin@artdistrictlaregionalcenter.com | |
| Relationship to the Regional Center Entity (Managing Member, President, 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 Linda Lau | Date (mm/dd/yyyy) 12/23/2015 |
| Firm Name and Address Global Law Group 909 El Centro Street, Suite 1 South Pasadena, CA91030 | | |
| Daytime Phone Number (Area/Country Codes) (213) 830-9933 | Fax Number (Area/Country Codes) (213) 830-9930 | E-Mail Address linda@globallawgroup.net |

**Form I-924A,
Supplement to Form I-924**Department of Homeland Security
U.S. Citizenship and Immigration Services**Part 1. Information About Principal of the Regional Center**

| | | |
|----------------------|---------------|--------------|
| Name: Last Wilson | First Eric | Middle L. |
|----------------------|---------------|--------------|

In Care Of: Chesapeake Regional Center, LLC

Street Address/P.O. Box: 4437 Brookfield Corporate Drive, Suite 207

| | | | |
|--------------------------------|---|---|-----------------|
| City: Chantilly | (b)(6) | State: VA | Zip Code: 20151 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (970) 352-9311 | Telephone Number (include area code): (970) 346-7200 | |

Web site address: www.chesapeakeerc.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID306051099**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: Chesapeake Regional Center, LLC

Street Address/P.O. Box: 4437 Brookfield Corporate Drive, Suite 207

| | | |
|--|---|--|
| City: Chantilly | State: VA | Zip Code: 20151 |
| Web site Address: www.chesapeakeerc.com | Fax Number (include area code): (970) 352-9311 | Telephone (include area code): (970) 352-7200 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW153553761

egarcia2 1924A 12/21/2015

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

- | (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

- | | | | | |
|---|---------------------------------------|---|--------------------------------------|--|
| (b)(4) | a. Industry Category Title: | | NAICS Code for the Industry Category | |
| | Non Residential Building Construction | | 2 3 6 2 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | |

- | | | | | |
|--------|------------------------------------|---|--------------------------------------|--|
| (b)(4) | b. Industry Category Title: | | NAICS Code for the Industry Category | |
| | Lessors of Real Estate | | 5 3 1 1 0 0 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |

- | | | |
|--|---|---|
| c. Industry Category Title: Travelers Accomodations | | NAICS Code for the Industry Category 7 2 1 1 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

- | | | | |
|--|---|--|---|
| a. Name of Commercial Enterprise: Hopkins Gateway Hotel, LP | | Industry Category Title: Travelers & Accommodations | |
| Address (Street Number and Name): 409 Washington Ave Ste 900 | City: Towson | State: MD | Zip Code: 21204 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | |
| 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:

LSH GE Gateway 2, LLC

Industry Category Title:

Travelers Accommodations

Address (Street Number and Name):

409 Washington Ave. Ste 900

City:

Towson

State:

MD

Zip Code:

21204

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

(2) Business Name

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

b. Name of Commercial Enterprise:

N/A

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

Aggregate EB-5 Capital Investment:

Aggregate Direct and Indirect Job Creation:

Aggregate Jobs Maintained:

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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 Eric L. Wilson | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (970) 346-7200 | E-Mail Address ewilson@henselphelps.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 Eric L. Wilson | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Chesapeake Regional Center 4437 Brookfield Corporate Drive, Suite 207 Chantilly, VA 20151 | | |
| Daytime Phone Number (Area/Country Codes) (970) 346-7200 | Fax Number (Area/Country Codes) (970) 352-9311 | E-Mail Address ewilson@henselphelps.com |

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 Texas, LLC | | |
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island (b)(6) | State: IL | Zip Code: 61201 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
| Web site address: www.cmbeb5visa.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW 1227850774 / RC ID 1227850774

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 Texas, 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 Texas, 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): |



RCW1534453556

egarcia2 1924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| | | | |
|---|---|---|--|
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: CMB Texas Infrast. Invest. Group 27, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: RE Projects - Pomona, 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: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: TX | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|--|--------------------|
| b. Name of Commercial Enterprise: CMB Texas Infrast. Invest. Group 40, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: Stillwater Residential Investments II, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 4145 Travis Street, Ste. 202 | City: Dallas | State: TX | Zip Code: 75204 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: CMB Texas Infrast. Invest. Group 45, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: LCG/HW DH Partners, 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: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (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 |
| | | | |

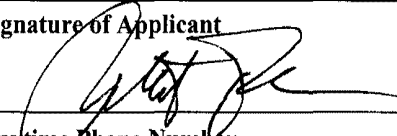
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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) 12/8/2015 |
| 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-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|--|--|
| Name: Last Hurst | First Andre | Middle Dimitri |
| In Care Of: Benjamin L. Meeker, Esq. | | |
| Street Address/P.O. Box: P.O. Box 369 | | |
| City: Cardiff-by-the-Sea (b)(6) | State: CA | Zip Code: 92007 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 7608209040 | Telephone Number (include area code): 9499406929 |
| Web site address: None | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910042 | | |

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: Hawaiian Islands Regional Center, LLC

| | | |
|---------------------------------------|--|---|
| Street Address/P.O. Box: P.O. Box 369 | | |
| City: Cardiff-by-the-Sea | State: CA | Zip Code: 92007 |
| Web site Address: None | Fax Number (include area code): 7608209040 | Telephone (include area code): 7608896074 |

B. Name of Managing Company/Agency: None

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1535053671

egarcia2 I924A 12/16/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|---|--|--|
| a. Industry Category Title: Nursing Care Facilities | | NAICS Code for the Industry Category 6 2 3 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|--|--|
| b. Industry Category Title: Home Health Care Services | | NAICS Code for the Industry Category 6 2 1 6 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|--|--|--|
| c. Industry Category Title: See Attachment 1 | | 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:

(b)(4)

| | | | |
|--|--|--|---------------------------|
| a. Name of Commercial Enterprise: Regency Venture Fund, LLLP | | Industry Category Title: a through d listed above in Part 3(2) | |
| Address (Street Number and Name): 516 Kaumana Drive | City: Hilo | State: HI <input checked="" type="checkbox"/> | Zip Code: 96720 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Kaumana Drive Partners, LLC

Industry Category Title:

a through d listed in Part 3(2)

Address (Street Number and Name):

3326 160th Ave. SE, Ste. 120

City:

Bellevue

State:

WA

**Zip Code:**

98008

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:**

Regency Venture Fund Maui, LLLP

Industry Category Title:

a through d listed in Part 3(2)

Address (Street Number and Name):

Ninau Street Lots 4 & 13

City:

Kihei

State:

HI

**Zip Code:**

96753

Aggregate EB-5 Capital Investment:**Aggregate Direct and Indirect Job Creation:****Aggregate Jobs Maintained:**

(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? ☐ 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:

Regency Namakua, LLC

Industry Category Title:

a through d listed in Part 3(2)

Address (Street Number and Name):

Ninau Street Lots 4 & 13

City:

Kihei

State:

HI


**Zip Code**


96753

EB-5 Capital Investment**Direct and Indirect Job Creation****Jobs Maintained**

(b)(4)


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) | | |

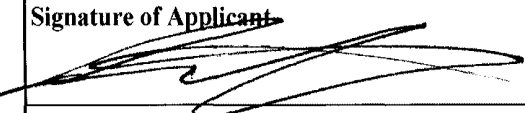
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

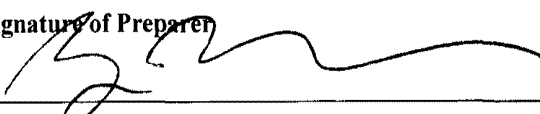
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility 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 Andre D. Hurst | Date (mm/dd/yyyy) 12/14/2015 |
| Daytime Phone Number (Area/Country Codes) 7608896074 | E-Mail Address hurstandre@icloud.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 Benjamin L. Meeker | Date (mm/dd/yyyy) 12/14/2015 |
| Firm Name and Address Law Office of Benjamin L. Meeker, P.O. Box 369, Cardiff-by-the-Sea, CA 92007 | | |
| Daytime Phone Number (Area/Country Codes) 9499406929 | Fax Number (Area/Country Codes) 7608209040 | E-Mail Address blm@blmeekerlaw.com |

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 Barber | First Patrick | Middle J. |
| In Care Of: Encore Enterprises, Inc. | | |
| Street Address/P.O. Box: 5005 LBJ Freeway, Suite 1200 | | |
| City: Dallas | (b)(6) | State: TX |
| Zip Code: 75244 | | |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (214) 259-7001 | Telephone Number (include area code): (214) 259-7000 |
| Web site address: www.encore.bz | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RC ID1330251254

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: Encore Washington/Oregon Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 5005 LBJ Freeway, Suite 1200 | | |
| City: Dallas | State: TX | Zip Code: 75244 |
| Web site www.encoreeb5.com Address: | Fax Number (include area code): (214) 259-7001 | Telephone (include area code): (214) 259-7000 |

B. Name of Managing Company/Agency: Encore Enterprises, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 5005 LBJ Freeway, Suite 1200 | | |
| City: Dallas | State: TX | Zip Code: 75244 |
| Web site www.encore.bz Address: | Fax Number (include area code): (214) 259-7001 | Telephone (include area code): (214) 259-7000 |

C. Name of Other Agent: Encore Global Investment Management, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 5005 LBJ Freeway, Suite 1200 | | |
| City: Dallas | State: TX | Zip Code: 75244 |
| Web site www.encoreeb5.com Address: | Fax Number (include area code): (214) 259-7001 | Telephone (include area code): (214) 259-7000 |



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5326

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 See attachment | Aggregate Direct and Indirect Job Creation See attachment | Aggregate Jobs Maintained See Attachment |
|---|--|---|

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: CA | 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 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: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: CA | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: TX | 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: TX | 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: TX | 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 |
| | | | |

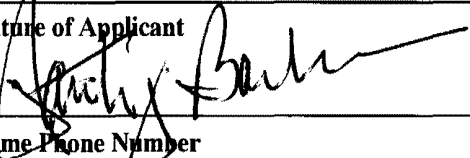
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

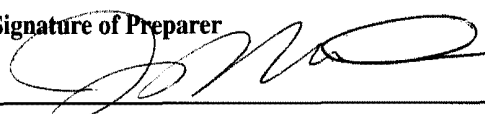
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Patrick J. Barber | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (214) 259-7000 | E-Mail Address pbarber@encore.bz | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Julianne J. Maerschel | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address Encore Global Investment Management, LLC 5005 LBJ Freeway, Suite 1200 Dallas, TX 75244 | | |
| Daytime Phone Number (Area/Country Codes) (214) 259-7000 | Fax Number (Area/Country Codes) (214) 259-7001 | E-Mail Address jmaerschel@encore.bz |

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 Naggar | First Albert | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 207 East 57th Street, Suite 33A | | |
| City: New York (b)(6) | State: NY | Zip Code: 10022 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 355-2193 | Telephone Number (include area code): (212) 751-2163 |
| Web site address: www.ohioregionalcenter.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1221450722

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: Ohio Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 6555 South State Route 202 | | |
| City: Tipp City | State: OH | Zip Code: 45371 |
| Web site www. Address: ohio regionalcenter.com | Fax Number (include area code): (212) 355-2193 | Telephone (include area code): (212) 751-2163 |

B. Name of Managing Company/Agency: Ohio Regional Center Management Company, LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 6555 South State Route 202 | | |
| City: Tipp City | State: OH | Zip Code: 45371 |
| Web site www. Address: ohio regionalcenter.com | Fax Number (include area code): | Telephone (include area code): (937) 677-4451 |

C. Name of Other Agent: ORC Hospitality I LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 207 East 57th Street, Suite 33A | | |
| City: New York | State: NY | Zip Code: 10022 |
| Web site Address: | Fax Number (include area code): (212) 355-2193 | Telephone (include area code): (212) 751-2163 |



RCW1536454044

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 |
|-----------------------------------|--|---------------------------|
| | | |

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: TBD | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: TBD | Aggregate Direct and Indirect Job Creation: TBD | Aggregate Jobs Maintained: TBD |
| b. Industry Category Title: TBD | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: TBD | Aggregate Direct and Indirect Job Creation: TBD | Aggregate Jobs Maintained: TBD |
| c. Industry Category Title: TBD | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: TBD | Aggregate Direct and Indirect Job Creation: TBD | Aggregate Jobs Maintained: TBD |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

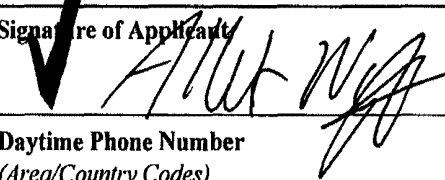
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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.

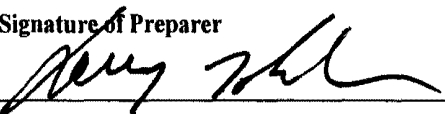
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Albert Naggar | Date (mm/dd/yyyy) 12/21/15 |
| Daytime Phone Number (Area/Country Codes) (212) 751-2163 | E-Mail Address anaggar@buckinghamcapital.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Larry J. Behar | Date (mm/dd/yyyy) DEC 22 2015 |
| Firm Name and Address Behar Law Group 888 SE 3rd Avenue, Suite 400 Fort Lauderdale, FL 33316 | | |
| Daytime Phone Number (Area/Country Codes) (954) 524-8888 | Fax Number (Area/Country Codes) (954) 524-0088 | E-Mail Address larry@eb-5lawyers.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

REC'D CSC 15DEC29 1955
5233

Part 1. Information About Principal of the Regional Center

| | | |
|--|------------------------------------|--|
| Name: Last <u>Wagner</u> | First <u>Jeff</u> | Middle <u>M</u> |
| In Care Of: <u>DIIRC</u> | | |
| Street Address/P.O. Box: <u>8443 Irish Mist</u> | | |
| City: <u>Onsted</u> | State: <u>MI</u> | Zip Code: <u>49265</u> |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): | Telephone Number (include area code): <u>517-392-6794</u> |
| Web site address: <u>(b)(6)</u> | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1031910239

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: <u>Detroit Immigrant Investment RC</u> | | |
| Street Address/P.O. Box: <u>8443 Irish Mist</u> | | |
| City: <u>Onsted</u> | State: <u>MI</u> | Zip Code: <u>49265</u> |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): <u>517-392-6794</u> |
| B. Name of Managing Company/Agency: | | |
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
| C. Name of Other Agent: <u>Jeff Wagner</u> | | |
| Street Address/P.O. Box: <u>SAME</u> | | |
| City: | State: | Zip Code: |
| | Fax Number (include area code): | Telephone (include area code): |



RCW1536554085

egarcia2

I924A

12/29/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (b)(4) | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate/Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

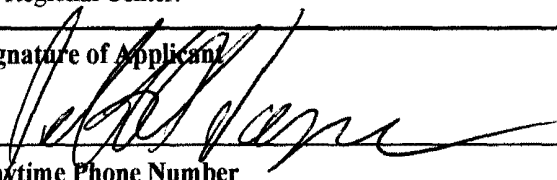

(b)(4)

| 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 Jeff Wagner (b)(6) | Date (mm/dd/yyyy) 12/20/2015 |
| Daytime Phone Number (Area/Country Codes) 517-392-6794 | E-Mail Address  | |
| Relationship to the Regional Center Entity (Managing member, partner, etc.) OWNER | | |

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 |

** Please Note Change of Policy address*

~~** Please Note Change of Policy address*~~

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|----------------|--------------|
| Name: Last Danou | First Samir | Middle A. |
|---------------------|----------------|--------------|

In Care Of:

Street Address/P.O. Box: 1200 Sixth Street

| | | | |
|---------------|--------|-----------|-----------------|
| City: Detroit | (b)(6) | State: MI | Zip Code: 48226 |
|---------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (313) 962-9898 | Telephone Number (include area code): (313) 962-9888 |
|-------------------------------|---|---|

Web site address: eb5detroit.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RC ID#: 1031910239

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: Detroit Immigrant Investor Regional Center

Street Address/P.O. Box: 1200 Sixth Street

| | | |
|-------------------------------------|---|--|
| City: Detroit | State: MI | Zip Code: 48226 |
| Web site eb5detroit.com Address: | Fax Number (include area code): (313) 962-9898 | Telephone (include area code): (313) 962-9888 |

B. Name of Managing Company/Agency: World Trade Center Detroit/Windsor (WTCDW)

Street Address/P.O. Box: 1200 Sixth Street

| | | |
|---------------------------------|---|--|
| City: Detroit | State: MI | Zip Code: 48226 |
| Web site wtc dw.com Address: | Fax Number (include area code): (313) 962-9898 | Telephone (include area code): (313) 962-2345 |

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): |

RCW1535853921

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1561 703041-00 0034 5326

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: None | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: None | | 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: None | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| None | | | |
| 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: | |
| None | | | |
| 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: None | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: None | | 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.)

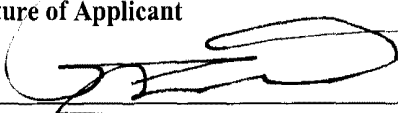
(b)(4)

| 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 Samir A. Danou | Date (mm/dd/yyyy) 12/10/2015 |
| Daytime Phone Number (Area/Country Codes) (313) 962-9696 | E-Mail Address sdanou@eb5detroit.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924****Part 1. Information About Principal of the Regional Center**

| | | |
|--|--|--|
| Name: Last YOON | First Daniel | Middle Bong |
| In Care Of: Sierra Air Center Development LLC | | |
| Street Address/P.O. Box: 2305 Jetlift Drive | | |
| City: Atwater (b)(6) | State: CA | Zip Code: 95301 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (925) 829-9727 | Telephone Number (include area code): (925) 989-8870 |
| Web site address: www.sierraaircenter.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1205250592 | | |

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: Sierra Air Center Development LLC

| | | |
|---|--|---|
| Street Address/P.O. Box: 2305 Jetlift Drive | | |
| City: Atwater | State: CA | Zip Code: 95301 |
| Web site www.sierraaircenter. Address: com | Fax Number (include area code): (925) 829-9727 | Telephone (include area code): (925) 989-8870 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: CA | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

**RCW1533753496**

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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".)

(b)(4)

| | | |
|---|---|---|
| a. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

(b)(4)

| | | |
|---|---|---|
| b. Industry Category Title: Other Airport Operations | | NAICS Code for the Industry Category 4 8 8 1 1 9 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

(b)(4)

| | | |
|--|---|---|
| c. Industry Category Title: Petroleum and Petroleum Products Merchant Wholesalers | | NAICS Code for the Industry Category 4 2 4 7 2 0 |
| 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: None | | 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 | | | |

Name of the Regional Center:
Sierra Air Center Development LLC

Form I-924A
Supplement to Form I-924

Addendum

Continued from Page 2 – Part 3. – Question 2

| <u>Industry Category Title</u> | <u>NAICS Code</u> | <u>Aggregate EB-5 Capital Investment</u> | <u>Aggregate Direct and Indirect Job Creation</u> | <u>Aggregate Jobs Maintained</u> | (b)(4) |
|------------------------------------|-------------------|--|---|--------------------------------------|--------|
| Flight Training | 611512 | | | | |

*Please note that the above figure is for Fiscal Year 2015 only. Sierra Air Center Development LLC is concurrently preparing to file its I-924 Exemplar Petition for the Sierra Air EB-5 Project which will be submitted to USCIS in December 2015. There will be job creation for the upcoming fiscal year once the exemplar petition is filed and actual EB-5 capital investment is raised under the Sierra Air EB-5 Project.

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

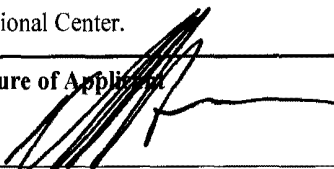
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

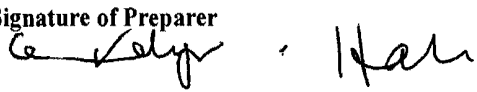
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Daniel YOON | Date (mm/dd/yyyy) 11/25/2015 |
| Daytime Phone Number (Area/Country Codes) (925) 989-8870 | E-Mail Address <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Evelyn Hahn | Date (mm/dd/yyyy) 12/01/2015 |
| Firm Name and Address David Hirson & Partners, LLP 1122 Bristol Street, 1st Floor Costa Mesa, CA 92626 | | |
| Daytime Phone Number (Area/Country Codes) (949) 383-5364 | Fax Number (Area/Country Codes) (949) 383-5368 | E-Mail Address evelynh@hirsonimmigration.com |

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 Worthington | First Jack | Middle R. II |
| In Care Of: | | |
| Street Address/P.O. Box: 101 Comstock Hill Road | | |
| City: New Canaan (b)(6) | State: CT | Zip Code: 06840 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (646) 281-2930 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW 1204850591 / ID 1204850591

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: Arundel Capital Partners, LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 44 Wall Street, 12th Floor | | |
| City: New York | State: NY | Zip Code: 10005 |
| Web site Address: www.arundel-group.com | Fax Number (include area code): | Telephone (include area code): (212) 461-7102 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1603954249

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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".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Lessors of Nonresidential Buildings | | NAICS Code for the Industry Category 5 3 1 1 2 0 | |
| 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: | |
| | | | |

(b)(4)

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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: Hotel Project | | Industry Category Title: Construction | |
| Address (Street Number and Name): | City: Boston | State: MA | Zip Code: 02109 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Commercial Building Project | | Construction - Rental Operations | |
| (b)(4) Address (Street Number and Name): | City: | State: | Zip Code: |
| | Boston | MA | 02109 |
| 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: | |
| <p>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</p> <p>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.</p> | | | |
| (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: | |
| <p>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</p> | | | |

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 |
| | | | |

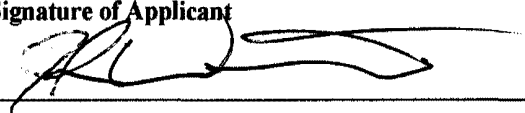
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Jack R. Worthington, II | Date (mm/dd/yyyy) 12/21/2015 |
| Daytime Phone Number (Area/Country Codes) (212) 461-7102 | E-Mail Address jworthington@arundel-group.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|------------------------------------|---|
| Name: Last Shinn | First Richard | Middle |
| In Care Of: PDC Capital Group, LLC | | |
| Street Address/P.O. Box: 250 Fisher Avenue | | |
| City: Costa Mesa (b)(6) | State: CA | Zip Code: 92626 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (844) 887-5700 |
| Web site address: http://zglobalregionalcenter.com/ | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1034350095 / ID 1034350095 | | |

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: The Z Global, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 250 Fischer Avenue | | |
| City: Costa Mesa | State: CA | Zip Code: 92626 |
| Web site zglobalregionalcenter.com Address: com | Fax Number (include area code): (714) 824-6248 | Telephone (include area code): (866) 500-8550 |

B. Name of Managing Company/Agency: PDC Partners Management, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 717 N Union St | | |
| City: Wilmington | State: DE | Zip Code: 19805 |
| Web site www.pdccap.com Address: | Fax Number (include area code): (714) 824-6248 | Telephone (include area code): (949) 342-7229 |

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): |



RCW1600554147

egarcia2 I924A 12/30/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| | | |
|--|--|---------------------------|
| Aggregate EB-5 Capital Investment N/A | 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: N/A | | NAICS Code for the Industry Category _____ |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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.

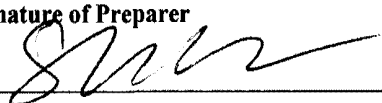
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Richard Shinn | Date (mm/dd/yyyy) 12/29/2015 |
| Daytime Phone Number (Area/Country Codes) (949) 342-7229 | E-Mail Address | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President of The Z Global, Inc. | | |

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 Shameem Hasan | Date (mm/dd/yyyy) 12/29/2015 |
| Firm Name and Address M Thomassen & Associates PC 250 Fischer Ave Costa Mesa, CA 92626 | | |
| Daytime Phone Number (Area/Country Codes) (800) 450-1440 | Fax Number (Area/Country Codes) (714) 824-6248 | E-Mail Address info@thomassenlawgroup.com |

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 LIEBMAN | First HENRY | Middle GOODMAN |
| In Care Of: AMERICAN LIFE, INC. | | |
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 | | |
| City: SEATTLE (b)(6) | State: WA | Zip Code: 98134 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (206) 631-2166 | Telephone Number (include area code): (206) 381-1690 |
| Web site address: www. AMLIFE.US | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

APPROVAL NOTICE ATTACHED

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: REGIONAL CENTER MANAGEMENT LOS ANGELES (RCMLA)

| | | |
|--|---|--|
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 | | |
| City: SEATTLE | State: WA | Zip Code: 98134 |
| Web site WWW. AMLIFE.US Address: | Fax Number (include area code): (206) 631-2166 | Telephone (include area code): (206) 381-1690 |

B. Name of Managing Company/Agency: AMERICAN LIFE, INC.

| | | |
|--|---|--|
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 | | |
| City: SEATTLE | State: WA | Zip Code: 98134 |
| Web site WWW. AMLIFE.US Address: | Fax Number (include area code): (206) 631-2166 | Telephone (include area code): (206) 381-1690 |

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): |



RCW1535553766

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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: NO ACTIVITIES FY ENDING 2015 | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

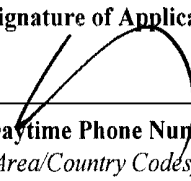
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| | | |

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 HENRY LIEBMAN | Date (mm/dd/yyyy) 12/17/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 381-1690 | E-Mail Address HENRY@AMERICANLIFEINC.COM | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO OF AMERICAN LIFE, INC. MANAGING GENERAL PARTNER | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|-------------------|----------------|--------|
| Name: Last Yen | First Agnes | Middle |
|-------------------|----------------|--------|

In Care Of:

Street Address/P.O. Box: 150 N Santa Anita Ave., #300

| | | | |
|---------------|--------|-----------|-----------------|
| City: Arcadia | (b)(6) | State: CA | Zip Code: 91006 |
|---------------|--------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 866-646-1488 | Telephone Number (include area code): 626-821-1855 |
|--------------------------------|---|---|

Web site address: www.americangreencardtoday.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1034350087

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: American Franchise Regional Center LLC

Street Address/P.O. Box: 150 N Santa Anita Ave., #300

| | | |
|---------------|-----------|-----------------|
| City: Arcadia | State: CA | Zip Code: 91006 |
|---------------|-----------|-----------------|

| | | |
|---|---|--|
| Web site Address: www.americangreencardtoday.com | Fax Number (include area code): 866-646-1488 | Telephone (include area code): 626-821-1855 |
|---|---|--|

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|



RCW1600554145

egarcia2 I924A 12/30/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--------|--|---|----------------------------|
| (b)(4) | a. Industry Category Title: Personal Services, Adult Care & Offices of Physicians | NAICS Code for the Industry Category 6 2 3 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | b. 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) | c. Industry Category Title: Professional, Scientific and Technical | NAICS Code for the Industry Category 5 4 1 | |
| | 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: Americana One LLC | | Industry Category Title: | |
| Address (Street Number and Name): 150 N Santa Anita Ave 300 | City: Arcadia | State: CA | Zip Code: 91006 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| (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.

(b)(4)

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Americana Project One LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 150 N Santa Anita Ave #300 | City: Arcadia | State: CA | Zip Code: 91006 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div></div> | | | |

(b)(4)

| | | | |
|---|-----------------------------------|--|--------------------|
| (2) Business Name Americana Project One LLC | | Industry Category Title: Professional, Scientific and Technical | |
| Address (Street Number and Name): 150 N Santa Anita Ave #300 | City: Arcadia | State: CA | Zip Code: 91006 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div></div> | | | |

(b)(4)

| | | | |
|--|---|----------------------------|--------------------|
| b. Name of Commercial Enterprise: Americana Hesperia Retirement Funding LLC | | Industry Category Title: | |
| Address (Street Number and Name): 150 N Santa Anita Ave #300 | City: Arcadia | State: CA | Zip Code: 91006 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div></div> | | | |

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: Americana Hesperia Retirement Project LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 150 N Santa Anita Ave #300 | City: Arcadia | State: CA | Zip Code: 91006 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div></div> | | | |

Part 3. Information About the Regional Center (Continued)**(b)(4)**

| | | | |
|--|--|---|---------------------------|
| (2) Business Name: Americana Hesperia Retirement Project LLC | | Industry Category Title: Professional, Scientific and Technical | |
| Address (Street Number and Name): 150 N Santa Anita Ave #300 | City: Arcadia | State: CA | Zip Code: 91006 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|--|-----------------------------------|------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <p>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</p> <p>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.</p> | | | |
| (1) Business Name: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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: N/A | | 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 |
| | | | |

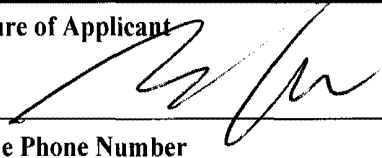
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Agnes Yen | Date (mm/dd/yyyy) 12/29/2015 |
| Daytime Phone Number (Area/Country Codes) 6268211855 | E-Mail Address agnes@americangreencardtoday.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

REC'D CSC 15DEC29 22:09

5233

Part 1. Information About Principal of the Regional Center

| | | |
|--|------------------------------------|---|
| Name: Last Grassmueck (as Receiver) | First Michael | Middle A. |
| In Care Of: The Grassmueck Group | | |
| Street Address/P.O. Box: PO BOX 230091 | | |
| City: Tigard (b)(6) | State: OR | Zip Code: 97281 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (503) 294-9928 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910032 | | |

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: Path America SnoCo, LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: PO BOX 230091 | | |
| City: Tigard | State: OR | Zip Code: 97281 |
| Web site <u>www.grassmueckgroup.com</u> Address: com (pending) | Fax Number (include area code): | Telephone (include area code): (503) 294-9928 |

B. Name of Managing Company/Agency: Path America, LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: PO BOX 230091 | | |
| City: Tigard | State: OR | Zip Code: 97281 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (503) 294-9928 |

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): |



RCW1600454139

maging 1924A 12/29/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| 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 of Buildings | | NAICS Code for the Industry Category 2 3 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | 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: Path America Farmer's Market, LP | | Industry Category Title: Construction of Buildings | |
| Address (Street Number and Name): PO BOX 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: Path Farmer's Market, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): PO BOX 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | | | |

(b)(4)

| | | | |
|---|-----------------------------------|--|--------------------|
| (2) Business Name Everett Hospitality Company, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): PO Box 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; width: 100%; height: 20px;"></div> | | | |

(b)(4)

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

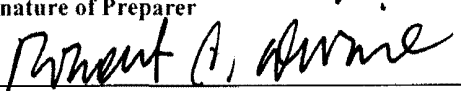
| | | |
|--|---|-------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Michael A. Grassmueck | Date (mm/dd/yyyy) 12/4/15 |
| Daytime Phone Number (Area/Country Codes) (503) 294-9928 | E-Mail Address MGrassmueck@grassmueckgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Receiver | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 12/7/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, PC 1900 Republic Center, 633 Chestnut Street | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Supplement to Form I-924A

Part 1. Information About Principal of the Regional Center

| | | |
|--|---------------------------------|---|
| Name: Last | First | Middle |
| FONFA | Andrew | N/A |
| In Care Of: Foster LLP | | |
| Street Address/P.O. Box: 600 Travis Street, Suite 2000 | | |
| City: Houston (b)(6) | State: Texas | Zip Code: 77002 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (713)229-8733 |
| | | |
| Web site address: http://www.eb5lv.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

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: Las Vegas Economic Impact Regional Center

| | | |
|--|---------------------------------|--|
| Street Address/P.O. Box: 200 West Sahara Ave #4001 | | |
| City: Las Vegas | State: Nevada | Zip Code: 89102 |
| Web site www.lveirc.com Address: | Fax Number (include area code): | Telephone (include area code): (702)221-1080 |

B. Name of Managing Company/Agency: Las Vegas Economic Impact Regional Center, LLC

| | | |
|--|---------------------------------|--|
| Street Address/P.O. Box: 3575 West Post Road | | |
| City: Las Vegas | State: Nevada | Zip Code: 89118 |
| Web site www.eb5lv.com Address: | Fax Number (include area code): | Telephone (include area code): (702)221-1080 |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| | Fax Number (include area code): | Telephone (include area code): |



RCW1535053663

egarcia2 I924A 12/16/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| a. Industry Category Title: | | NAICS Code for the Industry Category |
|--|---|--------------------------------------|
| Commercial and Institutional Building Construction | | 2 3 6 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

| | | |
|------------------------------------|---|--------------------------------------|
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Casino Hotels | | 7 2 1 1 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

| | | |
|---|---|--------------------------------------|
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| Restaurants (Food Services and Drinking Places) | | 7 2 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

| | | |
|--|--|--|
| | | |
|--|--|--|

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| a. Name of Commercial Enterprise: | | Industry Category Title: | |
|--|---|--|-----------|
| Downtown3rd Development Fund, LLLP | | Commercial and Institutional Building Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 3575 West Post Road | Las Vegas | NV | 89109 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: DT3 Manager, LLC | | Industry Category Title: Commercial and Institutional Building Construction | |
| Address (Street Number and Name): 6922 Hollywood Blvd. Floor 9 | City: Los Angeles | State: CA | Zip Code: 90028 |
| 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: Lucky Dragon, LP | | Industry Category Title: Commercial and Institutional Building Construction | |
| Address (Street Number and Name): 3575 West Post Road | City: Las Vegas | State: NV | Zip Code: 89109 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

(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?

☒ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? | | | |

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) | | |

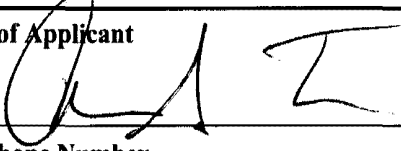
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

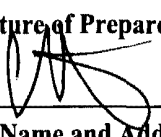
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Andrew Fonfa | Date (mm/dd/yyyy) 12/01/2015 |
| Daytime Phone Number (Area/Country Codes) (702) 201-1080 | E-Mail Address andrew@eb5lv.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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 John Meyer / Christian Triantaphyllis | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address Foster LLP 600 Travis Street, 20th Floor, Houston, Texas 77002, USA | | |
| Daytime Phone Number (Area/Country Codes) (832) 426-0331 | Fax Number (Area/Country Codes) (713) 228-1303 | E-Mail Address jmeyer@fosterglobal.com / ctriantaphyllis@fosterglobal.com |

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|---------------|--------------|
| Name: Last Greene | First Adam | Middle S. |
|----------------------|---------------|--------------|

In Care Of: Live in America - Hawaii LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|---------------------------|-----------|-----------------|
| City: White Plains (b)(6) | State: NY | Zip Code: 10604 |
|---------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (914) 289-0227 | Telephone Number (include area code): (914) 289-0059 |
|-------------------------------|---|---|

Web site address: <http://www.liveinamerica.us/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) W09000510 / RCW 1031910167

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: EB- 5 Jobs for Hawaii, LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|---------------------------|---|--|
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site None Address: | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

B. Name of Managing Company/Agency: Live in America Financial Services LLC

Street Address/P.O. Box: 711 Westchester Avenue, Suite 203

| | | |
|--|---|--|
| City: White Plains | State: NY | Zip Code: 10604 |
| Web site http://www. Address: liveinamerica.us/ | Fax Number (include area code): (914) 289-0227 | Telephone (include area code): (914) 289-0059 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|------------------------------------|--------|-----------------------------------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | | Telephone (include area code): |



RCW1535153710

egarcia2 I924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|-------------------------------------|---|---|
| a. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: None | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: None | | 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: None | | 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: N/A | | 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 N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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: None | | 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: N/A | | 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: N/A | | 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 |
| | | | |

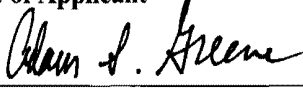
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Adam S. Greene | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (917) 359-9564 | E-Mail Address agreene@liveinamerica.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President, Live in America - Hawaii LLC, Sole member of EB-5 Jobs for Hawaii LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|----------------|-----------------|
| Name: Last Scheibe | First Aaron | Middle Peter |
|-----------------------|----------------|-----------------|

In Care Of: South Dakota Governor's Office of Economic Development

Street Address/P.O. Box: 711 E. Wells Ave.

| | | |
|---------------------|-----------|-----------------|
| City: Pierre (b)(6) | State: SD | Zip Code: 57501 |
|---------------------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (605) 773-3256 | Telephone Number (include area code): (605) 773-3301 |
|--------------------------------|---|---|

Web site address: www.sdreadytowork.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID-10-319-10140

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: South Dakota Regional Center

Street Address/P.O. Box: 711 E. Wells Ave.

| | | |
|--|---|--|
| City: Pierre | State: SD | Zip Code: 57501 |
| Web site www.sdreadytowork.com Address: | Fax Number (include area code): (703) 773-3256 | Telephone (include area code): (605) 773-3301 |

B. Name of Managing Company/Agency: South Dakota Governor's Office of Economic Development

Street Address/P.O. Box: 711 E. Wells Ave.

| | | |
|--|---|--|
| City: Pierre | State: SD | Zip Code: 57501 |
| Web site www.sdreadytowork.com Address: | Fax Number (include area code): (605) 773-3256 | Telephone (include area code): (605) 773-3301 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1600554152

egarcia2 I924A 12/30/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | |
|---|--|
| a. Industry Category Title: Electric Power Generation | NAICS Code for the Industry Category 2 2 1 1 1 |
|---|--|

(b)(4)

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|--|--|
| b. Industry Category Title: Casino Hotel | NAICS Code for the Industry Category 7 2 1 1 2 0 |
|--|--|

(b)(4)

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|---|--|
| c. Industry Category Title: Meat Products and Meat Packaging Products | NAICS Code for the Industry Category 3 1 1 6 |
|---|--|

(b)(4)

| | | |
|------------------------------------|---|----------------------------|
| 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: SDIF LP 3 | Industry Category Title: Electric Power Generation |
|---|--|

| | | | |
|---|--------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 416 Production Street North | City: Aberdeen | State: SD | Zip Code: 57401 |
|---|--------------------------|---------------------|---------------------------|

| | | |
|------------------------------------|---|----------------------------|
| 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

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: Basin Electric - Deer Creek Station | | Industry Category Title: Electric Power Generation | |
| Address (Street Number and Name): Rural Elkton | City: Elkton | State: SD | Zip Code: 57026 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: SDIF LP 5 | | Industry Category Title: Electric Power Generation | |
| Address (Street Number and Name): 416 Production Street North | City: Aberdeen | State: SD | Zip Code: 57401 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: NextEra Energy Day County Wind Farm | | Industry Category Title: Electric Power Generation | |
| Address (Street Number and Name): Rural Webster | City: Webster | State: SD | Zip Code: 57274 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: | |
| SDIF LP 2 | | Casino Hotel | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 416 Production Street North | Aberdeen | SD | 57401 |
| 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: | |
| Deadwood Mountain Grand Casino | | Casino Hotel | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 1906 Deadwood Mountain Drive | Deadwood | SD | 57732 |
| 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: SDIF LP 6 | | Industry Category Title: Meat Products and Meat Packaging Produ | |
| Address (Street Number and Name): 416 Production Street North | City: Aberdeen | State: SD | Zip Code: 57401 |
| 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: Northern Beef Packers | | Industry Category Title: Meat Products and Meat Packaging Produ | |
| Address (Street Number and Name): 38749 135th Street | City: Aberdeen | State: SD | Zip Code: 57401 |
| 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 Aaron P. Scheibe | Date (mm/dd/yyyy) 12/28/2015 |
| Daytime Phone Number (Area/Country Codes) (605) 773-3301 | E-Mail Address aaron.scheibe@state.sd.us | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Director; Deputy Commissioner of South Dakota Governor's Office of Economic Development | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|-----------------|--------|
| Name: Last Shelley | First Steven | Middle |
|-----------------------|-----------------|--------|

In Care Of: North Texas EB- Regional Center, LLC

Street Address/P.O. Box: 1800 Valley View Lane, Suite 300

| | | |
|---------------------|-----------|-----------------|
| City: Dallas (b)(6) | State: TX | Zip Code: 75234 |
|---------------------|-----------|-----------------|

| | | |
|--|---|---|
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): 469-522-4340 | Telephone Number (include area code): 469-522-4555 |
|--|---|---|

Web site address: <http://www.ntxregionalcenter.com>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) W09001380

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: North Texas EB-5 Regional Center LLC

Street Address/P.O. Box: 1800 Valley View Lane, Suite 300

| | | |
|--|---|--|
| City: Dallas | State: TX | Zip Code: 75234 |
| Web site Address: http://www.ntxregionalcenter.com | Fax Number (include area code): 469-522-4340 | Telephone (include area code): 469-522-4555 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Christopher Liu

Street Address/P.O. Box: 1800 Valley View Lane, Suite 300

| | | |
|--|---|--|
| City: Dallas | State: TX | Zip Code: 75234 |
| Web site Address: http://www.ntxregionalcenter.com | Fax Number (include area code): 469-522-4340 | Telephone (include area code): 469-522-4555 |



RCW1535753895

REC'D USCIS/EOC 21-35

5338

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".) *See addendum

| | |
|-----------------------------|--------------------------------------|
| a. Industry Category Title: | NAICS Code for the Industry Category |
| Construction | 2 3 6 |

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

(b)(4)

| | |
|--------------------------------------|--------------------------------------|
| b. Industry Category Title: | NAICS Code for the Industry Category |
| Architectural & Engineering Services | 5 4 1 3 |

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

(b)(4)

| | |
|-------------------------------------|--------------------------------------|
| c. Industry Category Title: | NAICS Code for the Industry Category |
| Merchant Wholesalers, Durable Goods | 4 2 3 |

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

(b)(4)

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | |
|-----------------------------------|--------------------------|
| a. Name of Commercial Enterprise: | Industry Category Title: |
| Texas EB-5 Fund LP | Lending |

| | | | |
|-----------------------------------|--------|--------|-----------|
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 1800 Valley View Lane, Suite 300 | Dallas | TX | 75234 |

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

(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? ☐ No ☒ Yes

*This figure represents total capital, including EB-5 capital, projected to be expended during the 2015 calendar year according to the economic reports which support the projects sponsored by the regional center.

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: UHF Magnolia Trace, LP | | Industry Category Title: Real Estate | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|------------------------------------|--------------------|
| b. Name of Commercial Enterprise: Statler 1900 Commerce, LLC | | Industry Category Title: Lender | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| 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: Commerce Statler Development, LLC | | Industry Category Title: Real Estate | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| 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: NTRC Equity Partners LP | | Industry Category Title: Lender | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| 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: Dominion at Mercer Crossing, LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| 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: Westlead Dallas Financial, LP | | Industry Category Title: Lender | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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 | | | |
| 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: Dominion at Mercer Crossing, LLC | | Industry Category Title: Property Developer | |
| Address (Street Number and Name): 1800 Valley View Lane, Suite 300 | City: Dallas | State: TX | Zip Code: 75234 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| 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 |
| | | | |

*See addendum

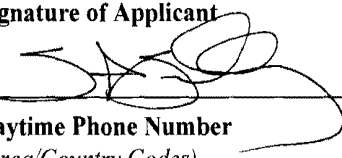
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

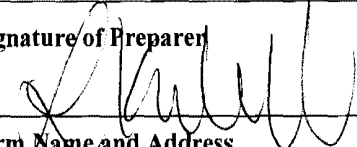
| | | |
|--|--|--------------------------|
| Signature of Applicant  | Printed Name of Applicant Steven SHELLEY | Date (mm/dd/yyyy) |
| Daytime Phone Number (Area/Country Codes) 469-522-4555 | E-Mail Address steven.shelley@pillarincome.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Lillian Katherine Kalmykov | Date (mm/dd/yyyy) 12/22/2015 |
| Firm Name and Address Greenberg Traurig LLP - New Jersey 500 Campus Drive, PO Box 677 Florham Park, NJ 07932-0677 | | |
| Daytime Phone Number (Area/Country Codes) (973)443-3276 | Fax Number (Area/Country Codes) | E-Mail Address kalmykovk@gtlaw.com |

NTRC I-924A Part 3, number 2 addendum

| <u>Industry Category Title</u> | <u>NAICS Code</u> | <u>Aggregate EB-5 Capital Investment¹</u> | <u>Aggregate Direct and Indirect Job Creation</u> | <u>Aggregate Jobs Maintained</u> |
|--|-----------------------|--|---|--------------------------------------|
| Lessors of Real Estate | 5311 | | | |
| Advertising, Public Relations and Related Services | 5418 | | | |

(b)(4)

¹ *This figure represents total capital, including EB-5 capital, projected to be expended during the 2015 calendar year according to the economic reports which support the projects sponsored by the regional center.

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 Summit, LLC | | |
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island (b)(6) | State: IL | Zip Code: 61201 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
| Web site address: www.cmbeb5visa.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1216350685 / RC ID 1031919107

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 Summit, 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 Summit, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |

**RCW1534453559**

egarcia2 I924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | b. Industry Category Title: | | NAICS Code for the Industry Category | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| (b)(4) | 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:

| | | | | |
|--|--|---|--|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: CMB Infrastructure Investment Group X, L.P. | | Industry Category Title: Construction | |
| | Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Maple Street Investors, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

7819 42nd Street W.

City:

Rock Island

State:

IL

Zip Code:

61201

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name**

IRG RC Market Buildings, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

7819 42nd Street W.

City:

Rock Island

State:

IL

Zip Code:

61201

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****b. Name of Commercial Enterprise:**

CMB Infrast. Invest. Group X, LP CONTINUED

Industry Category Title:

Construction

Address (Street Number and Name):

7819 42nd Street W.

City:

Rock Island

State:

IL

Zip Code:

61201

Aggregate EB-5 Capital Investment:**Aggregate Direct and Indirect Job Creation:****Aggregate Jobs Maintained:**

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ 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:

AGNL Blimp Parking, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

7819 42nd Street W.

City:

Rock Island

State:

IL

Zip Code:

61201

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 |
| | | | |

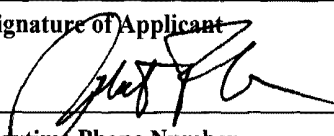
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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) 12/8/2015 |
| Daytime Phone Number (Area/Country Codes) (309) 797-1550 | E-Mail Address pat@cmb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924**

REC'D CSC 15 NOV 13 19:42

5338

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Zhang | First Cindy | Middle |
| In Care Of: EB5 Fund, Inc. | | |
| Street Address/P.O. Box: 299 Broadway, Suite 1120 | | |
| City: New York | (b)(6) | State: NY |
| Zip Code: 10007 | | |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (212) 966-6683 | Telephone Number (include area code): (212) 390-8858 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) | | |
| RCW1326751218 / RCID1326751218 | | |

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: EB5 Fund, Inc.

| | | |
|---|---|--|
| Street Address/P.O. Box: 299 Broadway, Suite 1120 | | |
| City: New York | State: NY | Zip Code: 10007 |
| Web site Address: | Fax Number (include area code): (212) 966-6683 | Telephone (include area code): (212) 390-8858 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

**RCW1531753436**

egarcia2 1924A 11/13/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|---------------------------------------|---|---|
| a. Industry Category Title: Hotels | | NAICS Code for the Industry Category 7 2 1 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

(b)(4)

| | | |
|---|---|---|
| b. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 6 0 0 0 |
| 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:

(b)(4)

| | | | |
|--|---|------------------------------------|--------------------|
| a. Name of Commercial Enterprise: NY Manhattan 40th St. Lenders, L.P. | | Industry Category Title: Lender | |
| Address (Street Number and Name): 135-27 38 Avenue, Suite 378 | City: Flushing | State: NY | Zip Code: 11354 |
| 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

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: 310 Group, LLC | | Industry Category Title: Hotels (NAICS 72111) | |
| Address (Street Number and Name): 336 East 59 Street | City: New York | State: NY | Zip Code: 10022 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|--|---|------------------------------------|--------------------|
| b. Name of Commercial Enterprise: Hudson Real Estate Fund III, LP | | Industry Category Title: Lender | |
| Address (Street Number and Name): 757 Third Avenue, 20th Floor | City: New York | State: NY | Zip Code: 10017 |
| 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: Flushing Square LLC | | Industry Category Title: Construction (NAICS 236) | |
| Address (Street Number and Name): 2 Seaview Blvd, Suite 102 | City: Port Washington | State: NY | Zip Code: 11050 |
| 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 Cindy Zhang | Date (mm/dd/yyyy) 11-04-2015 |
| Daytime Phone Number (Area/Country Codes) (212) 390-8858 | E-Mail Address zhanghua@eemin.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Yevgeny Samokhleb, Esq. | Date (mm/dd/yyyy) 11/04/2015 |
| Firm Name and Address Law Offices of Yu & Associates PLLC 299 Broadway, Suite 1120 New York, NY 10007 | | |
| Daytime Phone Number (Area/Country Codes) (212) 219-2088 | Fax Number (Area/Country Codes) (212) 966-6683 | E-Mail Address efiling@eemin.com |

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 Kuehner | First Paul | Middle J. |
|-----------------------|---------------|--------------|

In Care Of: BLT TriState Regional Center LLC

Street Address/P.O. Box: 1 Elmcroft Road, Suite 500

| | | |
|--------------------------------|---|---|
| City: Stamford | State: CT | Zip Code: 06902 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (203) 846-3530 | Telephone Number (include area code): (203) 846-1900 |

Web site address: <http://www.bltoffice.com/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1415551773/ID1415551773

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: BLT TriState Regional Center LLC

Street Address/P.O. Box: 1 Elmcroft Road, Suite 500

| | | |
|--------------------------|---|--|
| City: Stamford | State: CT | Zip Code: 06902 |
| Web site N/A Address: | Fax Number (include area code): (203) 846-3530 | Telephone (include area code): (203) 846-1900 |

B. Name of Managing Company/Agency: BLT Regional Center Manager LLC

Street Address/P.O. Box: 1 Elmcroft Road, Suite 500

| | | |
|--------------------------|---|--|
| City: Stamford | State: CT | Zip Code: 06902 |
| Web site N/A Address: | Fax Number (include area code): (203) 846-3530 | Telephone (include area code): (203) 846-1900 |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: CT | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1531453429

egarcia2 I924A 11/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation that 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: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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 N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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 |
| [Redacted] | | |

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.)

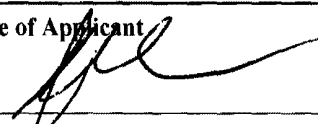
(b)(4)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| [Redacted] | | |

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.

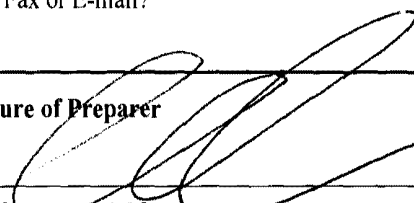
| | | |
|---|---|--|
| Signature of Applicant  | Printed Name of Applicant Paul J. Kuehner | Date (mm/dd/yyyy) 11/03/2015 |
| Daytime Phone Number (Area/Country Codes) (203) 846-1900 | E-Mail Address paul@bltoffice.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member of BLT Regional Center Holding LLC | | |

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 Debbie A Klis, Esq. | Date (mm/dd/yyyy) 11/9/15 |
| Firm Name and Address Ballard Spahr LLP 1909 K St., NW, 12Th Floor Washington DC, 20006 | | |
| Daytime Phone Number (Area/Country Codes) (202) 661-7661 | Fax Number (Area/Country Codes) (202) 661-2299 | E-Mail Address klisd@ballardspahr.com |

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 Walls, III | First Clement | Middle Sampson |
|--------------------------|------------------|-------------------|

In Care Of: Arkansas Capital Corporation

Street Address/P.O. Box: 200 River Market Avenue

| | | | |
|-------------------|--------|-----------|-----------------|
| City: Little Rock | (b)(6) | State: AR | Zip Code: 72201 |
|-------------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (501) 374-9425 | Telephone Number (include area code): (501) 374-9247 |
|-------------------------------|---|---|

Web site address: <http://arcapital.com/psc/>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1330951265 / ID1330951265

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: Pine State Regional Center, LLC

Street Address/P.O. Box: c/o Arkansas Capital Corporation, 200 River Market Avenue, Suite 400

| | | |
|-------------------|-----------|-----------------|
| City: Little Rock | State: AR | Zip Code: 72201 |
|-------------------|-----------|-----------------|

| | | |
|---|---|--|
| Web site Address: www.arcapital.com/psc/ | Fax Number (include area code): (501) 374-9425 | Telephone (include area code): (501) 374-9247 |
|---|---|--|

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

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): |
|----------------------|------------------------------------|-----------------------------------|



RCW1529353389

RCW1529353389

RCW1529353389

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Nonresidential Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Architectural, Engineering, and Related Services | | NAICS Code for the Industry Category 5 4 1 3 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: Steel Product Manufacturing | | NAICS Code for the Industry Category 3 3 1 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

(b)(4)

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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.)

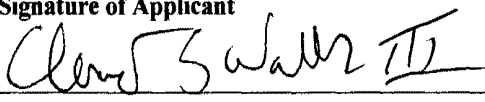
(b)(4)

| 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.

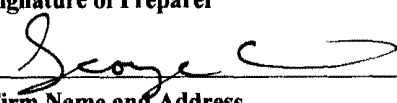
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Clement Sampson Walls, III | Date (mm/dd/yyyy) 10/13/15 |
| Daytime Phone Number (Area/Country Codes) (501) 374-9247 | E-Mail Address cs3walls@arcapital.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

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 George Ernst | Date (mm/dd/yyyy) 10.13.2015 |
| Firm Name and Address Mitchell, Williams, Selig, Gates & Woodyard 425 W. Capitol Ave, Suite 1800 Little Rock, AR 72201 | | |
| Daytime Phone Number (Area/Country Codes) (501) 688-8862 | Fax Number (Area/Country Codes) (501) 918-7862 | E-Mail Address gernst@mwlaw.com |

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 Christ | First Michael | Middle |
| In Care Of: c/o Seattle Family Regional Center | | |
| Street Address/P.O. Box: 1083 Lake Washington Boulevard, Suite 50 | | |
| City: Renton | State: Washington | Zip Code: 98056 |
| Date of Birth (mm/dd/yyyy) (b)(6) | Fax Number (include area code): | Telephone Number (include area code): 425-336-0126 |
| Web site address: www.seattlefamilyregionalcenter.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RC ID 1031910035

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: Seattle Family Regional Center

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 1083 Lake Washington Boulevard, Suite 50 | | |
| City: Renton | State: Washington | Zip Code: 98056 |
| Web site Address: www.seattlefamilyregionalcenter.com | Fax Number (include area code): | Telephone (include area code): (425) 336-0126 |

B. Name of Managing Company/Agency: Southport Management LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 1083 Lake Washington Boulevard North, Suite 50 | | |
| City: Renton | State: WA | Zip Code: 98056 |
| Web site Address: www.seattlefamilyregionalcenter.com | Fax Number (include area code): | Telephone (include area code): 425-336-0126 |

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): |



RCW1531053422

egarcia2

I924A

11/06/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | | |
|--------|-----------------------------------|--|---------------------------|
| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | | |
|--------|--|---|--------------------------------------|--|
| (b)(4) | a. Industry Category Title: | | NAICS Code for the Industry Category | |
| | Hotels (except Casino Hotels) and Motels | | 7 2 1 1 1 0 | |
| | 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:

| | | | | |
|--|--|---|--|-----------|
| (b)(4) | a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | Southport Hotel Eb-5, LP | | Hotels (except Casino Hotels) and Motels | |
| | Address (Street Number and Name): | City: | State: | Zip Code: |
| | 1083 Lake Washington Boulevard North, Suite 50 | Renton | WA | 98056 |
| Aggregate EB-5 Capital Investment: | | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|--|-----------------------------------|--|--------------------|
| (1) Business Name: Hotel at Southport, LLC | | Industry Category Title: Hotels (except Casino Hotels) and Motels | |
| Address (Street Number and Name): 1083 Lake Washington Blvd North, Suite 50 | City: Renton | State: WA | Zip Code: 98056 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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.)

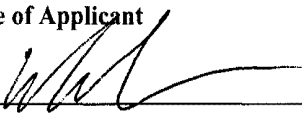
(b)(4)

| 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**.

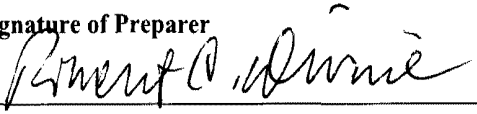
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility 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 Michael Christ | Date (mm/dd/yyyy) 10/19/2015 |
| Daytime Phone Number (Area/Country Codes) | E-Mail Address MChrist@secodev.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☒ Yes

| | | |
|---|--|--|
| Signature of Preparer  | Printed Name of Preparer Robert C. Divine | Date (mm/dd/yyyy) 10/23/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1800 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 Keller | First David | Middle C. |
|----------------------|----------------|--------------|

In Care Of: Liberty West Regional Center

Street Address/P.O. Box: 23150 N Pima Rd., Suite 2B

| | | |
|-------------------------|-----------|-----------------|
| City: Scottsdale (b)(6) | State: AZ | Zip Code: 85255 |
|-------------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (480) 436-6136 | Telephone Number (include area code): (480) 426-0284 |
|-------------------------------|---|---|

Web site address: www.libertyregionalcenters.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW 10319110021 / W09001830**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: Liberty West Regional Centers

Street Address/P.O. Box: 23150 N Pima Rd., Suite 2B

| | | |
|--|---|--|
| City: Scottsdale | State: AZ | Zip Code: 85255 |
| Web site libertyregionalcenters Address: .com | Fax Number (include area code): (480) 436-6136 | Telephone (include area code): (480) 426-0284 |

B. Name of Managing Company/Agency: Liberty Regional Centers, LLC

Street Address/P.O. Box: 23150 N Pima Rd., Suite 2B

| | | |
|--|---|--|
| City: Scottsdale | State: AZ | Zip Code: 85255 |
| Web site libertyregionalcenters Address: .com | Fax Number (include area code): (480) 436-6136 | Telephone (include area code): (480) 426-0284 |

C. Name of Other Agent: None

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1600654205

egarcia2 I924A 01/06/2016

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: Accommodations | | NAICS Code for the Industry Category 7 2 1 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: Food Service and Drinking Place | | NAICS Code for the Industry Category 7 2 2 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Nursing and Residential Care Facilities | | NAICS Code for the Industry Category 6 2 3 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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: None | | 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:

NCE

Generations Lifestyles of Globe Dev. Fund

Industry Category Title:

Nursing & Residential Care Facilities

Address (Street Number and Name):

23150 N Pima Rd., Suite 2B

City:

Scottsdale

State:

AZ

Zip Code:

85255

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

(b)(4)

(2) Business Name

None

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:

None

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:

None

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: None | | 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: None | | 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: None | | 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: None | | 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: None | | 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: None | | 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: None | | 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: None | | 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: None | | 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: None | | 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 |
| | | | |

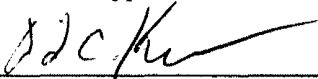
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 David C. Keller | Date (mm/dd/yyyy) 12/29/2015 |
| Daytime Phone Number (Area/Country Codes) (480) 426-0280 | E-Mail Address dkeller@libertyregionalcenters.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO Liberty Regional Centers, LLC, Manager of Liberty West Regional Center, LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|---------------|--------------|
| Name: Last Murtagh | First John | Middle K. |
|-----------------------|---------------|--------------|

In Care Of: Woodmont Regional Center, LLC

Street Address/P.O. Box: 3077 E. Warm Springs Rd, Suite 100

| | | | |
|-----------------|--------|-----------|-----------------|
| City: Las Vegas | (b)(6) | State: NV | Zip Code: 89120 |
|-----------------|--------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (702) 454-8715 | Telephone Number (include area code): (702) 454-5300 |
|-------------------------------|---|---|

Web site address: www.woodmontregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) 1302851079

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: Woodmont Regional Center, LLC

Street Address/P.O. Box: 3077 E. Warm Springs Rd, Suite 100

| | | |
|-----------------|-----------|-----------------|
| City: Las Vegas | State: NV | Zip Code: 89120 |
|-----------------|-----------|-----------------|

| | | |
|--|---|--|
| Web site woodmontregionalcenter Address: .com | Fax Number (include area code): (702) 454-8715 | Telephone (include area code): (702) 454-5300 |
|--|---|--|

B. Name of Managing Company/Agency: John K. Murtagh

Street Address/P.O. Box: 3077 E. Warm Springs Rd, Suite 100

| | | |
|-----------------|-----------|-----------------|
| City: Las Vegas | State: NV | Zip Code: 89120 |
|-----------------|-----------|-----------------|

| | | |
|--|---|--|
| Web site woodmontregionalcenter Address: .com | Fax Number (include area code): (702) 454-8715 | Telephone (include area code): (702) 454-5300 |
|--|---|--|

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | |
|------------------------------------|-----------------------------------|
| Fax Number (include area code): | Telephone (include area code): |
|------------------------------------|-----------------------------------|



RCW1533453482

egarcia2 1924A 11/30/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

(b)(4)

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: N/A | | NAICS Code for the Industry Category _____ |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: N/A | | 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: N/A | | 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.)

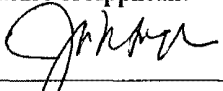
(b)(4)

| 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 JOHN R. MURTAGH | Date (mm/dd/yyyy) 11/10/2015 |
| Daytime Phone Number (Area/Country Codes) (702) 454-5300 | E-Mail Address jmurtagh@gcinm.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|--|--|
| Name: Last Owens | First Kathleen | Middle P |
| In Care Of: Beach Development Group, LLC | | |
| Street Address/P.O. Box: 4768 Euclid Rd., Suite 105 | | |
| City: Virginia BEach (b)(6) | State: VA | Zip Code: 23462 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (757) 502-4407 | Telephone Number (include area code): (757) 502-4407 |
| Web site address: www.varceb5.com/ | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1129050335/ID1129050335

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: Virginia Atlantic Regional Center

| | | |
|---|---|--|
| Street Address/P.O. Box: 4768 EUclid Rd., Suite 105 | | |
| City: Virginia Beach | State: VA | Zip Code: 23462 |
| Web site Address: www.varceb5.com | Fax Number (include area code): (757) 502-4407 | Telephone (include area code): (757) 502-4407 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (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.")

| 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: Nonresidential Building Construction | NAICS Code for the Industry Category 2 3 6 2 0 0 |
|--|--|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

| | |
|---|--|
| b. Industry Category Title: Other Specialty Contractors | NAICS Code for the Industry Category 2 3 8 9 0 0 |
|---|--|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

| | |
|---|--|
| c. Industry Category Title: Architectural, Engineering and Related Services | NAICS Code for the Industry Category 5 4 1 3 0 0 |
|---|--|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

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: AsiaTown Capital, LLC | Industry Category Title: Architectural, Engineering & Related |
|---|---|

| | | | |
|--|--------------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 4768 Euclid Rd., Suite 105 | City: Virginia Beach | State: VA | Zip Code: 23462 |
|--|--------------------------------|---------------------|---------------------------|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (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: AsiaTown LLC | | Industry Category Title: Nonresidential Building Construction | |
| Address (Street Number and Name): 4768 Euclid Rd., Suite 105 | City: Virginia Beach | State: VA | Zip Code: 23462 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

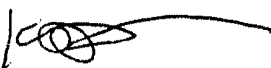
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Kathleen P. Owens | Date (mm/dd/yyyy) 11/19/2015 |
| Daytime Phone Number (Area/Country Codes) (757) 502-4407 | E-Mail Address kowens@beachdevelopmentgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 | |

Part 1. Information About Principal of the Regional Center

| | | |
|--------------------------|---------------|-------------|
| Name: Last Strickland | First Paul | Middle L |
|--------------------------|---------------|-------------|

In Care Of:

Street Address/P.O. Box: 1928 Rose ST NE

| | | |
|----------------------|-----------|-----------------|
| City: Olympia (b)(6) | State: WA | Zip Code: 98506 |
|----------------------|-----------|-----------------|

| | | |
|----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): 2069631094 |
|----------------------------|---------------------------------|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1427951905

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: Washington EB-5 Regional Center, LLC

| | | |
|--|---------------------------------|---|
| Street Address/P.O. Box: 1928 Rose St NE | | |
| City: Olympia | State: WA | Zip Code: 98506 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 2069631094 |

B. Name of Managing Company/Agency: AmVisa Capital Group, LLC

| | | |
|--|---------------------------------|---|
| Street Address/P.O. Box: 1928 Rose St NE | | |
| City: Olympia | State: WA | Zip Code: 98506 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 2069631094 |

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".)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Dairy Product Manufacturing | | NAICS Code for the Industry Category 3 1 1 5 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| b. Industry Category Title: Cattle Ranching & Farming | | NAICS Code for the Industry Category 1 1 2 1 |
| 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: USA Milk Processing, LLC | | Industry Category Title: Dairy Product Manufacturing | |
| Address (Street Number and Name): 1928 Rose St NE | City: Olympia | State: WA <input checked="" type="checkbox"/> | Zip Code: 98506 |
| Aggregate EB-5 Capital Investment: See Attached | Aggregate Direct and Indirect Job Creation: See Attached | Aggregate Jobs Maintained: See Attached | |
| 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 checked="" 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: WA <input checked="" type="checkbox"/> | 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: <input checked="" type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|---|--------------------|
| b. Name of Commercial Enterprise: CK-Dairy USA, LLC | | Industry Category Title: Cattle Ranching & Farming | |
| Address (Street Number and Name): 1928 Rose St NE | City: Olympia | State: WA <input checked="" type="checkbox"/> | Zip Code: 98506 |
| Aggregate EB-5 Capital Investment: See Attached | Aggregate Direct and Indirect Job Creation: See Attached | Aggregate Jobs Maintained: See Attached | |

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: <input checked="" type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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 Paul L Strickland | Date (mm/dd/yyyy) 11/10/2015 |
| Daytime Phone Number (Area/Country Codes) 2069631094 | E-Mail Address <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Pavlow | First Steven | Middle R. |
| In Care Of: | | |
| Street Address/P.O. Box: 5600 W Spring Mountain Road, suite #209 | | |
| City: Las Vegas | State: NV | Zip Code: 89146 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 7028938961 | Telephone Number (include area code): 7028938962 |
| Web site address: www qltcrn.com/EB-5-Project.html | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW' ID 1034250071

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: JPL Trading Co., LLC dba "Nevada Regional Center"

| | | |
|--|---|--|
| Street Address/P.O. Box: 5600 W. Spring Mountain Road, Suite 209 | | |
| City: Las Vegas | State: NV | Zip Code: 89146 |
| Web site Address: qltcrn.com/EB-5-Project | Fax Number (include area code): 7028938961 | Telephone (include area code): 7028938962 |

B. Name of Managing Company/Agency: Quality Long Term Care of Nevada

| | | |
|---|---|--|
| Street Address/P.O. Box: 5600 W Spring Mountain Road, Suite 209 | | |
| City: Las Vegas | State: NV | Zip Code: 89146 |
| Web site Address: www qltcrn.com | Fax Number (include area code): 7028938961 | Telephone (include area code): 7028938962 |

C. Name of Other Agent: Anthony DiMonte

| | | |
|---|---|--|
| Street Address/P.O. Box: 444 South Flower Street, suite #1750 | | |
| City: Los Angeles | State: CA | Zip Code: 90071 |
| Web site Address: www.adilaw.com | Fax Number (include area code): 213-623-6554 | Telephone (include area code): 213-623-6546 |



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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: Nursing Care Facilities | | NAICS Code for the Industry Category 6 2 3 1 1 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Commerical and Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 | |
| 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: | |

(b)(4)

(b)(4)

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <div>▼</div> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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 Steven R. Pavlow | Date (mm/dd/yyyy) 11/16/2015 |
| Daytime Phone Number (Area/Country Codes) 6266652129 | E-Mail Address  (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Yu | First Ming | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 2473 Oneida Street | | |
| City: Pasadena (b)(6) | State: CA | Zip Code: 91107 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (408) 528-4148 | Telephone Number (include area code): (408) 595-3311 |
| Web site address: N/A | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1225550761/ID1225550761 | | |

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: Success Dragon LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 2473 oneida Street | | |
| City: Pasadena | State: CA | Zip Code: 91107 |
| Web site N/A Address: | Fax Number (include area code): (408) 528-4148 | Telephone (include area code): (408) 595-3311 |

B. Name of Managing Company/Agency: Success Dragon LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 2473 oneida Street | | |
| City: Pasadena | State: CA | Zip Code: 91107 |
| Web site N/A Address: | Fax Number (include area code): (408) 528-4148 | Telephone (include area code): (408) 595-3311 |

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".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Nonresidential Building construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|---|---|---|--|
| b. Industry Category Title: Grocery Stores | | NAICS Code for the Industry Category 4 4 5 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

(b)(4)

| | | | |
|--|---|---|--|
| c. Industry Category Title: Offices of Physicians | | NAICS Code for the Industry Category 6 2 1 1 | |
| 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: None | | 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 | | | |


Regional Center: Success Dragon LLC

ATTACHMENT TO I-924A, Part 3, Item 2

(b)(4)

| | | |
|--|--|--|
| d. industry Category Title: Child Day Care Services | | NAICS Code for the Industry Category: 6244 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |
| e. industry Category Title: Traveler Accommodation | | NAICS Code for the Industry Category: 7211 |
| Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | Aggregate Direct and Indirect Job Creation: |
| (b)(4) | | |
| f. industry Category Title: Restaurants and Other Eating Places | | NAICS Code for the Industry Category: 7225 |
| Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | Aggregate Direct and Indirect Job Creation: |
| (b)(4) | | |

Date: 11/13/2015



Ming Yu, Manager
Success Dragon LLC

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

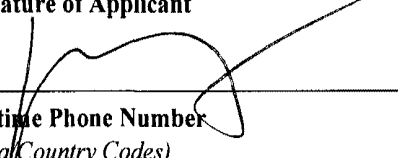
(b)(4)

| 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.

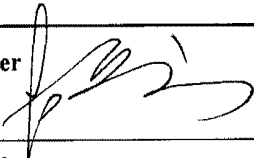
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Ming Yu | Date (mm/dd/yyyy) 11/13/2015 |
| Daytime Phone Number (Area/Country Codes) (408) 595-3311 | E-Mail Address mingy3319@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 Steve Qi | Date (mm/dd/yyyy) 11/13/2015 |
| Firm Name and Address Law office of Steve Qi & Associates 388 E. Valley Blvd. Suite 200, Alhambra, CA 91801 | | |
| Daytime Phone Number (Area/Country Codes) (626) 282-9878 | Fax Number (Area/Country Codes) (626) 282-8968 | E-Mail Address steveqi@sqilaw.com |

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 Li | First Yi | Middle |
| In Care Of: Washington State Regional Center | | |
| Street Address/P.O. Box: 50 116th Ave SE, Suite 120 | | |
| City: Bellevue (b)(6) | State: WA | Zip Code: 98004 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (425) 802-4650 |
| Web site address: www.washington-state-regional-center.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1133950369 | | |

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: Washington State Regional Center

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 50 116th Ave SE, Suite 120 | | |
| City: Bellevue | State: WA | Zip Code: 98004 |
| Web site Address: www.washington-state-regional-center.com | Fax Number (include area code): | Telephone (include area code): (425) 802-4650 |

B. Name of Managing Company/Agency: Yi Li, Managing Member

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: 50 116th Ave SE, Suite 120 | | |
| City: Bellevue | State: WA | Zip Code: 98004 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (425) 802-4650 |

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): |



RCW1532053443

egarcia2 I924A 11/16/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

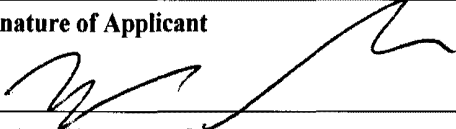
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 Yi Li | Date (mm/dd/yyyy) 11/13/2015 |
| Daytime Phone Number (Area/Country Codes) (425) 802-4650 | E-Mail Address yi.li@mtviewinvest.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|---------------------------------|--|
| Name: Last Heyman | First Richard | Middle W. |
| In Care Of: Hollywood International Regional Center, LLC | | |
| Street Address/P.O. Box: 1605 Cahuenga Blvd, | | |
| City: Hollywood (b)(6) | State: California | Zip Code: 90028 |
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): | Telephone Number (include area code): 323-466-1400 |
| Web site address: http://www.hollywoodirc.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RC ID 1031910084

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: Hollywood International Regional Center, LLC

| | | |
|--|--|---|
| Street Address/P.O. Box: 1605 Cahuenga Blvd, | | |
| City: Hollywood | State: California | Zip Code: 90028 |
| Web site http://www.hollywoodirc.com Address: | Fax Number (include area code): 310-388-3045 | Telephone (include area code): 323-466-1400 |

B. Name of Managing Company/Agency: Five Chairs Holdings, LLC

| | | |
|---|--|---|
| Street Address/P.O. Box: 1605 N. Cahuenga Boulevard | | |
| City: Los Angeles | State: CA | Zip Code: 90028 |
| Web site www.fivechairs.net Address: | Fax Number (include area code): 310-388-0305 | Telephone (include area code): 323-466-1400 |

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".)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: | | NAICS Code for the Industry Category |
| Hotels (except Casino Hotels) and Motels | | <u>7</u> <u>2</u> <u>1</u> <u>1</u> <u>1</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

(b)(4)

| | | |
|------------------------------------|---|---|
| b. Industry Category Title: | | NAICS Code for the Industry Category |
| Food Services and Drinking Places | | <u>7</u> <u>2</u> <u>2</u> <u>0</u> <u>0</u> <u>0</u> |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

| | | |
|------------------------------------|---|--------------------------------------|
| c. Industry Category Title: | | NAICS Code for the Industry Category |
| | | — — — — — |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| 6417 Selma LP | | Hotels | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 1605 N. Cahuenga Boulevard | Los Angeles | CA | 90028 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|------------------------------------|--------------------|
| (1) Business Name: 6417 Selma Hotel, LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 1605 N. Cahuenga Boulevard | City: Los Angeles | State: CA | Zip Code: 90028 |
| 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: 6421 Dream 2 LP | | Industry Category Title: Hotels and Restaurant | |
| Address (Street Number and Name): 1605 N. Cahuenga Boulevard | City: Los Angeles | State: CA | Zip Code: 90028 |
| 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: 6421 Selma-Wilcox Hotel, LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 1605 N. Cahuenga Boulevard | City: Los Angeles | State: CA | Zip Code: 90028 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

(b)(4)

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--|--------------------|
| (2) Business Name: 1615 Cahuenga LLC | | Industry Category Title: Restaurant | |
| Address (Street Number and Name): 1605 N. Cahuenga Boulevard | City: Los Angeles | State: CA | Zip Code: 90028 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|---|---|------------------------------------|--------------------|
| c. Name of Commercial Enterprise: 1541 Wilcox LP | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 1605 N. Cahuenga Boulevard | City: Los Angeles | State: CA | Zip Code: 90028 |
| 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: 1541 Wilcox Hotel, LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): 1605 N. Cahuenga Boulevard | City: Los Angeles | State: CA | Zip Code: 90028 |
| 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 |
| | | | |

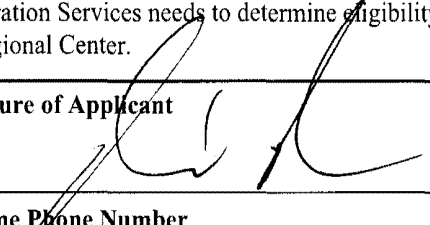
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

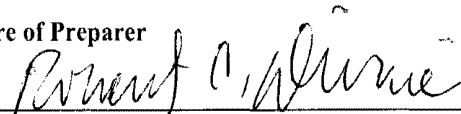
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Richard Heyman | Date (mm/dd/yyyy) 10-29-2015 |
| Daytime Phone Number (Area/Country Codes) 323-466-1400 | E-Mail Address richard@fivechairs.net | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 10/23/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1800 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 ROBINSON | First KAI | Middle |
|------------------------|--------------|--------|

In Care Of:

Street Address/P.O. Box: 2107 N First Street, Suite 440

| | | | |
|-------------------------------|---|---|-----------------|
| City: SAN JOSE | (b)(6) | State: CA | Zip Code: 95131 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (408) 876-6160 | Telephone Number (include area code): (408) 876-6166 | |

Web site address: www.goldenstateregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1233450823

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: GOLDEN STATE REGIONAL CENTER, LLC

| | | | |
|---|---|--|--|
| Street Address/P.O. Box: 2107 N First Street, Suite 440 | | | |
| City: SAN JOSE | State: CA | Zip Code: 95131 | |
| Web site Goldenstateregionalcen Address: ter.com | Fax Number (include area code): (408) 876-6160 | Telephone (include area code): (408) 876-6166 | |

B. Name of Managing Company/Agency: None

| | | | |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: | | | |
| City: | State: | Zip Code: | |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): | |

C. Name of Other Agent: None

| | | | |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: | | | |
| City: | State: | Zip Code: | |
| Web site | 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: Please see Form I-924A, Addendum attached. | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Please see Form I-924A, Addendum attached. | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: Please see Form I-924A, Addendum attached. | | 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: Bay Area Investment Fund I, LLC | | Industry Category Title: Real Property Development | |
| Address (Street Number and Name): 2107 N 1st St, Ste 440 | City: San Jose | State: CA | Zip Code: 95131 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: Fremont Hills Development Corporation | | Industry Category Title: Real Property Development | |
| Address (Street Number and Name): 2501 Junction Ave, Suite 230 | City: San Jose | State: CA | Zip Code: 95131 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: None | | 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: Bay Area Investment Fund II, LLC | | Industry Category Title: Real Estate Development | |
| Address (Street Number and Name): 2107 N 1st St, Ste 440 | City: San Jose | State: CA | Zip Code: 95131 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

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: Kawana Meadows Development Corporation | | Industry Category Title: Real Estate Development | |
| Address (Street Number and Name): 2 Fifer Ave, Suite 110 | City: Corte Madera | State: CA | Zip Code: 94925 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: None | | 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: None | | 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: None | | 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: None | | 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.

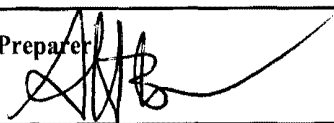
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant KAI ROBINSON | Date (mm/dd/yyyy) 12-16-2015 |
| Daytime Phone Number (Area/Country Codes) (415) 217-9892 | E-Mail Address goldenstaterc@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) OWNER & CHIEF EXECUTIVE OFFICER | | |

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 Sergio H. Benavides, ESQ. | Date (mm/dd/yyyy) 12/11/2015 |
| Firm Name and Address LAW OFFICES OF Sergio H. Benavides 24301 Southland Drive, Suite 605D Hayward, CA 94545 | | |
| Daytime Phone Number (Area/Country Codes) (415) 867-5181 | Fax Number (Area/Country Codes) (415) 426-5858 | E-Mail Address sergio@your1stdefense.com |

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 Field | First Searle | Middle |
|---------------------|-----------------|--------|

In Care Of: c/o NY-CT Regional Center, LLC

Street Address/P.O. Box: 10 Middle Street, Suite 1600

| | | |
|-------------------------|-----------|-----------------|
| City: Bridgeport (b)(6) | State: CT | Zip Code: 06604 |
|-------------------------|-----------|-----------------|

| | | |
|-------------------------------|------------------------------------|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (860) 235-9599 |
|-------------------------------|------------------------------------|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1322551193

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: New York Connecticut Regional Center, LLC

Street Address/P.O. Box: 10 Middle Street, Suite 1600

| | | |
|----------------------|------------------------------------|--|
| City: Bridgeport | State: CT | Zip Code: 06604 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (860) 235-9599 |

B. Name of Managing Company/Agency: Global Access EB5, LLC

Street Address/P.O. Box: 133 River Road

| | | |
|----------------------|------------------------------------|--|
| City: Mystic | State: CT | Zip Code: 06355 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (860) 235-9599 |

C. Name of Other Agent: Not applicable.

Street Address/P.O. Box:

| | | |
|------------------------------------|--------|-----------------------------------|
| City: | State: | Zip Code: |
| Fax Number (include area code): | | Telephone (include area code): |



RCW1600454134

egarcia2 I924A 12/29/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Highway, Street and Bridge Construction | | NAICS Code for the Industry Category 2 3 7 3 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| b. Industry Category Title: Utility System Construction | | NAICS Code for the Industry Category 2 3 7 1 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| c. Industry Category Title: Other Heavy and Civil engineering | | NAICS Code for the Industry Category 2 3 7 9 |
| 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:

(b)(4)

| | | | | | |
|--|---|----------------------------|--------------------|--|--|
| a. Name of Commercial Enterprise: Steelpointe EB-5, LLC | | Industry Category Title: | | | |
| Address (Street Number and Name): 133 River Road | City: Mystic | State: CT | Zip Code: 06355 | | |
| 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? | | | | | |
| | | | | | |

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:

Bridgeport Landing Development, LLC

Industry Category Title:

Address (Street Number and Name):

300 Alton Road, Suite 303

City:

Miami Beach

State:

FL

Zip Code:

33139

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

(2) Business Name

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

b. Name of Commercial Enterprise:

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

Aggregate EB-5 Capital Investment:

Aggregate Direct and Indirect Job Creation:

Aggregate Jobs Maintained:

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No

☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code

EB-5 Capital Investment

Direct and Indirect Job Creation

Jobs Maintained

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (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.

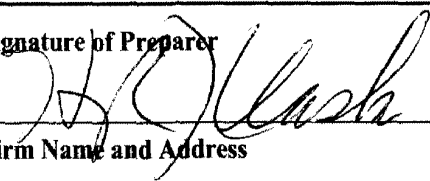
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant A. Searle Field | Date (mm/dd/yyyy) 12/22/15 |
| Daytime Phone Number (Area/Country Codes) (860) 235-9599 | E-Mail Address Field@GlobalAccessEB5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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 H. Ronald Klasko, Esq. | Date (mm/dd/yyyy) 12/21/2015 |
| Firm Name and Address Klasko Immigration Law Partners, LLP 1601 Market Street, Suite 2600 Philadelphia, PA, 19130 | | |
| Daytime Phone Number (Area/Country Codes) (215) 825-8600 | Fax Number (Area/Country Codes) (215) 825-8699 | E-Mail Address rklasko@klaskolaw.com |

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 Daniels | First Evan | Middle R. |
|-----------------------|---------------|--------------|

In Care Of:

Street Address/P.O. Box: 4242 Loma Alto Drive, N71

| | | | |
|--------------|--------|-----------|-----------------|
| City: Dallas | (b)(6) | State: TX | Zip Code: 75219 |
|--------------|--------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (214) 691-0026 | Telephone Number (include area code): (214) 762-0123 |
|--------------------------------|---|---|

Web site address: www.ruraleB5.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1101850148 / ID1101850148**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: Rural Economic Development Center, LLC (name change pending)

Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200

| | | |
|----------------|-----------|-----------------|
| City: Columbia | State: MO | Zip Code: 65201 |
|----------------|-----------|-----------------|

| | | |
|---------------------------------------|---|--|
| Web site www.ruraleB5.com Address: | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |
|---------------------------------------|---|--|

B. Name of Managing Company/Agency: GILS Management Group, LLC

Street Address/P.O. Box: 3610 Buttonwood Drive, Suite 200

| | | |
|----------------|-----------|-----------------|
| City: Columbia | State: MO | Zip Code: 65201 |
|----------------|-----------|-----------------|

| | | |
|---|---|--|
| Web site gilsmanagementgroup. Address: com | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |
|---|---|--|

C. Name of Other Agent: Rural Economic Development Center, LLC

Street Address/P.O. Box: 1900 Gulf Street

| | | |
|-------------|-----------|-----------------|
| City: Lamar | State: MO | Zip Code: 64759 |
|-------------|-----------|-----------------|

| | | |
|---------------------------|---|--|
| Web site www.ruraleB5.com | Fax Number (include area code): (573) 355-5428 | Telephone (include area code): (573) 445-6160 |
|---------------------------|---|--|



RCW1535153716

egarcia2 1924A 12/17/2015

REC'D CSC 15 DEC 17 20:00

5338

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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.)

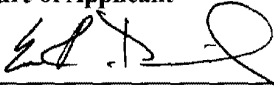
(b)(4)

| 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 Evan R. Daniels | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (214) 762-0123 | E-Mail Address edaniels@polymerwood.net | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Co-Manager | | |

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 Brian Graham | Date (mm/dd/yyyy) 12/16/2015 |
| Firm Name and Address K&L Gates, LLP, 2801 Via Fortuna, Suite 350, Austin, TX 78746 | | |
| Daytime Phone Number (Area/Country Codes) (512) 482-6828 | Fax Number (Area/Country Codes) (512) 482-6859 | E-Mail Address brian.graham@klgates.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

REC'D 00150010 17:45

5338

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last Hogan | First Patrick | Middle Francis |
| In Care Of: CMB Illinois Regional Center, LLC | | |
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | (b)(6) | State: IL Zip Code: 61201 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
| Web site address: www.cmbeb5visa.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW 1311251126 / ID 1311251126

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2015 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, _____ (YYYY) and Ending on September 30, _____ (YYYY)

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Illinois Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

B. Name of Managing Company/Agency: CMB Illinois Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1534453554

egarcia2 1924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Construction | | NAICS Code for the Industry Category 2 3 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category | |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category | |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: CMB Indiana Infrast. Invest. Group 43, L.P. | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: MSA North Mezz Borrower, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61204 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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) 12/2/2015 |
| 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-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 Colorado Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street W.

| | | | |
|-------------------|--------|-----------|-----------------|
| City: Rock Island | (b)(6) | State: IL | Zip Code: 61201 |
|-------------------|--------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
|--------------------------------|---|---|

Web site address: www.cmbeb5visa.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1423251852/ID1423251852

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 Colorado 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 Colorado 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): |



RCW1534453558

egarcia2 1924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation that 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) | | | |
| 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 Colorado Infrast. Invest. Group 41 LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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: Residences of Cherokee LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 191 Peachtree St. N.E. St4100 | City: Atlanta | State: GA | Zip Code: 30303 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |

| | | | |
|--|-----------------------------------|--|--------------------|
| (2) Business Name Integral Chestnut Investor, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 191 Peachtree St. N.E. St4100 | City: Atlanta | State: GA | Zip Code: 30303 |
| 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 |
| | | | |

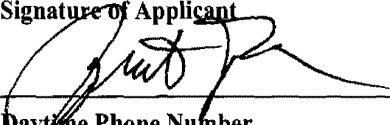
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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) 12/8/2015 |
| Daytime Phone Number (Area/Country Codes) (309) 797-1550 | E-Mail Address pat@cmb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-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 Export, LLC | | |
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | (b)(6) | State: IL |
| Zip Code: 61201 | | |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
| Web site address: www.cmbeb5visa.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910156

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 Export, 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 Export, 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): |



RCW1534453561

egarcia2 I924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|---|---|---|--|
| 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 Export Infrast. Invest. Group 23, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: RE Projects - Redlands, 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: | |
| (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 Export Infrast. Invest. Group 29, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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? ☐ 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: Real Estate Projects - SF I, 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 | |
| (b)(4) | | | |

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: | |
| CMB Export Infrast. Invest. Group 34, LP | | Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 7819 42nd Street W. | Rock Island, | IL | 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs 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: | |
| Beachwood Investors, LLC | | Construction | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 1999 Avenue of the Stars | Ste. 3850, Los Angeles | CA | 90067 |
| 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: CMB Export Infrast. Invest. Group 35, LP | | Industry Category Title: Construction | |
|--|--|---|--|

| | | | |
|---|-----------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
|---|-----------------------------|---------------------|---------------------------|

| | | |
|---|--|-----------------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

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: RE Projects - Redlands 52, LLC | | Industry Category Title: Constructon | |
|---|--|--|--|

| | | | |
|---|------------------------|---------------------|---------------------------|
| 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: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

| | | | |
|---------------------------|--|---------------------------------|--|
| (2) Business Name: | | Industry Category Title: | |
|---------------------------|--|---------------------------------|--|

| | | | |
|--|--------------|---------------|------------------|
| Address (Street Number and Name): | City: | State: | Zip Code: |
|--|--------------|---------------|------------------|

| | | |
|---------------------------------|--|-------------------------|
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: |
|---------------------------------|--|-------------------------|

| | | | |
|--|--|---|--|
| e. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group 38, LP | | Industry Category Title: Construction | |
|--|--|---|--|

| | | | |
|---|-----------------------------|---------------------|---------------------------|
| Address Street Number and Name: 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
|---|-----------------------------|---------------------|---------------------------|

| | | |
|---|--|-----------------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

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)

| | | | |
|---|--|--|--|
| d. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group 48, LP | | Industry Category Title: Construction | |
|---|--|--|--|

| | | | |
|--|----------------------|--------------|--------------------|
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
|--|----------------------|--------------|--------------------|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: CPMB, LLC | | Industry Category Title: Construction | |
|---------------------------------|--|--|--|

| | | | |
|---|---------------------------------|--------------|--------------------|
| Address (Street Number and Name): 1999 Avenue of the Stars | City: Ste. 2850, Los Angeles | State: CA | Zip Code: 90067 |
|---|---------------------------------|--------------|--------------------|

| | | |
|--------------------------|-----------------------------------|------------------|
| 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? ☐ 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: RE Projects - Roster City, LLC | | Industry Category Title: Construction | |
| Address (Street Number and Name): 3090 Olive Street, Ste. 300 | City: Dallas | State: TX | Zip Code: 75219 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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 |
| | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | |

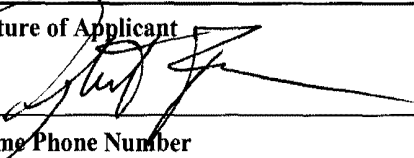
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-829 Petition Final Case Actions | | |
|--------|---|--------|---------|
| | Approved | Denied | Revoked |
| | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|--|---------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Patrick F. Hogan | Date (mm/dd/yyyy) 12/8/2015 |
| Daytime Phone Number (Area/Country Codes) (309) 797-1550 | E-Mail Address pat@cmb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------|---------------|------------------|
| Name: Last Salis | First Adam | Middle Robert |
|---------------------|---------------|------------------|

In Care Of:

Street Address/P.O. Box: 23708 Castle Rock

| | | |
|----------------------------|-----------|-----------------|
| City: Mission Viejo (b)(6) | State: CA | Zip Code: 92692 |
|----------------------------|-----------|-----------------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (949) 350-5800 | Telephone Number (include area code): (949) 350-5800 |
|----------------------------|--|--|

Web site address: www.futurecarerc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1223550738

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: FutureCare Regional Center of Southern California, Inc.

Street Address/P.O. Box: 1439 West Chapman Avenue, Suite 15

| | | |
|--------------|-----------|-----------------|
| City: Orange | State: CA | Zip Code: 92868 |
|--------------|-----------|-----------------|

| | | |
|---|--|---|
| Web site www.futurecarerc.com Address: | Fax Number (include area code): (949) 350-5800 | Telephone (include area code): (949) 350-5800 |
|---|--|---|

B. Name of Managing Company/Agency: NAP

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|---------------------------------|--------------------------------|

C. Name of Other Agent: Adam R. Salis

Street Address/P.O. Box: 23708 Castle Rock

| | | |
|---------------------|-----------|-----------------|
| City: Mission Viejo | State: CA | Zip Code: 92692 |
|---------------------|-----------|-----------------|

| | | |
|---------------------------|--|---|
| Web site None Address: | Fax Number (include area code): (949) 350-5800 | Telephone (include area code): (949) 350-5800 |
|---------------------------|--|---|



RCW1534453567

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| | |
|---|---|
| a. Industry Category Title: Assisted Living Facilities for the Elderly | NAICS Code for the Industry Category 6 2 3 3 1 2 |
|---|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|--|---|
| b. Industry Category Title: Nursing Care Facilities | NAICS Code for the Industry Category 6 2 3 1 1 0 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|---|---|
| c. Industry Category Title: Commercial and Institutional Building Construction | NAICS Code for the Industry Category 2 3 6 2 2 0 |
|---|---|

| | | |
|------------------------------------|---|----------------------------|
| 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: NAP | Industry Category Title: NAP |
|--|---------------------------------|

| | | | |
|--|--------------|--------------|------------------|
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
|--|--------------|--------------|------------------|

| | | |
|------------------------------------|---|----------------------------|
| 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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| (2) Business Name NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |

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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment NAP | Direct and Indirect Job Creation NAP | Jobs Maintained NAP | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

| | | | |
|---|--|-----------------------------------|------------------|
| c. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |

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: NAPO | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|--|-------------------------|
| d. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |
| 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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| e. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address Street Number and Name: NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |
| 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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

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.)

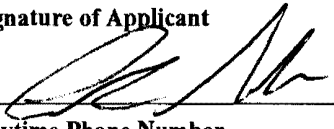
(b)(4)

| 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 Adam R. Salis | Date (mm/dd/yyyy) 12/07/2015 |
| Daytime Phone Number (Area/Country Codes) (949) 350-5800 | E-Mail Address asalis@futurecarerc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|------------------|-------------|--------|
| Name: Last Evans | First Blake | Middle |
|------------------|-------------|--------|

In Care Of: R.D. Olson Development

Street Address/P.O. Box: 2955 Main Street, Third Floor

| | | |
|--------------|-----------|-----------------|
| City: Irvine | State: CA | Zip Code: 92614 |
|--------------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number 949.271.1080 (include area code): | Telephone Number 949.271.1100 (include area code): |
|--------------------------------|---|---|

Web site address: www.rdodevelopment.com

USCIS-assigned number for the Designated Regional Center (attach the RCW 1208350617
Regional Center's most recently issued approval notice)

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 14 (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: American Pacific Hotels Regional Center

Street Address/P.O. Box: 2955 Main Street, Third Floor

| | | |
|--------------|-----------|-----------------|
| City: Irvine | State: CA | Zip Code: 92614 |
|--------------|-----------|-----------------|

| | | |
|---|---|--|
| Web site www.rdodevelopment.com Address: | Fax Number 949.271.1080 (include area code): | Telephone 949.271.1100 (include area code): |
|---|---|--|

B. Name of Managing Company/Agency: American Pacific Hotels, LLC

Street Address/P.O. Box: 2955 Main Street, Third Floor

| | | |
|--------------|-----------|-----------------|
| City: Irvine | State: CA | Zip Code: 92614 |
|--------------|-----------|-----------------|

| | | |
|---|---|--|
| Web site www.rdodevelopment.com Address: | Fax Number 949.271.1080 (include area code): | Telephone 949.271.1100 (include area code): |
|---|---|--|

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): |
|----------------------|------------------------------------|-----------------------------------|



RCW1529953396

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|------------------------------------|---|--------------------------------------|
| a. Industry Category Title: 0 | | NAICS Code for the Industry Category |
| | | _____ |
| 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:

(b)(4)

| | | | |
|--|---|------------------------------|------------------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: N/A | Zip Code: N/A |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

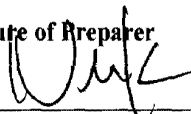
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Blake Evans | Date (mm/dd/yyyy) 10/13/15 |
| Daytime Phone Number (Area/Country Codes) 949.271.1100 | E-Mail Address blake.evans@rdodevelopment.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Chief Financial Officer | | |

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 Nima Kopivaara | Date (mm/dd/yyyy) 10/19/15 |
| Firm Name and Address David Hirson & Partners, LLP 8 Cheshire Court Newport Beach CA USA 92660 | | |
| Daytime Phone Number (Area/Country Codes) 949.383.5363 | Fax Number (Area/Country Codes) 949.383.5368 | E-Mail Address nimak@hirsonimmigration.com |

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 Bradshaw | First Stan | Middle K |
| In Care Of: | | |
| Street Address/P.O. Box: 5851 Legacy Circle, Suite 600 | | |
| City: Plano (b)(6) | State: TX | Zip Code: 75024 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 2143909728 | Telephone Number (include area code): 2143909728 |
| Web site address: www.usfreedomcap.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID1229850791 | | |

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: Freedom Capital - Texas Regional Center

| | | |
|--|--|---|
| Street Address/P.O. Box: 5851 Legacy Circle, Suite 600 | | |
| City: Plano | State: TX | Zip Code: 75024 |
| Web site Address: www.usfreedomcap.com | Fax Number (include area code): 2143909728 | Telephone (include area code): 8885198331 |

B. Name of Managing Company/Agency: US Freedom Capital LLC

| | | |
|--|--|---|
| Street Address/P.O. Box: 5851 Legacy Circle, Suite 600 | | |
| City: Plano | State: TX | Zip Code: 75024 |
| Web site Address: www.usfreedomcap.com | Fax Number (include area code): 2143909728 | Telephone (include area code): 8885198331 |

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): |



RCW1535653809

maginger 1924A 12/22/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: n/a | | NAICS Code for the Industry Category _____ |
| 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input checked="" type="checkbox"/> | 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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 |
| <div>(b)(4)</div> | | |

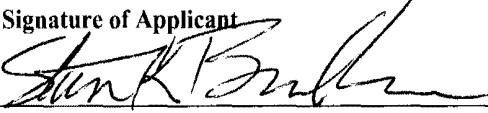
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| <div>(b)(4)</div> | | |

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 Stan Bradshaw | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) 2143909728 | E-Mail Address stan@usfreedomcap.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager, US Freedom Capital LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|------------------------|---------------|-------------|
| Name: Last Bradshaw | First Stan | Middle K |
|------------------------|---------------|-------------|

In Care Of:

Street Address/P.O. Box: 101 W Renner Road, Suite 140

| | | | |
|-------------------------------|--------|---|---|
| City: Richardson | (b)(6) | State: TX | Zip Code: 75082 |
| Date of Birth (mm/dd/yyyy) | | Fax Number (include area code): (214) 390-9728 | Telephone Number (include area code): (214) 390-9728 |

Web site address: www.usfreedomcap.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCID1229850791

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: US Freedom Capital-Texas Regional Center

| | | | |
|---|---|--|--|
| Street Address/P.O. Box: 101 W Renner Road, Suite 140 | | | |
| City: Richardson | State: TX | Zip Code: 75082 | |
| Web site Address: www.usfreedomcap.com | Fax Number (include area code): (214) 390-9728 | Telephone (include area code): (214) 390-9728 | |

B. Name of Managing Company/Agency: US Freedom Capital LLC

| | | | |
|---|---|--|--|
| Street Address/P.O. Box: 101 W Renner Road, Suite 140 | | | |
| City: Richardson | State: TX | Zip Code: 75082 | |
| Web site Address: www.usfreedomcap.com | Fax Number (include area code): (214) 390-9728 | Telephone (include area code): (214) 390-9728 | |

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): | |



RCW1532053440

egarcia2 1924A 11/16/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | |
|------------------------------------|---|---|
| a. Industry Category Title: n/a | | NAICS Code for the Industry Category _____ |
| 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: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: n/a | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: | |
| 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 Stan Bradshaw | Date (mm/dd/yyyy) 11/07/2015 |
| Daytime Phone Number (Area/Country Codes) (214) 390-9728 | E-Mail Address stan@usfreedomcap.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager, US Freedom Capital LLC | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

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CSC 15 NOV 17 17:24

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last ROBERTS | First JEFFREY | Middle CARLILE |
| In Care Of: | | |
| Street Address/P.O. Box: 1918 NORTH 11TH STREET | | |
| City: MUSKOGEE (b)(6) | State: OK | Zip Code: 74401 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (312) 268-5801 | Telephone Number (include area code): (312) 268-5646 |
| Web site address: HTTP://WWW.CHENROBERTS.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID 1127850329

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: CHEN ROBERTS REGIONAL CENTER

| | | |
|--|---|--|
| Street Address/P.O. Box: 1918 NORTH 11TH STREET | | |
| City: MUSKOGEE | State: OK | Zip Code: 74401 |
| Web site HTTP:// Address: WWW.CHENROBERTS.COM | Fax Number (include area code): (312) 268-5801 | Telephone (include area code): (312) 268-5646 |

B. Name of Managing Company/Agency: CHEN ROBERTS CORPORATION

| | | |
|--|---|--|
| Street Address/P.O. Box: 1918 NORTH 11TH STREET | | |
| City: MUSKOGEE | State: OK | Zip Code: 74401 |
| Web site HTTP:// Address: WWW.CHENROBERTS.COM | Fax Number (include area code): (312) 268-5801 | Telephone (include area code): (312) 268-5646 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Ad | 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".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: CONSTRUCTION OF BUILDINGS | | NAICS Code for the Industry Category 2 3 6 0 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: ARCHITECTURAL ENGINEERING AND RELATED SERVICES | | NAICS Code for the Industry Category 5 4 1 3 0 0 | |
| 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: | |

(b)(4)

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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: EASTSIDE BLVD., LLC | | Industry Category Title: REAL ESTATE DEVELOPMENT AND MANAGEMENT | |
| Address (Street Number and Name): 1918 NORTH 11TH STREET | City: MUSKOGEE | State: OK | Zip Code: 74401 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|---|--------------------|
| (1) Business Name: ARCON, INC. | | Industry Category Title: CONSTRUCTION OF BUILDINGS | |
| Address (Street Number and Name): 1918 NORTH 11TH STREET | City: MUSKOGEE | State: OK | Zip Code: 74401 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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.)

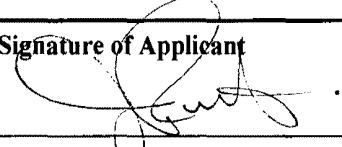
(b)(4)

| 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 JEFFREY ROBERTS | Date (mm/dd/yyyy) 11/13/2015 |
| Daytime Phone Number (Area/Country Codes) (312) 268-5646 | E-Mail Address JEFFROBERTS@CHENROBERTS.COM | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) PRESIDENT, CHEN ROBERTS CORPORATION | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|-----------------------|----------------|-----------------------|
| Name: Last Stamper | First Kevin | Middle Christopher |
|-----------------------|----------------|-----------------------|

In Care Of:

Street Address/P.O. Box: 800 5th Avenue, Suite 4120

| | | |
|----------------------|-----------|-----------------|
| City: Seattle (b)(6) | State: WA | Zip Code: 98104 |
|----------------------|-----------|-----------------|

| | | |
|--|---|---|
| Date of Birth (mm/dd/yyyy) [REDACTED] | Fax Number (include area code): (206) 325-5539 | Telephone Number (include area code): (206) 624-1770 |
|--|---|---|

Web site address: www.fdiusregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) W09000450

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: FDIUS Regional Center (KT Holdings, Inc)

Street Address/P.O. Box: 800 5th Avenue, Suite 4120

| | | |
|--|---|--|
| City: Seattle | State: WA | Zip Code: 98104 |
| Web site Address: fdiusregionalcenter.com | Fax Number (include area code): (206) 325-5539 | Telephone (include area code): (206) 624-1770 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|------------------------------------|-----------------------------------|-----------|
| City: | State: | Zip Code: |
| 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.")

| 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: N/A | | NAICS Code for the Industry Category _____ |
| 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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.)

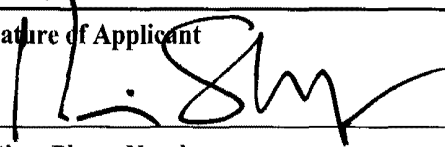
(b)(4)

| 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 Kevin Stamper | Date (mm/dd/yyyy) 12/24/2015 |
| Daytime Phone Number (Area/Country Codes) (206) 624-1770 | E-Mail Address kcs@fdiusregionalcenter.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | |
|---|--|--------------------------|
| Signature of Preparer | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|--|--|---|
| Name: Last He | First Grace | Middle |
| In Care Of: Prosperity Regional Center, LLC F/K/A U.S. Prosperity Regional Center, LLC | | |
| Street Address/P.O. Box: 375 N. University Drive | | |
| City: Plantation | State: FL | Zip Code: 33324 |
| Date of Birth (mm/dd/yyyy) | (b)(6) Fax Number (include area code): | Telephone Number (include area code): (954) 693-8880 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 161125250304 | | |

Part 2. Application Type (Select one)

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2015 (YYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, _____ (YYY) and Ending on September 30, _____ (YYY)

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: Prosperity Regional Center, LLC, F/K/A U.S. Prosperity Regional Cent | | |
| Street Address/P.O. Box: 375 N. University Drive | | |
| City: Plantation | State: FL | Zip Code: 33324 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (954) 693-8880 |
| B. Name of Managing Company/Agency: U.S. Prosperity Holdings, LLC | | |
| Street Address/P.O. Box: 375 N. University Drive | | |
| City: Plantation | State: FL | Zip Code: 33324 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (954) 693-8880 |
| C. Name of Other Agent: | | |
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1600654198

egarcia2 1924A 12/31/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Lessors of Nonresidential Buildings | | NAICS Code for the Industry Category 5 3 1 1 0 0 | |
| 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: | |
| | | | |

(b)(4)

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

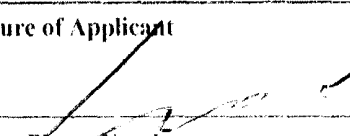
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

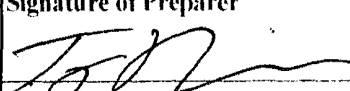
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Grace He | Date (mm/dd/yyyy) 12/28/2015 |
| Daytime Phone Number (Area/Country Codes) (954) 830-4500 | E-Mail Address heqianfei@yahoo.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager of U.S. Prosperity Holdings, LLC (the Managing Company) | | |

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 Troy Nehring | Date (mm/dd/yyyy) 12/30/15 |
| Firm Name and Address McCartus Nehring 14410 SE Petrovsky Rd. Ste 201B Renton, WA 98058 | | |
| Daytime Phone Number (Area/Country Codes) 425-291-9442 | Fax Number (Area/Country Codes) | E-Mail Address TNEHRING@MCNLAUFIRM.COM |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

REC'D CSC 15 DEC 10 21:00

5326

Part 1. Information About Principal of the Regional Center

| | | |
|---------------------------|----------------|----------------|
| Name: Last Kollesavich | First David | Middle John |
|---------------------------|----------------|----------------|

In Care Of:

Street Address/P.O. Box: 370 Convention Way

| | | | |
|--------------------|--------|-----------|-----------------|
| City: Redwood City | (b)(6) | State: CA | Zip Code: 94063 |
|--------------------|--------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (213) 785-5591 | Telephone Number (include area code): (323) 353-6139 |
|--------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1234850859

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: USA Regional Center

Street Address/P.O. Box: 370 Convention Way

| | | |
|--------------------|-----------|-----------------|
| City: Redwood City | State: CA | Zip Code: 94063 |
|--------------------|-----------|-----------------|

| | | |
|-------------------------------------|---|--|
| Web site Address: www.usarcs.com | Fax Number (include area code): (213) 785-5591 | Telephone (include area code): (323) 353-6139 |
|-------------------------------------|---|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|------------------------------------|-----------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|------------------------------------|-----------------------------------|

**RCW1534453568**

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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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

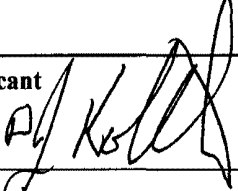
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 David John Kollesavich | Date (mm/dd/yyyy) 11/19/2015 |
| Daytime Phone Number (Area/Country Codes) (323) 353-6139 | E-Mail Address <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> (b)(6) | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Director | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|------------------------------------|---|
| Name: Last Jin | First Jianhua | Middle |
| In Care Of: Western Fortune Regional Center LLC | | |
| Street Address/P.O. Box: 18555 Fieldbrook Street | | |
| City: Rowland Heights (b)(6) | State: California | Zip Code: 91748 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): 626-560-0927 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1425151878 | | |

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: Western Fortune Regional Center, LLC

| | | |
|--|---------------------------------|---|
| Street Address/P.O. Box: 18555 Fieldbrook Street | | |
| City: Rowland Heights | State: California | Zip Code: 91748 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): 626-560-0927 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



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11/20/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

| | | |
|---|--|--|
| a. Industry Category Title: Nonresidential construction | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: (b)(4) | 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: La Moda (Gale) EB-5 Investment LP | | Industry Category Title: Nonresidential Construction | |
| Address (Street Number and Name): 17961 Gale Avenue | City: City of Industry | State: CA | Zip Code: 91748 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: Arrow Realty LLC | | Industry Category Title: Nonresidential Construction | |
| Address (Street Number and Name): 18555 Fieldbrook Street | City: Rowland Heights | State: CA | Zip Code: 91748 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

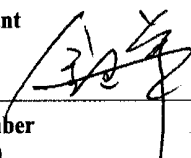
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

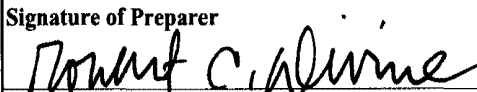
| | | |
|--|---|--------------------------|
| Signature of Applicant  | Printed Name of Applicant Jianhua Jin | Date (mm/dd/yyyy) |
| Daytime Phone Number (Area/Country Codes) 626-560-0927 | E-Mail Address Kinkenka@163.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Manager | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 11/18/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, P.C. 633 Chestnut Street, 1800 Republic Centre, Chattanooga, Tennessee 37450, USA | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 HENDERSON | First THOMAS | Middle MICHAEL |
| In Care Of: | | |
| Street Address/P.O. Box: 409 13TH STREET, 8TH FLOOR | | |
| City: OAKLAND (b)(6) | State: CA | Zip Code: 94612 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 5108351719 | Telephone Number (include area code): 5102729888 |
| Web site address: WWW.SFEB5.COM | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034850135

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: SAN FRANCISCO REGIONAL CENTER, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 409 13TH STREET, 8TH FLOOR | | |
| City: OAKLAND | State: CA | Zip Code: 94612 |
| Web site Address: WWW.SFEB5.COM | Fax Number (include area code): 5108351719 | Telephone (include area code): 5102729888 |

B. Name of Managing Company/Agency: SAN FRANCISCO REGIONAL CENTER, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 409 13TH STREET, 8TH FLOOR | | |
| City: OAKLAND | State: CA | Zip Code: 94612 |
| Web site Address: WWW.SFEB5.COM | Fax Number (include area code): 5108351719 | Telephone (include area code): 5102729888 |

C. Name of Other Agent: MATTHEW R. HENDERSON

| | | |
|--|--|--|
| Street Address/P.O. Box: 3344 FILLMORE ST, APT 301 | | |
| City: SAN FRANCISCO | State: CA | Zip Code: 94123 |
| Web site N/A | Fax Number (include area code): N/A | Telephone (include area code): 5108939883 |



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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: SEE ATTACHED SUPPLEMENT | | NAICS Code for the Industry Category _____ | |
| 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: SEE ATTACHED SUPPLEMENT | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: SEE ATTACHED SUPPLEMENT | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: SEE ATTACHED SUPPLEMENT | | 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: SEE ATTACHED SUPPLEMENT | | 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: SEE ATTACHED SUPPLEMENT | | 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.)

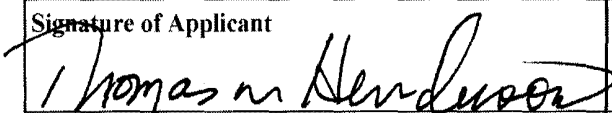
(b)(4)

| 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.

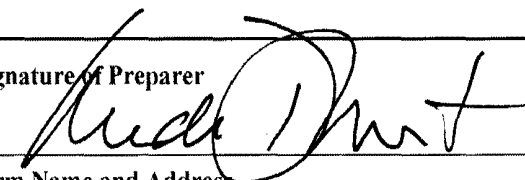
| | | |
|--|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant THOMAS M HENDERSON | Date (mm/dd/yyyy) 12/10/15 |
| Daytime Phone Number (Area/Country Codes) 5102729888 | E-Mail Address TOM@SFEB5.COM | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) PRINCIPAL AND CEO | | |

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 Leeds Disston | Date (mm/dd/yyyy) 12/10/2015 |
| Firm Name and Address Casalina & Disston, 409 13th Street, 9th Floor, Oakland, CA 94612 | | |
| Daytime Phone Number (Area/Country Codes) 5108358110 | Fax Number (Area/Country Codes) | E-Mail Address leedsdisston@gmail.com |

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 Gillas | First James | Middle Joseph |
|----------------------|----------------|------------------|

In Care Of: Alexander Thompson & Arnold CPA

Street Address/P.O. Box: P.O. Box 436

| | | |
|---------------------|-----------|-----------------|
| City: Martin (b)(6) | State: TN | Zip Code: 38237 |
|---------------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (301) 664-6299 | Telephone Number (include area code): (409) 370-1503 |
|-------------------------------|---|---|

Web site address: <http://www.pangaearc.com>

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1310051120/ID1310051120

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: Pangaea Regional Center, LLC

Street Address/P.O. Box: P.O. Box 436

| | | |
|---|---|--|
| City: Martin | State: TN | Zip Code: 38237 |
| Web site www.pangaearc.com Address: | Fax Number (include area code): (301) 664-6299 | Telephone (include area code): (409) 370-1503 |

B. Name of Managing Company/Agency: Callista Management, LLC

Street Address/P.O. Box: P.O. Box 436

| | | |
|----------------------|---|--|
| City: Martin | State: TN | Zip Code: 38237 |
| Web site Address: | Fax Number (include area code): (301) 664-6299 | Telephone (include area code): (409) 370-1503 |

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1532753465

egarcia2 1924A 11/23/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--|---|---|--|
| a. Industry Category Title: Fishing | | NAICS Code for the Industry Category 1 1 4 1 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: Seafood Product Preparation and Packing | | NAICS Code for the Industry Category 3 1 1 7 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: N/A | | 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: Riverine Fisheries EB-5 Lender | | Industry Category Title: Lender | |
| Address (Street Number and Name): P.O. Box 436 | City: Martin | State: TN | Zip Code: 38237 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: Riverine Fisheries International, LLC | | Industry Category Title: Fishing | |
| Address (Street Number and Name): P.O. Box 436 | City: Martin | State: TN | Zip Code: 38237 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| | | | |
| (2) Business Name N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | 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: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: N/A | | 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: N/A | | 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 |
| | | | |

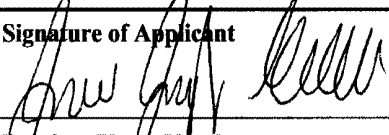
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

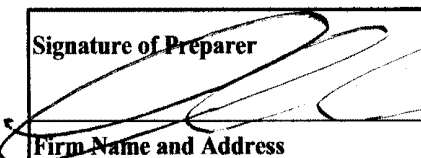
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant James Joseph Gillas | Date (mm/dd/yyyy) 11/17/15 |
| Daytime Phone Number (Area/Country Codes) (409) 370-1503 | E-Mail Address jgillas@pangaearc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member, Callista Management, LLC | | |

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 Debbie A. Klis | Date (mm/dd/yyyy) 11/20/15 |
| Firm Name and Address Ballard Spahr LLP 1909 K St., NW, 12Th Floor, Washington D.C., 20006 | | |
| Daytime Phone Number (Area/Country Codes) (202) 661-7661 | Fax Number (Area/Country Codes) (202) 661-2299 | E-Mail Address klisd@ballardspahr.com |

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 LAU | First Linda | Middle |
|-------------------|----------------|--------|

In Care Of: Golden Bear Regional Center

Street Address/P.O. Box: 20682 Carrey Road

| | | |
|--------------|-----------|-----------------|
| City: Walnut | State: CA | Zip Code: 91789 |
|--------------|-----------|-----------------|

| | | |
|-------------------------------|--|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): N/A | Telephone Number (include area code): (909) 802-5473 |
|-------------------------------|--|---|

Web site address: www.goldenbearrc.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW 1034350084/ID 1034350084**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: Golden Bear Regional Center

Street Address/P.O. Box: 20682 Carrey Road

| | | |
|---|--|--|
| City: Walnut | State: CA | Zip Code: 91789 |
| Web site Address: www.goldenbearrc.com | Fax Number (include area code): N/A | Telephone (include area code): (909) 802-5473 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



RCW1535153681

maginger 1924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|--------|--|---|----------------------------|
| (b)(4) | a. Industry Category Title: Non-Residential Building Construction | NAICS Code for the Industry Category 2 3 6 2 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | b. Industry Category Title: Traveler Accommodation | NAICS Code for the Industry Category 7 2 1 1 | |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |
| (b)(4) | c. Industry Category Title: Continue on Page 10 | 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:

| | | | | |
|--|--|---|---|--------------------|
| (b)(4) | a. Name of Commercial Enterprise: TV Old Town LP | | Industry Category Title: NAICS 7211 Traveler Accommodation | |
| | Address (Street Number and Name): 43805 Villa De Sur Dr | City: Temecula | State: CA | Zip Code: 92592 |
| | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

ATTACHMENT TO I-924A, PART 3, ITEM 2
(b)(4)

Part 3. Information About the Regional Center *(Continued)*

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.”)

| | | |
|--|---|--|
| c. Industry Category Title: Furniture and Home Furnishing Merchant Wholesalers | | NAICS Code for the Industry Category <u>4 2 3 2</u> |
| Aggregate EB-5 Capital Investment <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: N/A |
| d. Industry Category Title: Legal Service | | NAICS Code for the Industry Category <u>5 4 1 1</u> |
| Aggregate EB-5 Capital Investment <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: N/A |
| e. Industry Category Title: Architectural, Engineering, and Related Services | | NAICS Code for the Industry Category <u>5 4 1 3</u> |
| Aggregate EB-5 Capital Investment <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: N/A |

*The project is in the process of recruiting a total of US\$ EB-5 fund, and currently has received a total of US\$ EB-5 funds, which the project is planning to use for construction.

“0” means no actual construction has been conducted, but with the fact that the project has been able to receive US\$ EB-5 fund, actual construction activities will occur in 2016.

(b)(4)

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| N/A | | | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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.)

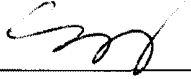
(b)(4)

| 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.

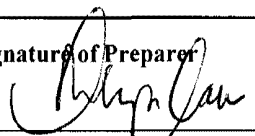
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Ka Lam Sy | Date (mm/dd/yyyy) 12/15/15 |
| Daytime Phone Number (Area/Country Codes) (909) 802-5473 | E-Mail Address Elainesy99@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) General Manager | | |

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 Helyn Lau | Date (mm/dd/yyyy) 12/15/15 |
| Firm Name and Address Global Law Group 909 El Centro Street, Suite 1 South Pasadena, CA 91030 | | |
| Daytime Phone Number (Area/Country Codes) (213) 830-9933 | Fax Number (Area/Country Codes) (213) 830-9930 | E-Mail Address helyn.lau@globallawgroup.net |

ATTACHMENT TO I-924A, PART 3, ITEM 1 TO 3

Part 3. Information About the Regional Center *(Continued)*

The purpose of this document is to supplement the I-924A filing and provide USCIS with detailed job calculation methods for each project under the regional center.

Projected Overall Employment Impacts of the TV Old Town LP Project

| | | |
|---------------------|--|--------|
| Operating Impact | | (b)(4) |
| Construction Impact | | |
| Overall Impact | | |

Please see below for the detailed job calculation methods for TV Old Town LP Project:

Consumer Price Index Values for 2010 and 2015

| | |
|--------|---------|
| Jun-10 | 217.965 |
| Jun-15 | 238.638 |

Source: U.S. Bureau of Labor Statistics series CUUR0000SA0

Revenue Projections of the Temecula Hotel Project

| | Amount (2015 \$) | Amount (mill 2010 \$) | NAICS | RIMS |
|---------------|---------------------|-----------------------------|--------|--------|
| Hotel revenue | | | 7211 | 7211A0 |
| | | | (b)(4) | |

Source: TV Old Town LP comprehensive business plan.

Projected Operating Impacts of the Temecula Hotel Project

| | RIMS II Multipliers | | Employment Impacts | | | |
|------------------|-------------------------|---------------------------|--------------------------|--------|----------|-------|
| Formula | Revenue mill 2010 \$ | Total Jobs/ mill \$ FD | Total/ Direct Jobs | Direct | Indirect | Total |
| | a | b | c | d=f/c | e=f-d | f=a*b |
| Hotel revenue | | | | | | |
| Operations Total | | | | | | |

(b)(4)

Producer Price Index

| | |
|---------|-------|
| June-10 | 196.0 |
| June-15 | 214.6 |

Source: Bureau of Labor Statistics series
WPUIP2310001

(b)(4)

Construction Cost Estimates

| | Amount (2015 \$) | Amount (mill 2010 \$) | NAICS | RIMS |
|------------------------------------|---------------------|-----------------------------|-------|--------|
| Hard construction cost | | | 2362 | 230000 |
| Architectural and engineering fees | | | 5413 | 541300 |
| Legal fees | | | 5411 | 541100 |
| FF&E | | | 4232 | 420000 |

Source: TV Old Town LP comprehensive business plan.

Projected Construction Impacts of the Temecula Hotel Project

| | Amount (mill 2010 \$) | RIMS II Multipliers Total Jobs/ mill \$ FD | Total/ Direct Jobs | Employment Impacts Direc t d=f/2 | Indirect e=f-d | Total f=a*b |
|------------------------------------|-----------------------------|---|--------------------------|---|-------------------|----------------|
| Formula | a | b | c | d=f/2 | e=f-d | f=a*b |
| Hard construction cost | | | | | | |
| Architectural and engineering fees | | | | | | |
| Legal fees | | | | | | |
| FF&E | | | | | | |
| Total for EB-5 (no direct impacts) | | | | | | |

According to the job calculation methods above, if is spent for hard construction cost, it will create jobs.

| | Amount in mill 2015 \$ | Amount in mill 2010 \$ | Total Jobs/mill \$ | Total/Di rect Jobs | Direct jobs | Indirect and induced jobs | Total |
|---------------------------|---------------------------|---------------------------|-----------------------|-----------------------|----------------|------------------------------|-------|
| Hard cost | | | | | | | |
| Total (no direct impacts) | | | | | | | |

(b)(4)

ATTACHMENT TO I-924A, PART 3, ITEM 3

Part 3. Information About the Regional Center *(Continued)*

The purpose of this document is to supplement the I-924A filing and provide USCIS with insight on the work that Golden Bear Regional Center has done over the past year.

Golden Bear Regional Center was designated as a regional center under the Immigrant Investor Program in an approval letter issued by USCIS on June 24, 2013. See the attached copy of the regional center's approval letter.

(b)(4)

Accessing potential projects and securing EB5 capital investment for Golden Bear Regional Center has been the primary focus of Golden Bear Regional Center's efforts in 2015. The first project that Golden Bear Regional Center is currently undertaking is a hotel project located at 41918 Fourth Street, Temecula, CA 92590. Around \$[REDACTED] EB-5 capital from [REDACTED] EB-5 investors will be raised by TV Old Town LP, a California limited partnership registered on June 12, 2015. TV Old Town LP will develop and operate the hotel. The project is projected to create a total of [REDACTED] jobs.

(b)(4)

The exemplar application for TV Old Town LP project was filed on September 29, 2015 and is pending with USCIS. Kindly note that there has been a slight adjustment to the project structure to the exemplar filing application. Instead of investing in a job creating entity, the Butterfield Hotel, LLC to conduct the job creating activities, TV Old Town LP will now take on the role to develop and operate the project itself.

Department of Homeland Security
U.S. Citizenship and Immigration Services**Form I-924A,
Supplement to Form I-924**

RCW1535253739

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Part 1. Information About Principal of the Regional Center

| | | |
|--|--|---|
| Name: Last Lau | First Linda | Middle |
| In Care Of: American Greenland Regional Center | | |
| Street Address/P.O. Box: 20682 Carrey Road | | |
| City: Walnut | State: CA | Zip Code: 91789 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): N/A | Telephone Number (include area code): (909) 802-5473 |
| Web site address: www.americangreenlandrc.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW1436352269/ID1034350088

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: American Greenland Regional Center

| | | |
|--|--|--|
| Street Address/P.O. Box: 20682 Carrey Road | | |
| City: Walnut | State: CA | Zip Code: 91789 |
| Web site Address: www.americangreenland rc.com | Fax Number (include area code): N/A | Telephone (include area code): (909) 802-5473 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



RCW1535253739

egarcia2

I924A

12/18/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

| 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: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| b. Industry Category Title: Architectural, Engineering and Related Services | | NAICS Code for the Industry Category 5 4 1 3 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Continue on Page 10 | | 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: Speciality Medical Project, LP | | Industry Category Title: NAICS 5311 Lessors of Real Estate | |
| Address (Street Number and Name): 31625 De Portola Road | City: Temecula | State: CA | Zip Code: 92592 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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:

TV Phase One, LLC

Industry Category Title:

NAICS 5311 Lessors of Real Estate

Address (Street Number and Name):

31625 De Portola Road

City:

Temecula

State:

CA

Zip Code:

92592

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name****Industry Category Title:****Address (Street Number and Name):****City:****State:****Zip Code:****EB-5 Capital Investment:****Direct and Indirect Job Creation:****Jobs Maintained:****b. Name of Commercial Enterprise:**

N/A

Industry Category Title:**Address (Street Number and Name):****City:****State:****Zip Code:****Aggregate EB-5 Capital Investment:****Aggregate Direct and Indirect Job Creation:****Aggregate Jobs Maintained:**

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐

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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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.)

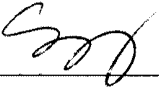
(b)(4)

| 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.

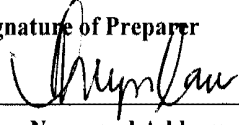
| | | |
|--|---|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Ka Lam Sy | Date (mm/dd/yyyy) 12/17/15 |
| Daytime Phone Number (Area/Country Codes) (909) 802-5473 | E-Mail Address Elainesy99@gmail.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) General Manager | | |

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 Helyn Lau | Date (mm/dd/yyyy) 12/17/15 |
| Firm Name and Address Global Law Group 909 El Centro Street, Suite 1 South Pasadena, CA 91030 | | |
| Daytime Phone Number (Area/Country Codes) (213) 830-9933 | Fax Number (Area/Country Codes) (213) 830-9930 | E-Mail Address helyn.lau@globallawgroup.net |

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 GARCIA | First Brian | Middle McCarthy |
| In Care Of: Regional Center of South Florida, LLC | | |
| Street Address/P.O. Box: 1221 Brickell Avenue, Suite 1200 | | |
| City: Miami (b)(6) | State: FL | Zip Code: 33131 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (305) 459-1199 | Telephone Number (include area code): (305) 459-1201 |
| Web site address: www.eb5solution.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

Regional Center ID: ID1031910166

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: Regional Center of South Florida, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 1221 Brickell Avenue, Suite 1200 | | |
| City: Miami | State: FL | Zip Code: 33131 |
| Web site Address: www.eb5solution.com | Fax Number (include area code): (305) 459-1199 | Telephone (include area code): (305) 459-1201 |

B. Name of Managing Company/Agency: Same as Part 3 A.

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: FL | 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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| Please see attached letter | | |

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: Please see attached letter | | NAICS Code for the Industry Category _____ |
| 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: Please see attached letter | | 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: Please see attached letter | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: Please see attached letter | | 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: Please see attached letter | | 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: Please see attached letter | | 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: Please see attached letter | | 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 |
| N/A | N/A | N/A |

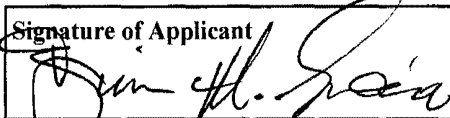
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| N/A | N/A | N/A |

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 Brian M. Garcia | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (305) 459-1201 | E-Mail Address brian.garcia@eb5solution.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Director | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

Part 1. Information About Principal of the Regional Center

| | | |
|---|------------------------------------|---|
| Name: Last Iturregui | First Carlos | Middle E |
| In Care Of: | | |
| Street Address/P.O. Box: P.O. Box 13362 | | |
| City: San Juan | (b)(6) | State: PR <input type="checkbox"/> |
| Zip Code: 00908 | | |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): 2024223842 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1331751279

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: Caribbean USA Economic Development Center, LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: P.O. Box 9167 | | |
| City: San Juan | State: PR <input type="checkbox"/> | Zip Code: 00908 |
| Web site Address: www.eb5prus.com | Fax Number (include area code): | Telephone (include area code): 7876264400 |

B. Name of Managing Company/Agency: Caribbean USA Economic Development Center, LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: P.O. Box 9167 | | |
| City: San Juan | State: PR <input type="checkbox"/> | Zip Code: 00908 |
| Web site Address: www.eb5prus.com | Fax Number (include area code): | Telephone (include area code): 7876264400 |

C. Name of Other Agent: Corporation Services Company

| | | |
|---|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: 2711 Centerville Road, Suite 400 | | |
| City: Wilmington | State: DE <input type="checkbox"/> | Zip Code: 19808 |
| Web site | 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: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|------------------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | | | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="text"/> | 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: <input type="text"/> | 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 Carlos Iturregui | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) 7876264400 | E-Mail Address cic@eb5prus.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) <i>Managing Director</i> | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|---|---|---|
| Name: Last LIAO | First FangFang | Middle |
| In Care Of: Gulf Coast Funds Management, LLC | | |
| Street Address/P.O. Box: 1600 Tysons Blvd., Suite 1150 | | |
| City: McLean (b)(6) | State: VA | Zip Code: 22102 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (571) 765-3506 | Telephone Number (include area code): (571) 765-3500 |
| Web site address: http://www.gulfcoastfunds.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910101 | | |

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: Gulf Coast Funds Management, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 1600 Tysons Blvd., Suite 1150 | | |
| City: McLean | State: VA | Zip Code: 22102 |
| Web site http://www.gulfcoastfunds.com | Fax Number (include area code): (571) 765-3506 | Telephone (include area code): (571) 765-3500 |

B. Name of Managing Company/Agency: Gulf Coast Funds Management, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 1600 Tysons Blvd., Suite 1150 | | |
| City: McLean | State: VA | Zip Code: 22102 |
| Web site http://www.gulfcoastfunds.com | Fax Number (include area code): (571) 765-3506 | Telephone (include area code): (571) 765-3500 |

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.”)

(b)(4)

| | | | |
|---|---|---|--|
| a. Industry Category Title: Automobile manufacturing | | NAICS Code for the Industry Category 3 3 6 1 1 1 | |
| 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:

(b)(4)

| | | | |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise: GreenTech Automotive, Inc. | | Industry Category Title: Automobile manufacturing | |
| Address (Street Number and Name): 1323 US Hwy 61 | City: | State: MS | Zip Code: 38676 |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-526 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

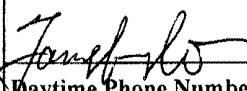
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| (b)(4) | | |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

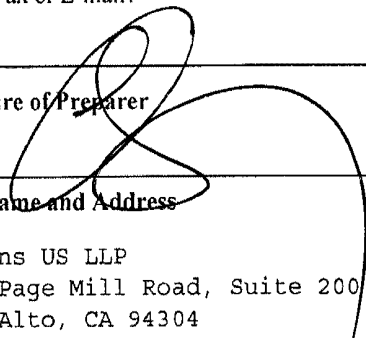
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant FangFang LIAO | Date (mm/dd/yyyy) 12/18/2015 |
| Daytime Phone Number (Area/Country Codes) (571) 765-3500 | E-Mail Address jessie.liao@gulfcoastfunds.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) General Manager | | |

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 C. Matthew Schulz | Date (mm/dd/yyyy) 12/21/2015 |
| Firm Name and Address Dentons US LLP 1530 Page Mill Road, Suite 200 Palo Alto, CA 94304 | | |
| Daytime Phone Number (Area/Country Codes) (650) 798-0361 | Fax Number (Area/Country Codes) (650) 798-0310 | E-Mail Address matthew.schulz@dentons.com |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

REC'D CSC 15DEC28 10:09

5233

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|----------------|--------|
| Name: Last Kameli | First Taher | Middle |
|----------------------|----------------|--------|

In Care Of: Chicagoland Foreign Investment Group, LLC

Street Address/P.O. Box: 111 E. Wacker Drive, Suite 555

| | | | |
|---------------|--------|-----------|-----------------|
| City: Chicago | (b)(6) | State: IL | Zip Code: 60601 |
|---------------|--------|-----------|-----------------|

| | | |
|--------------------------------|---|---|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (312) 376-2489 | Telephone Number (include area code): (312) 427-0910 |
|--------------------------------|---|---|

Web site address: www.chicagoeb5.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) RCW1034150053

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: Chicagoland Foreign Investment Group, LLC

Street Address/P.O. Box: 111 E. Wacker Drive, Suite 555

| | | |
|---|---|--|
| City: Chicago | State: IL | Zip Code: 60601 |
| Web site Address: www.chicagoeb5.com | Fax Number (include area code): (312) 376-2489 | Telephone (include area code): (312) 427-0910 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: N/A

Street Address/P.O. Box:

| | | |
|----------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1536454032

egarcia2 I924A 12/28/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|--|---|---|
| a. Industry Category Title: Nursing and Residential Care Facilities | | NAICS Code for the Industry Category 6 2 3 0 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|---|
| b. Industry Category Title: Retail Trade | | NAICS Code for the Industry Category 4 4 0 0 0 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|---|
| c. Industry Category Title: Medical Equipment and Supplies Manufacturing | | NAICS Code for the Industry Category 3 3 9 1 1 0 |
| 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: Aurora Assisted Living EB-5 Fund, LLC | | Industry Category Title: Nursing and Residential Care Facility | | | |
| Address (Street Number and Name): 111 E. Wacker Dr., Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 | | |
| 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? | | | | | |
| | | | | | |

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: Aurora Memory Care, LLC | | Industry Category Title: Nursing and Residential Care Facility | |
| Address (Street Number and Name): 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: Elgin Assisted Living EB-5 Fund, LLC | | Industry Category Title: Nursing and Residential Care Facility | |
| Address (Street Number and Name): 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: Elgin Memory Care, LLC | | Industry Category Title: Nursing and Residential Care Facility | |
| Address (Street Number and Name): 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: | |
| Wood Dale Assisted Living EB-5 Fund, LLC | | Nursing and Residential Care Facility | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 111 E. Wacker Drive, Ste. 555 | Chicago | IL | 60601 |
| 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: | |
| Wood Dale Memory Care, Inc. | | Nursing and Residential Care Facility | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 111 E. Wacker Drive, Ste. 555 | Chicago | IL | 60601 |
| 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: Wood Dale Asst. Living Exp. EB-5 Fund, LLC | | Industry Category Title: Nursing and Residential Care Facility | |
|--|--|--|--|

| | | | |
|---|-------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
|---|-------------------------|---------------------|---------------------------|

| | | |
|---|--|-----------------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|---|--|-----------------------------------|

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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

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: Wood Dale Memory Care, Inc. | | Industry Category Title: Nursing and Residential Care Facility | |
|--|--|--|--|

| | | | |
|---|-------------------------|---------------------|---------------------------|
| Address (Street Number and Name): 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
|---|-------------------------|---------------------|---------------------------|

| | | |
|---------------------------------|--|-------------------------|
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: |
|---------------------------------|--|-------------------------|

| |
|--|
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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: |
|---------------------------------|--|-------------------------|

| | | | |
|---|--|---|--|
| e. Name of Commercial Enterprise: Golden Assisted Living EB-5 Fund, LLC | | Industry Category Title: Nursing and Residential Care Facilit | |
|---|--|---|--|

| | | | |
|---|-------------------------|---------------------|---------------------------|
| Address Street Number and Name: 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
|---|-------------------------|---------------------|---------------------------|

| | | |
|---|--|-----------------------------------|
| 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

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: Golden Memory Care, Inc. | | Industry Category Title: Nursing and Residential Care Facility | |
| Address (Street Number and Name): 111 E. Wacker Drive, Ste. 555 | City: Chicago | State: IL | Zip Code: 60601 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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 |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

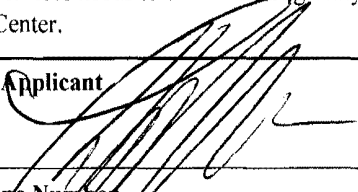
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|---|--------|---------|
| Approved | Denied | Revoked |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

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.

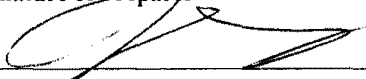
| | | |
|---|--|--------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Taher Kameli | Date (mm/dd/yyyy) 12/22/15 |
| Daytime Phone Number (Area/Country Codes) (312) 427-0910 | E-Mail Address tkameli@chicagoeb5.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal/Executive Director | | |

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 John R. Floss | Date (mm/dd/yyyy) |
| Firm Name and Address Law Office of Kameli & Associates, P.C. 111 E. Wacker Drive, Suite 555 Chicago, IL 60601 | | |
| Daytime Phone Number (Area/Country Codes) (312) 233-1000 | Fax Number (Area/Country Codes) (312) 233-1007 | E-Mail Address jfloss@kameli.com |

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 Hirson | First Geoffrey | Middle |
| In Care Of: POWERDYNE REGIONAL CENTER, LLC (NOW GLOBAL FUTURE CITY REGIONAL CENTER, LLC) | | |
| Street Address/P.O. Box: 4740 Von Karman Avenue Suite 100 | | |
| City: Newport Beach (b)(6) | State: CA | Zip Code: 92660 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (949) 861-9349 | Telephone Number (include area code): (949) 251-0620 |
| Web site address: www.powerdyne.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RWC1215250671/ID1215250671

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: POWERDYNE REGIONAL CENTER, LLC (NOW GLOBAL FUTURE CITY REGIONAL CENTER, LLC)

| | | |
|---|--|---|
| Street Address/P.O. Box: 4740 Von Karman Avenue Suite 100 | | |
| City: Newport Beach | State: CA | Zip Code: 92660 |
| Web site www.powerdyne.com Address: | Fax Number (include area code): (949) 861-9349 | Telephone (include area code): (949) 251-0620 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: CA | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (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.”)

(b)(4)

| | | |
|---|---|---|
| a. Industry Category Title: Boiler Manufacturing | | NAICS Code for the Industry Category 3 3 2 4 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|---|---|---|
| b. Industry Category Title: Electric Power Generation, Transmission and Distribution | | NAICS Code for the Industry Category 2 2 1 1 |
| 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: None | | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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) | | |

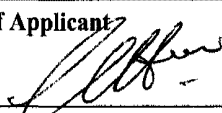
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

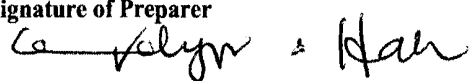
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Geoffrey Hirson | Date (mm/dd/yyyy) 12/09/2015 |
| Daytime Phone Number (Area/Country Codes) (949) 251-0620 | E-Mail Address geoff@powerdyne.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|--|--|--|
| Signature of Preparer  | Printed Name of Preparer Evelyn Hahn | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address David Hirson & Partners, LLP 1122 Bristol Street, 1st Floor Costa Mesa, CA 92626 | | |
| Daytime Phone Number (Area/Country Codes) (949) 383-5364 | Fax Number (Area/Country Codes) (949) 383-5368 | E-Mail Address evelynh@hirsonimmigration.com |

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 Spackman | First Gary | Middle M |
| In Care Of: Timothy P. Post Esq | | |
| Street Address/P.O. Box: 736 S. Center Street | | |
| City: Reno (b)(6) | State: NV | Zip Code: 89501 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (775) 322-3974 | Telephone Number (include area code): (775) 322-7980 |
| Web site address: www.REDIGEB5.com; Gary@REDIGEB5.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1232050815/ID1232050815

Part 2. Application Type (check 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: Arkansas Regional Economic Development Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 736 S. Center Street | | |
| City: Reno | State: NV | Zip Code: 89501 |
| Web site Address: www.AREDCEB5.com | Fax Number (include area code): (775) 322-3974 | Telephone (include area code): (775) 322-7980 |

B. Name of Managing Company/Agency: Regional Economic Development Investment Group, Inc

| | | |
|---|---|--|
| Street Address/P.O. Box: 736 S. Center Street | | |
| City: Reno | State: NV | Zip Code: 89501 |
| Web site Address: www.REDIGEB5.com | Fax Number (include area code): (775) 322-3974 | Telephone (include area code): (775) 322-7980 |

C. Name of Other Agent: N/A

| | | |
|------------------------------|--|---------------------------------------|
| Street Address/P.O. Box: N/A | | |
| City: N/A | State: | Zip Code: |
| Web site Address: N/A | Fax Number (include area code): N/A | Telephone (include area code): N/A |



RCW1530453406

magingner I924A 10/30/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | |
|-----------------------------------|--|---------------------------|
| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| None | None | None |

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: See Attachment Part 3, Section 2 hereafter | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: None | Aggregate Direct and Indirect Job Creation: None | Aggregate Jobs Maintained: None | |
| 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: None | Aggregate Direct and Indirect Job Creation: None | Aggregate Jobs Maintained: None | |

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: None | | Industry Category Title: None | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: | |

| | | | |
|--|---|--|------------------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code |
| EB-5 Capital Investment N/A | Direct and Indirect Job Creation N/AN/A | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: | |

| | | | |
|--|---|--|------------------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |

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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

| | | | |
|---|---|--|------------------|
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|--|------------------|
| d. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: N/A | |
| Address Street Number and Name: N/A | City: N/A | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: N/A | Aggregate Direct and Indirect Job Creation: N/A | Aggregate Jobs Maintained: N/A | |
| 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 checked="" 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |
| (2) Business Name: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): N/A | City: N/A | State: | Zip Code: |
| EB-5 Capital Investment: N/A | Direct and Indirect Job Creation: N/A | Jobs Maintained: N/A | |

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 |
| None | None | None |

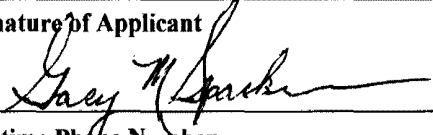
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|--|--------|---------|
| Approved | Denied | Revoked |
| None | None | None |

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Gary M. Spackman | Date (mm/dd/yyyy) 10/19/2015 |
| Daytime Phone Number (Area/Country Codes) 760-342-3297 | E-Mail Address Gary@REDIGEB5.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 Gary M. Spackman | Date (mm/dd/yyyy) 10/19/2015 |
| Firm Name and Address Regional Economic Development Investment Group, Inc. | | |
| Daytime Phone Number (Area/Country Codes) 760-342-3297 | Fax Number (Area/Country Codes) 775-322-3974 | E-Mail Address Gary@REDIGEB5.com |

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 XIA | First Richard | Middle |
| In Care Of: Fleet New York Metropolitan Regional Center | | |
| Street Address/P.O. Box: 136-20 38th Ave., Suite 10F | | |
| City: Flushing (b)(6) | State: NY | Zip Code: 11354 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 359-0803 | Telephone Number (include area code): (212) 359-0801 |
| Web site address: www.fnymrc.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1335851440/ID 1031910196

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: Fleet New York Metropolitan Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 136-20 38th Ave., Suite 10F | | |
| City: Flushing | State: NY | Zip Code: 11354 |
| Web site Address: www.fnymrc.com | Fax Number (include area code): (212) 359-0803 | Telephone (include area code): (212) 359-0801 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



RCW1600454132

egarcia2 I924A 12/29/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|--|--|--|
| a. Industry Category Title: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|---|--|--|
| b. Industry Category Title: Architecture, Engineering, and Related Services | | NAICS Code for the Industry Category 5 4 1 3 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|--|--|
| c. Industry Category Title: Continue on Page 11 & 12 | | 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: EMMCO, L.P. | | Industry Category Title: see attachment at p.13 | |
| Address (Street Number and Name): 42-31 Union Street | City: Flushing | State: NY | Zip Code: 11355 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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: Fleet Financial Group, Inc. | | Industry Category Title: see attachment at p.13 | |
| Address (Street Number and Name): 136-20 38th Ave., Suite 10F | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name N/A | | 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: EMMCO NQMC, L.P. | | Industry Category Title: 621 Medical offices | |
| Address (Street Number and Name): 42-31 Union Steet | City: Flushing | State: NY | Zip Code: 11355 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: Fleet Financial Group, Inc. | | Industry Category Title: 621 Medical offices | |
| Address (Street Number and Name): 136-20 38th Ave., Suite 10F | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: N/A | | 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: EMMCO Tower, L.P. | | Industry Category Title: 7211 Traveler Accommodation | |
| Address (Street Number and Name): 42-31 Union Street | City: Flushing | State: NY | Zip Code: 11355 |
| 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: Fleet Financial Group, Inc. | | Industry Category Title: 7211 Traveler Accommodation | |
| Address (Street Number and Name): 136-20 38th Ave., Suite 10F | City: Flushing | State: NY | Zip Code: 11354 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: N/A | | 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: EEGH, L.P. | | Industry Category Title: see attachment at p.13 | |
| Address (Street Number and Name): 112-51 Northern Blvd | City: Queens | State: NY | Zip Code: 11368 |
| 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: Eastern Emerald Group LLC | | Industry Category Title: see attachment at p.13 | |
| Address (Street Number and Name): 112-51 Northern Blvd | City: Queens | State: NY | Zip Code: 11368 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: N/A | | 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: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|-----------------------------------|--------------------------|-----------|
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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 |
| | | | |

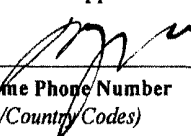
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

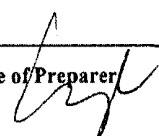
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Richard XIA | Date (mm/dd/yyyy) 12/23/2015 |
| Daytime Phone Number (Area/Country Codes) (212) 359-0801 | E-Mail Address richard.y.xia@fnymrc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Chief Executive Officer | | |

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 Linda LAU | Date (mm/dd/yyyy) 12/23/2015 |
| Firm Name and Address Global Law Group 909 El Centro Street, Suite 1 South Pasadena, California 91030 | | |
| Daytime Phone Number (Area/Country Codes) (213) 830-9933 | Fax Number (Area/Country Codes) (213) 830-9930 | E-Mail Address linda@globallawgroup.net |

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 Grassmueck (as Receiver) | First Michael | Middle A. |
| In Care Of: The Grassmueck Group | | |
| Street Address/P.O. Box: P.O. Box 230091 | | |
| City: Tigard | State: OR | Zip Code: 97281 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): (503) 294-9928 |
| Web site address: | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) ID1031910033

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: Path America KingCo, LLC

| | | |
|---|------------------------------------|--|
| Street Address/P.O. Box: PO Box 230091 | | |
| City: Tigard | State: OR | Zip Code: 97281 |
| Web site www.grassmueckgroup. Address: com (pending) | Fax Number (include area code): | Telephone (include area code): (503) 294-9928 |

B. Name of Managing Company/Agency: Path America, LLC

| | | |
|--|------------------------------------|--|
| Street Address/P.O. Box: PO BOX 230091 | | |
| City: Tigard | State: OR | Zip Code: 97281 |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (503) 294-9928 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1536554096

egarcia2 1924A 12/29/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| <div>(b)(4)</div> | | |

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: New Family Housing Construction | | NAICS Code for the Industry Category 2 3 6 1 1 6 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| <div>(b)(4)</div> | | |
| 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: Path America Tower, LP | | Industry Category Title: New Family Housing Construction | |
| Address (Street Number and Name): P.O. Box 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div>(b)(4)</div> | | | |
| 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: Potala Tower Seattle, LLC | | Industry Category Title: New Family Housing Construction | |
| Address (Street Number and Name): P.O. Box 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div>(b)(4)</div> | | | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|---|--------------------|
| b. Name of Commercial Enterprise: Path Tower Seattle LP | | Industry Category Title: New Family Housing Construction | |
| Address (Street Number and Name): P.O. BOX 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div>(b)(4)</div> | | | |
| 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 | | | |
| 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: Potala Tower Seattle, LLC | | Industry Category Title: Hotels | |
| Address (Street Number and Name): P.O. Box 230091 | City: Tigard | State: OR | Zip Code: 97281 |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |
| <div>(b)(4)</div> | | | |

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) | | |

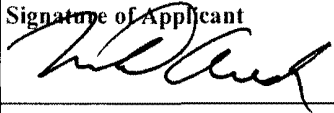
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

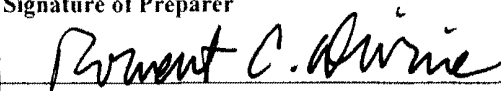
| | | |
|--|---|-------------------------------------|
| Signature of Applicant  | Printed Name of Applicant Michael A. Grassmueck | Date (mm/dd/yyyy) 12/4/15 |
| Daytime Phone Number (Area/Country Codes) (503) 294-9928 | E-Mail Address MGrassmueck@grassmueckgroup.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Receiver | | |

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 Robert C. Divine | Date (mm/dd/yyyy) 12/7/2015 |
| Firm Name and Address Baker Donelson Bearman Caldwell & Berkowitz, PC 1900 Republic Center, 633 Chestnut Street | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 Salis | First Adam | Middle Robert |
| In Care Of: | | |
| Street Address/P.O. Box: 23708 Castle Rock | | |
| City: Mission Viejo (b)(6) | State: CA | Zip Code: 92692 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (949) 350-5800 | Telephone Number (include area code): (949) 350-5800 |
| Web site address: www.futurecarerc.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1223550738 | | |

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: FutureCare Regional Center of Southern California, Inc.

| | | |
|---|--|---|
| Street Address/P.O. Box: 1439 West Chapman Avenue, Suite 15 | | |
| City: Orange | State: CA | Zip Code: 92868 |
| Web site www.futurecarerc.com Address: | Fax Number (include area code): (949) 350-5800 | Telephone (include area code): (949) 350-5800 |

B. Name of Managing Company/Agency: NAP

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Adam R. Salis

| | | |
|--|--|---|
| Street Address/P.O. Box: 23708 Castle Rock | | |
| City: Mission Viejo | State: CA | Zip Code: 92692 |
| Web site None Address: | Fax Number (include area code): (949) 350-5800 | Telephone (include area code): (949) 350-5800 |



RCW1534453567

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | | |
|---|---|---|
| a. Industry Category Title: Assisted Living Facilities for the Elderly | | NAICS Code for the Industry Category 6 2 3 3 1 2 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | | |
|--|---|---|
| b. Industry Category Title: Nursing Care Facilities | | NAICS Code for the Industry Category 6 2 3 1 1 0 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | | |
|---|---|---|
| c. Industry Category Title: Commercial and Institutional Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 |
| 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: NAP | | Industry Category Title: NAP | | | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP | | |
| 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? | | | | | |
| | | | | | |

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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| (2) Business Name NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

| | | | |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |

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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment NAP | Direct and Indirect Job Creation NAP | Jobs Maintained NAP | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

| | | | |
|---|--|-----------------------------------|------------------|
| c. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |

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: NAPO | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

| | | | |
|--|--|---------------------------------|------------------|
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|--|-----------------------------------|------------------|
| d. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |
| 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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| e. Name of Commercial Enterprise: NAP | | Industry Category Title: NAP | |
| Address Street Number and Name: NAP | City: NAP | State: CA | Zip Code: NAP |
| Aggregate EB-5 Capital Investment: NAP | Aggregate Direct and Indirect Job Creation: NAP | Aggregate Jobs Maintained: NAP | |
| 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: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |
| (2) Business Name: NAP | | Industry Category Title: NAP | |
| Address (Street Number and Name): NAP | City: NAP | State: CA | Zip Code: NAP |
| EB-5 Capital Investment: NAP | Direct and Indirect Job Creation: NAP | Jobs Maintained: NAP | |

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 Adam R. Salis | Date (mm/dd/yyyy) 12/07/2015 |
| Daytime Phone Number (Area/Country Codes) (949) 350-5800 | E-Mail Address asalis@futurecarerc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

FutureCare Regional Center of Southern California
Supplement to Form I-924A

While still relatively new, our Regional Center has taken several concrete steps to promote economic growth within our designated geographical area over the last twelve months and to otherwise meet our regulatory obligations as described in 8 C.F.R. § 204.6(m)(6).

First, we have actively marketed our services, both through our website and through our network of contacts in the healthcare industry, and have been approached by several potential sponsors during 2015, including the conversion of an existing hotel in Torrance, CA into an assisted living facility and the construction of a memory care facility in Ventura, County.

(b)(4)

Finally, an affiliate of our regional center opened escrow last December on a 3 acre site in Chino, CA (San Bernardino County) for the development of an 80 unit assisted living and memory care facility. Based on a preliminary economic report performed by Barnhart Economic Services in January, 2015, the project is expected to result in direct, indirect and induced jobs. We are currently in the process of entitling the project and expect to break ground in September, 2016, with a projected completion date of January, 2018. Based on previous experience, we expect hiring to occur during the 4th quarter of 2017.

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 Cook, Jr. | First Ollin | Middle E. |
| In Care Of: | | |
| Street Address/P.O. Box: 6404 E. Winchcomb Drive | | |
| City: Scottsdale (b)(6) | State: AZ | Zip Code: 85254 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): N/A | Telephone Number (include area code): (602) 315-3437 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1102850152 | | |

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: Liberty South Regional Center

| | | |
|---|--|--|
| Street Address/P.O. Box: 6404 E. Winchcomb Drive* | | |
| City: Scottsdale | State: AZ | Zip Code: 85254 |
| Web site Address: | Fax Number (include area code): N/A | Telephone (include area code): (602) 315-3437 |

B. Name of Managing Company/Agency: See Attached

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: DNE Capital Management, LLC (Marketing Agent)*

| | | |
|--|--|--|
| Street Address/P.O. Box: 6404 E. Winchcomb Drive | | |
| City: Scottsdale | State: AZ | Zip Code: 85254 |
| Web site N/A Address: | Fax Number N/A (include area code): | Telephone (602) 315-3437 (include area code): |

**RCW1530853414**

egarcia2 I924A 11/02/2015

REC'D USCIS NOV 2 2015

03-15-15

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: None at the time of filing | | NAICS Code for the Industry Category _____ |
| 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: None at the time of filing | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.

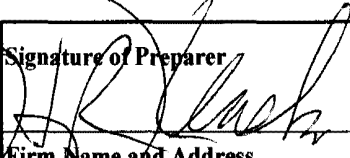
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Ollin E. Cook, Jr. | Date (mm/dd/yyyy) 10/19/2015 |
| Daytime Phone Number (Area/Country Codes) (602) 315-3437 | E-Mail Address bubbacook@msn.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 H. Ronald Klasko | Date (mm/dd/yyyy) |
| Firm Name and Address Klasko Immigration Law Partners, LLP 1601 Market Street, Suite 2600 Philadelphia, PA 19103 | | |
| Daytime Phone Number (Area/Country Codes) (215) 825-8600 | Fax Number (Area/Country Codes) (215) 825-8699 | E-Mail Address rklasko@klaskolaw.com |

Addendum to Form I-924A
Supplement to Form I-924
FY 2015
Liberty South Regional Center
RC ID 1102850152

Part 3. Information About the Regional Center

A. The current address of Liberty South Regional Center is 6404 E. Winchomb Drive, Scottsdale, AZ 85254.

Effective upon receipt of this I-924A by USCIS, the address of Liberty South Regional Center will be 500 President Clinton Avenue, Little Rock, Arkansas 72201. The regional center's phone number will be 501.975.0780. The email address for contacting the regional center will be beau.bishop@eb5gm.com.

B. Effective upon receipt of this I-924A notice by USCIS, Liberty South Regional Center will be managed by EB5 Global Management, LLC. The address of EB5 Global Management, LLC is 500 President Clinton Avenue, Little Rock, Arkansas 72201. EB5 Global Management's phone number is 501.975.0780. The email address for contacting EB5 Global Management is beau.bishop@eb5gm.com.

C. It is anticipated that DNE Capital Management, LLC will continue to serve as marketing agent for Liberty South Regional Center.

Additional Information concerning changes to Liberty South Regional Center's ownership, management and administration is provided in detail in this I-924A submission.

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 Nebraska Regional Center, LLC (Formally Liberty Nebraska Regional Center, LLC) | | |
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | (b)(6) | State: IL |
| | | Zip Code: 61201 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
| Web site address: www.cmbeb5visa.com | | |

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice)

RCW 13 122 51120 / 1312251130

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 Nebraska 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 Nebraska Regional Center, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 7819 42nd Street W. | | |
| City: Rock Island | State: IL | Zip Code: 61201 |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1534453555

egarcia2 I924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | | | |
|---|---|---|--|
| 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 Nebraska Infrast. Invest. Group 47, LP | | Industry Category Title: Construction | |
| Address (Street Number and Name): 7819 42nd Street W. | City: Rock Island | State: IL | Zip Code: 61201 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |

(b)(4)

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:

The Capitol Hotel, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

1111 North 13th St. Ste 101

City:

Omaha

State:

NE

Zip Code:

68102

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name**

The Capitol District, LLC

Industry Category Title:

Construction

Address (Street Number and Name):

1111 North 13th St. Ste 101

City:

Omaha

State:

NE

Zip Code:

68102

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 |
| | | | |

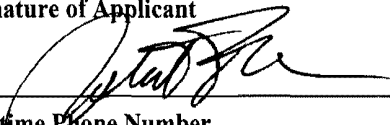
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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) 12/8/2015 |
| Daytime Phone Number (Area/Country Codes) (309) 797-1550 | E-Mail Address pat@cmb5visa.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? ☐ No ☒ Yes

| | | | |
|---|--|---------------------------------|--------------------------|
| Signature of Preparer | | Printed Name of Preparer | Date (mm/dd/yyyy) |
| Firm Name and Address | | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address | |

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

| | | |
|----------------------|--------------|--------|
| Name: Last Crider | First Rod | Middle |
|----------------------|--------------|--------|

In Care Of: Wayne Economic Development Council

Street Address/P.O. Box: 542 E. Liberty

| | | |
|---------------|-----------|-----------------|
| City: Wooster | State: OH | Zip Code: 44691 |
|---------------|-----------|-----------------|

| | | |
|-------------------------------|---|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (330) 264-2412 | Telephone Number (include area code): (330) 264-2411 |
|-------------------------------|---|---|

Web site address: www.investNORC.com

USCIS-assigned number for the Designated Regional Center (attach the
Regional Center's most recently issued approval notice) 1031910111

Part 2. Application Type (Select 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: Northeast Ohio Regional Ceneter

Street Address/P.O. Box: 542 E. Liberty St

| | | |
|---|---|--|
| City: Wooster | State: OH | Zip Code: 44691 |
| Web site Address: www.investNORC.com | Fax Number (include area code): (330) 264-2412 | Telephone (include area code): (330) 264-2411 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

| | | |
|----------------------|------------------------------------|-----------------------------------|
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



RCW1536354012

egarcia2 I924A 12/28/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in Part 2 of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| | | |
|-----------------------------------|--|---------------------------|
| 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: Agbioscience | | NAICS Code for the Industry Category 5 4 1 7 1 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div>(b)(4)</div> | | | |
| b. Industry Category Title: Energy | | NAICS Code for the Industry Category 3 3 5 9 9 9 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div>(b)(4)</div> | | | |
| c. Industry Category Title: Information Technology | | NAICS Code for the Industry Category 5 4 1 5 1 2 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.

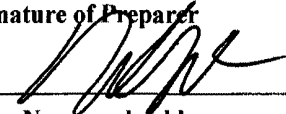
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Rod Crider | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (330) 264-2411 | E-Mail Address rcrider@waynecountyedc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) CEO | | |

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 Margo E Broehl | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address Broehl Law Office 558 N. Market St Wooster, OH 44691 | | |
| Daytime Phone Number (Area/Country Codes) (330) 264-9897 | Fax Number (Area/Country Codes) (330) 263-0406 | E-Mail Address mebroehl@broehlawoffice.com |

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 Walker | First Kyle | Middle Thomas |
| In Care Of: | | |
| Street Address/P.O. Box: 2111 E Highland Ave Suite 305 | | |
| City: Phoenix (b)(6) | State: AZ | Zip Code: 85016 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (800) 625-9168 | Telephone Number (include area code): (602) 648-2700 |
| Web site address: www.greencardfund.com | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910171 | | |

Part 2. Application Type (check 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: Green Card Fund, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 2111 E Highland Ave Suite 305 | | |
| City: Phoenix | State: AZ | Zip Code: 85016 |
| Web site Address: www.greencardfund.com | Fax Number (include area code): (800) 625-9168 | Telephone (include area code): (602) 648-2700 |

B. Name of Managing Company/Agency: Global Business Ventures, LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 2111 E Highland Ave Suite 305 | | |
| City: Phoenix | State: AZ | Zip Code: 85016 |
| Web site Address: | Fax Number (include area code): (800) 625-9168 | Telephone (include area code): (602) 648-2700 |

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): |

RCW1534553595
mppang 1924A 12/11/201

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: Elementary and Secondary Schools | | NAICS Code for the Industry Category 6 1 1 1 0 0 | |
| Aggregate EB-5 Capital Investment: See Addendum | Aggregate Direct and Indirect Job Creation: See Addendum | Aggregate Jobs Maintained: 0 | |
| b. Industry Category Title: General Medical and Surgical Hospitals | | NAICS Code for the Industry Category 6 2 2 1 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |
| c. Industry Category Title: Traveler Accommodations | | NAICS Code for the Industry Category 7 2 1 1 0 0 | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (b)(4) | | | |

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: Casa Grande Charter Schools Investment LLLP | | Industry Category Title: Elementary & Secondary Schools | |
| Address (Street Number and Name): 2111 E Highland Ave Ste 305 | City: Phoenix | State: AZ | Zip Code: 85016 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| (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:

Casa Grande Investments, LLC

Industry Category Title:

Elementary & Secondary Schools

Address (Street Number and Name):

775 W. 1200 N., Suite 100

City:

Springville

State:

UT

Zip Code:

84663

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

(2) Business Name

Industry Category Title:

Address (Street Number and Name):

City:

State:

Zip Code:

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

b. Name of Commercial Enterprise:

Green Valley Medical Investments, LLLP

Industry Category Title:

General Medical & Surgical Hospitals

Address (Street Number and Name):

2111 E Highland Ave Ste 305

City:

Phoenix

State:

AZ

Zip Code:

85016

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:

Green Valley Hospital, LLC

Industry Category Title:

General Medical & Surgical Hospitals

Address (Street Number and Name):

9237 E Via De Ventura #110

City:

Scottsdale

State:

AZ

Zip Code

85258

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: | |
| LDM, LLLP | | Traveler Accomodations | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 2111 E Highland Ave Ste 305 | Phoenix | AZ | 85016 |
| 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: | |
| Luhrs CM, LLC | | Traveler Accomodations | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| 11 West Jefferson #100 | Phoenix | AZ | 85003 |
| 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: Phoenix Hotel Investors, LLC | | Industry Category Title: Traveler Accomodations | |
| Address (Street Number and Name): 4248 N Craftsman Court #200 | City: Scottsdale | State: AZ | Zip Code: 85251 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

(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? ☐ 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: Portland Place Hotel, LLC | | Industry Category Title: Traveler Accomodations | |
| Address (Street Number and Name): 1429 N 1st Street | City: Phoenix | State: AZ | Zip Code: 85004 |
| 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: | |

| | | | |
|--|--|---|---------------------------|
| e. Name of Commercial Enterprise: EFA-ALA Anthem Charter School Holdings, LP | | Industry Category Title: Elementary and Secondary Schools | |
| Address Street Number and Name: 5493 S Acacia Creek Drive | City: Green Valley | State: AZ | Zip Code: 85622 |
| Aggregate EB-5 Capital Investment: See Addendum | Aggregate Direct and Indirect Job Creation: See Addendum | Aggregate Jobs Maintained: 0 | |
| 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: ALA Anthem Investments, LLC | | Industry Category Title: Elementary and Secondary Schools | |
| Address (Street Number and Name): 775 West 1200 North #100 | City: Springville | State: UT | Zip Code: 84663 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

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 |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

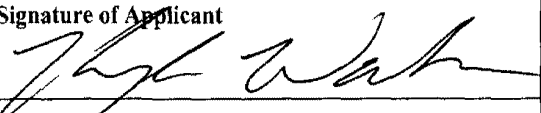
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions | | |
|---|--------|---------|
| Approved | Denied | Revoked |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |

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.

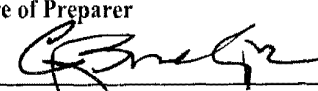
| | | |
|---|---|-------------------------------|
| Signature of Applicant  | Printed Name of Applicant Kyle Walker | Date (mm/dd/yyyy) 11/24/15 |
| Daytime Phone Number (Area/Country Codes) | E-Mail Address Kyle.walker@greencardfund.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Partner | | |

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 Christopher J. Brelje | Date (mm/dd/yyyy) 11/24/2015 |
| Firm Name and Address Law Offices of Brelje and Associates P.C. 3080 N. Litchfield Rd. Goodyear, AZ 85395 | | |
| Daytime Phone Number (Area/Country Codes) 623 536 5750 | Fax Number (Area/ Country Codes) 623 536 5755 | E-Mail Address cbrelje@breljelaw.com |

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 CANTON | First Mirta (Mikki) | Middle Padron |
| In Care Of: City of Miami, Office of International Business Development | | |
| Street Address/P.O. Box: 3500 Pan American Drive | | |
| City: Miami | (b)(6) | State: FL |
| Zip Code: 33133 | | |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 305-854-4001 | Telephone Number (include area code): 305-250-5440 |
| Web site address: http://www.ci.miami.fl.us | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1320351178 | | |

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: City of Miami Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 3500 Pan American Drive | | |
| City: Miami | State: FL | Zip Code: 33133 |
| Web site Address: None | Fax Number (include area code): 305-854-4001 | Telephone (include area code): 305-250-5440 |

B. Name of Managing Company/Agency: City of Miami, Office of International Business Development

| | | |
|--|---|--|
| Street Address/P.O. Box: 3500 Pan American Drive | | |
| City: Miami | State: NY | Zip Code: 33133 |
| Web site Address: http://www.ci.miami.fl.us | Fax Number (include area code): 305-854-4001 | Telephone (include area code): 305-250-5440 |

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): |



RCW1535753899

egarcia2 1924A 12/23/2015

5338
RCW 1535753899

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(b)(4)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

(b)(4)

| | |
|---|---|
| a. Industry Category Title: Residential Construction | NAICS Code for the Industry Category 2 3 6 1 |
|---|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | |
|--|---|
| b. Industry Category Title: Nonresidential Construction | NAICS Code for the Industry Category 2 3 6 2 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

(b)(4)

| | |
|--|---|
| c. Industry Category Title: Other Specialty Trade Contractors | NAICS Code for the Industry Category 2 3 8 9 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ 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.

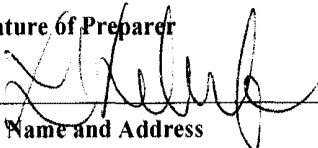
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Mirta (Mikki) CANTON | Date (mm/dd/yyyy) 12-21-2015 |
| Daytime Phone Number (Area/Country Codes) 305-250-5440 | E-Mail Address mcanton@miamigov.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Principal | | |

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 Lillian Katherine Kalmykov | Date (mm/dd/yyyy) |
| Firm Name and Address Greenberg Traurig LLP - New Jersey 500 Campus Drive, PO Box 677 Florham Park, NJ 07932-0677 | | |
| Daytime Phone Number (Area/Country Codes) (973)443-3276 | Fax Number (Area/Country Codes) | E-Mail Address kalmykovk@gtlaw.com |

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 WEISS | First KENNETH | Middle |
| In Care Of: | | |
| Street Address/P.O. Box: 8895 N. MILITARY TRAIL, SUITE 101B | | |
| City: PALM BEACH GARDENS (b)(6) | State: FL | Zip Code: 33410 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (561) 627-3218 | Telephone Number (include area code): (561) 283-0088 |
| Web site address: ww.myeb5greencard.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1206950609

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: MY FLORIDA REGIONAL CENTER LLC DBA MY EB5 GREEN CARD REGIONAL CENTER

| | | |
|---|--|---|
| Street Address/P.O. Box: 8895 N. MILITARY TRAIL, SUITE 101B | | |
| City: PALM BEACH GARDENS | State: FL | Zip Code: 33410 |
| Web site www.myeb5greencard.com Address: | Fax Number (include area code): (561) 627-3218 | Telephone (include area code): (561) 283-0088 |

B. Name of Managing Company/Agency: MY FLORIDA REGIONAL CENTER, INC

| | | |
|---|--|---|
| Street Address/P.O. Box: 8895 N. MILITARY TRAIL, SUITE 101B | | |
| City: PALM BEACH GARDENS | State: FL | Zip Code: 33140 |
| Web site Address: | Fax Number (include area code): (561) 627-3218 | Telephone (include area code): (561) 283-0088 |

C. Name of Other Agent:

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site | Fax Number (include area code): | Telephone (include area code): |



RCW1535553792

egarcia2 1924A 12/21/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| 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: NONE AT DATE OF FILING | | NAICS Code for the Industry Category _____ |
| 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: NONE AT DATE OF FILING | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

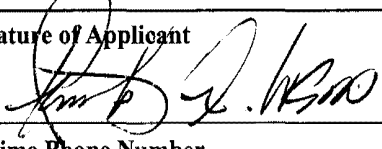
(b)(4)

| 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.

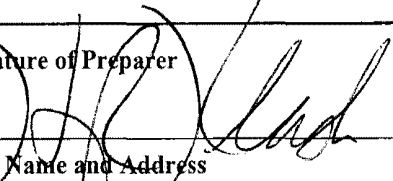
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant KENNETH WEISS | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (561) 627-7988 | E-Mail Address ken@myfloridarc.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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 H. RONALD KLASKO | Date (mm/dd/yyyy) 12/18/2015 |
| Firm Name and Address KLASKO IMMIGRATION LAW PARTNERS, LLP 1601 MARKET STREET, SUITE 2600 PHILADELPHIA, PA 19103 | | |
| Daytime Phone Number (Area/Country Codes) | Fax Number (Area/Country Codes) | E-Mail Address |

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-924A,
Supplement to Form I-924

RCW1535153723 5338

Part 1. Information About Principal of the Regional Center

| | | |
|--|---|---|
| Name: Last Lubin | First Robert | Middle |
| In Care Of: Southeast Foreign Investment Center, LLC | | |
| Street Address/P.O. Box: 620 Herndon Pkwy. - Ste. 360 | | |
| City: Herndon (b)(6) | State: VA | Zip Code: 20170 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (703) 885-0636 | Telephone Number (include area code): (703) 885-0630 |
| Web site address: www.aiifunds.com; www.southeastforeignic.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034350103

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: Southeast Foreign Investment Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 620 Herndon Pkwy. - Ste. 360 | | |
| City: Herndon | State: VA | Zip Code: 20170 |
| Web site www.aiifunds.com Address: | Fax Number (include area code): (703) 885-0636 | Telephone (include area code): (703) 885-0630 |

B. Name of Managing Company/Agency: American Investor Immigration Funds, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 620 Herndon Pkwy. - Ste. 360 | | |
| City: Herndon | State: VA | Zip Code: 20170 |
| Web site www.aiifunds.com Address: | Fax Number (include area code): (703) 885-0636 | Telephone (include area code): (703) 885-0630 |

C. Name of Other Agent:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site A . . | Fax Number (include area code): | Telephone (include area code): |



RCW1535153723

egarcia2 1924A 12/17/2015

Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| (b)(4) | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|--------|-----------------------------------|--|---------------------------|
| | | | |

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in "troubled businesses".)

| | |
|--|---|
| a. Industry Category Title: Construction of Buildings | NAICS Code for the Industry Category 2 3 6 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|--|---|
| b. Industry Category Title: Architectural, Engineering & Related Services | NAICS Code for the Industry Category 5 4 1 3 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | |

| | |
|--|---|
| c. Industry Category Title: Nursing & Residential Care Facilities | NAICS Code for the Industry Category 6 2 3 |
|--|---|

| | | |
|------------------------------------|---|----------------------------|
| 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: SWAL, LP | Industry Category Title: Construction, Nursing/Res Care Fac. |
|---|---|

| | | | |
|---|-------------------------|--------------|--------------------|
| Address (Street Number and Name): 5262 CH James Pkwy | City: Powder Springs | State: GA | Zip Code: 30127 |
|---|-------------------------|--------------|--------------------|

| | | |
|------------------------------------|---|----------------------------|
| 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

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: PS ALF Developer, LLC | | Industry Category Title: Construction, Nursing/Res Care Fac. | |
| Address (Street Number and Name): 5262 CH James Pkwy | City: Powder Springs | State: GA | Zip Code: 30127 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise: SWIL, LP | | Industry Category Title: Construction, Nursing/Res Care Fac. | |
| Address (Street Number and Name): 5262 CH James Pkwy | City: Powder Springs | State: GA | Zip Code: 30127 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="background-color: black; height: 20px; width: 100%;"></div> | | | |

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: PS Senior Living LLC | | Industry Category Title: Construction, Nursing/Res Care Fac. | |
| Address (Street Number and Name): 5262 CH James Pkwy | City: Powder Springs | State: GA | Zip Code: 30127 |
| 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: ASLD, LP | | Industry Category Title: Construction, Nursing/Res Care Fac. | |
| Address (Street Number and Name): 4840 Hanson Dr. | City: Smyrna | State: GA | Zip Code: 30082 |
| 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: Provident Grp - Canton Cove Properties LLC | | Industry Category Title: Construction, Nursing/Res Care Fac. | |
| Address (Street Number and Name): 12 Mill St. | City: Canton | State: GA | Zip Code: 30114 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|-----------------------------------|---|--------------------|
| (2) Business Name: Provident Group - Creekside Properties LLC | | Industry Category Title: Construction, Nursing/Res Care Fac. | |
| Address (Street Number and Name): 4840 Hanson Dr. | City: Smyrna | State: GA | Zip Code: 30082 |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|--|---|---|---|
| d. Name of Commercial Enterprise: AMCA, LP | | Industry Category Title: Construction, Hotels, Eat/Drink Est. | |
| Address (Street Number and Name): 736 Broad St. | City: Chattanooga | State: TN | Zip Code: 37402 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job/maintenance associated with each job creating business. | | | |
| Business Name: | | Industry Category Title: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| (2) Business Name: | | Industry Category Title: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| e. Name of Commercial Enterprise: ASGA, LP | | Industry Category Title: Construction, Real Estate | |
| Address Street Number and Name: 300 Hammett St. | City: Greenville | State: SC | Zip Code: 29609 |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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 checked="" 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) | | |

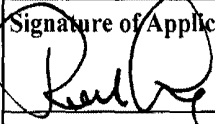
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

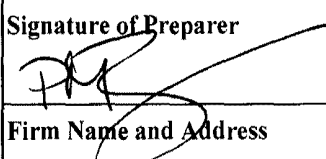
| | | |
|--|--|--|
| Signature of Applicant  | Printed Name of Applicant Robert Lubin | Date (mm/dd/yyyy) 12/16/2015 |
| Daytime Phone Number (Area/Country Codes) (703) 885-0630 | E-Mail Address rlubin@aillaw.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) 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 Paul Ruby | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address American Investor Immigration Law, PLLC PO Box 9300 Reston VA 20190 | | |
| Daytime Phone Number (Area/Country Codes) (703) 885-0637 | Fax Number (Area/Country Codes) (703) 885-0636 | E-Mail Address pruby@aillaw.com |

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 Gao | First Lucy | Middle |
| In Care Of: American Development and Investment Regional Center LLC | | |
| Street Address/P.O. Box: 3218 E Holt Ave, Suite 202 | | |
| City: West Covina (b)(6) | State: CA | Zip Code: 91791 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (626) 214-2153 | Telephone Number (include area code): (626) 214-2151 |
| Web site address: | | |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1034350086 | | |

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: American Development and Investment Regional Center, LLC

| | | |
|---|---|--|
| Street Address/P.O. Box: 3218 E Holt Ave, Suite 202 | | |
| City: West Covina | State: CA | Zip Code: 91791 |
| Web site Address: | Fax Number (include area code): (626) 214-2153 | Telephone (include area code): (626) 214-2151 |

B. Name of Managing Company/Agency:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Lucy Gao

| | | |
|---|---|--|
| Street Address/P.O. Box: 3218 E. Holt Avenue, Suite 202 | | |
| City: West Covina | State: CA | Zip Code: 91791 |
| Web site Address: | Fax Number (include area code): (626) 214-2153 | Telephone (include area code): (626) 214-2151 |



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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: Nonresidential Building Construction | | NAICS Code for the Industry Category 2 3 6 2 2 0 | |
| 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: * See addendum | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|------------------------------------|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (b)(4) | Form I-526 Petition Final Case Actions | | |
|--------|--|--------|---------|
| | Approved | Denied | Revoked |
| | | | |

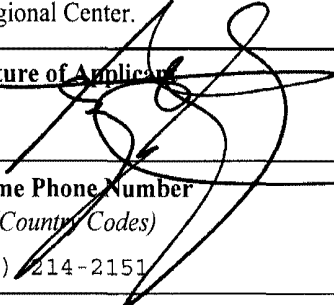
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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 Lucy Gao | Date (mm/dd/yyyy) 10/27/15 |
| Daytime Phone Number (Area/Country Codes) (626) 214-2151 | E-Mail Address oa@firstamericanrc.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 Robert C. Divine | Date (mm/dd/yyyy) 10/23/2015 |
| Firm Name and Address Baker Donelson, Bearman, Caldwell & Berkowitz, PC; 1800 Republic Centre, 633 Chestnut Street, Chattanooga, Tennessee 37450 | | |
| Daytime Phone Number (Area/Country Codes) (423) 752-4416 | Fax Number (Area/Country Codes) (423) 752-9533 | E-Mail Address rdivine@bakerdonelson.com |

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 | First | Middle |
| Liu | Charles | C. |
| In Care Of: Pacific Proton Therapy Regional Center, LLC* | | |
| Street Address/P.O. Box: 28202 Cabot Road, Suite 640 | | |
| City: Laguna Niguel | (b)(6) | State: California Zip Code: 92677 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (949) 365-0088 | Telephone Number (include area code): (949) 365-1088 |
| | | |
| Web site address: http://www.pptus.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1034350098 / ID 1034350098

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: Pacific Proton Therapy Regional Center, LLC*

| | | |
|---|--|---|
| Street Address/P.O. Box: 28202 Cabot Road, Suite 640 | | |
| City: Laguna Niguel | State: California | Zip Code: 92677 |
| Web site Address: http://www.pptus.com | Fax Number (include area code): (949) 365-0088 | Telephone (include area code): (949) 365-1088 |

B. Name of Managing Company/Agency: None (Pacific Proton Therapy Regional Center, LLC is member-managed)

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: None

| | | |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

* Please see Continuation Sheet



RCW1600554174

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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".)

| | | | |
|--------|---|---|--------------------------------------|
| (b)(4) | a. Industry Category Title: | | NAICS Code for the Industry Category |
| | Construction - Industrial Building Construction | | 2 3 6 2 1 0 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |

| | | | |
|--------|---|---|--------------------------------------|
| (b)(4) | b. Industry Category Title: | | NAICS Code for the Industry Category |
| | Manufacturing - Electromedical and Electrotherapeutic Apparatus Manufacturing | | 3 3 4 5 1 0 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| | | | |

| | | | |
|--------|---|---|--------------------------------------|
| (b)(4) | c. Industry Category Title: | | NAICS Code for the Industry Category |
| | Healthcare and Social Assistance - General Medical and Surgical Hospitals | | 6 2 2 1 1 0 |
| | 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:

| | | | | |
|--|------------------------------------|---|--|-----------|
| (b)(4) | a. Name of Commercial Enterprise: | | Industry Category Title: | |
| | Pacific Proton EB-5 Fund, LLC | | NAICS Codes 236210, 334510, and 622110 | |
| | Address (Street Number and Name): | City: | State: | Zip Code: |
| | 28202 Cabot Road, Suite 640 | Laguna Niguel | CA | 92677 |
| | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|---|-----------------------------------|--|--------------------|
| (1) Business Name: Beverly Proton Center, LLC* | | Industry Category Title: NAICS Codes 236210, 334510, and 622110 | |
| Address (Street Number and Name): 111 West Beverly Boulevard | City: Montebello | State: CA | Zip Code: 90640 |
| 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: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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 Charles C. Liu | Date (mm/dd/yyyy) 12-22-2015 |
| Daytime Phone Number (Area/Country Codes) (949) 365-0088 | E-Mail Address charliesliu@me.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 Angelo A. Paparelli | Date (mm/dd/yyyy) 12-21-2015 |
| Firm Name and Address Seyfarth Shaw LLP 333 South Hope Street, Suite 3900, Los Angeles, CA 90071-1406, USA | | |
| Daytime Phone Number (Area/Country Codes) (213) 270-9600 | Fax Number (Area/Country Codes) (213) 270-9601 | E-Mail Address apaparelli@seyfarth.com |

Please see the following page for additional preparer's signature.

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.

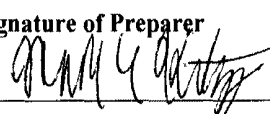
| | | |
|--|---|---|
| Signature of Applicant <small>Please see the previous page for Applicant's signature and contact information</small> | Printed Name of Applicant <small>Please see the previous page for Applicant's signature and contact information</small> | Date (mm/dd/yyyy) <small>Please see the previous page for Applicant's signature and contact information</small> |
| Daytime Phone Number (Area/Country Codes) <small>Please see the previous page for Applicant's signature and contact information</small> | E-Mail Address <small>Please see the previous page for Applicant's signature and contact information</small> | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) <small>Please see the previous page for Applicant's signature and contact information</small> | | |

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 Mark A. Katzoff | Date (mm/dd/yyyy) 12/28/2015 |
| Firm Name and Address Seyfarth Shaw LLP Seaport East - 2 Seaport Lane, Suite 300, Boston, MA 02210, USA | | |
| Daytime Phone Number (Area/Country Codes) (617) 946-4887 | Fax Number (Area/Country Codes) (617) 790-5356 | E-Mail Address mkatzoff@seyfarth.com |

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 NAGHAVI | First MORTEZA | Middle |
| In Care Of: MALIHA MIAN | | |
| Street Address/P.O. Box: 2636 South Loop West, Suite 555 | | |
| City: Houston (b)(6) | State: TX | Zip Code: 77054 |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): |
| Web site address: www.meditexeb5.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW 1136450472/RC ID 1136450472

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: Medical Investments in Texas ("MEDITEX") Regional Center

| | | |
|--|---|--|
| Street Address/P.O. Box: 2636 South Loop West, Suite 555 | | |
| City: Houston | State: TX | Zip Code: 77054 |
| Web site Address: www.meditexeb5.com | Fax Number (include area code): 7135742887 | Telephone (include area code): 7135686373 |

B. Name of Managing Company/Agency: MEDITEX Capital LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 2636 South Loop West, Suite 555 | | |
| City: Houston | State: TX | Zip Code: 77054 |
| Web site Address: www.meditexcapital.com | Fax Number (include area code): 7135742887 | Telephone (include area code): 7135686373 |

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): |



RCW1536454022

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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.”)

(b)(4)

| | | | |
|--|---|---|--|
| a. Industry Category Title: SURGICAL APPLIANCE AND SUPPLIES MANUFACTURING | | NAICS Code for the Industry Category 3 3 9 1 1 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: N/A | | Industry Category Title: N/A | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|------------------------------------|-----------|
| b. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|--|---|------------------------------------|-----------|
| c. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: <input type="checkbox"/> | 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: N/A | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="text"/> | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <p>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</p> <p>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.</p> | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: <input type="text"/> | 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: <input type="text"/> | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: N/A | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: <input type="text"/> | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <p>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</p> | | | |

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: <input type="text"/> | 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: <input type="text"/> | 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 |
| | | | |

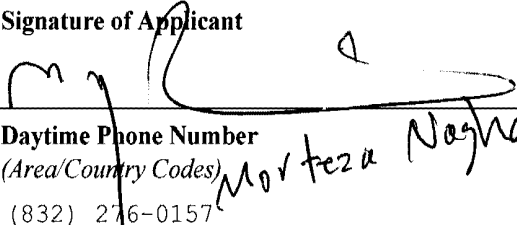
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| (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.

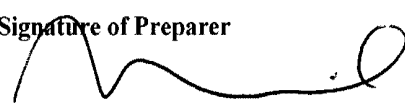
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant Dr. Morteza Naghavi | Date (mm/dd/yyyy) 12/24/2015 |
| Daytime Phone Number (Area/Country Codes) (832) 276-0157 | E-Mail Address morteza.naghavi@meditexcapiatl.com | |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President | | |

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

| | | |
|---|--|---|
| Signature of Preparer  | Printed Name of Preparer Maliha Mian | Date (mm/dd/yyyy) 12/24/2015 |
| Firm Name and Address First Name: Maliha Address: 2636 South Loop West, Suite 555, Houston, TX 77054 | | |
| Daytime Phone Number (Area/Country Codes) (832) 460-2005 | Fax Number (Area/Country Codes) (713) 574-2887 | E-Mail Address maliha.mian@meditexcapiatl.com |

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 VILLARREAL | First MACEDONIO | Middle |
|--------------------------|--------------------|--------|

In Care Of:

Street Address/P.O. Box: 9801 WESTHEIMER ROAD, SUITE 803

| | | |
|---------------|-----------|-----------------|
| City: HOUSTON | State: TX | Zip Code: 77042 |
|---------------|-----------|-----------------|

| | | |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (713) 787-1155 | Telephone Number (include area code): (713) 787-1175 |
|-----------------------------|--|--|

Web site address: WWW.LONESTARREGIONALCENTERS.COM

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910039

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: LONE STAR REGIONAL CENTER, LLC

Street Address/P.O. Box: 9801 WESTHEIMER ROAD, SUITE 803

| | | |
|---------------|-----------|-----------------|
| City: HOUSTON | State: TX | Zip Code: 77042 |
|---------------|-----------|-----------------|

| | | |
|---|--|---|
| Web site LONESTARREGIONALCENTER Address: S.COM | Fax Number (include area code): (713) 787-1196 | Telephone (include area code): (713) 929-3069 |
|---|--|---|

B. Name of Managing Company/Agency: NONE

Street Address/P.O. Box:

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

| | | |
|----------------------|---------------------------------|--------------------------------|
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |
|----------------------|---------------------------------|--------------------------------|

C. Name of Other Agent: JESUS C. RIOS III

Street Address/P.O. Box: 9801 WESTHEIMER ROAD, SUITE 803

| | | |
|---------------|-----------|-----------------|
| City: HOUSTON | State: TX | Zip Code: 77042 |
|---------------|-----------|-----------------|

| | | |
|---|--|---|
| Web site LONESTARREGIONALCENTER Address: S.COM | Fax Number (include area code): (713) 787-1196 | Telephone (include area code): (713) 787-1195 |
|---|--|---|



RCW1535253740

egarcia2 1924A 12/18/2015

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Part 3. Information About the Regional Center (Continued)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (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: NONE | NAICS Code for the Industry Category _____ |
|-------------------------------------|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

| | |
|-------------------------------------|---|
| b. Industry Category Title: NONE | NAICS Code for the Industry Category _____ |
|-------------------------------------|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

| | |
|-------------------------------------|---|
| c. Industry Category Title: NONE | NAICS Code for the Industry Category _____ |
|-------------------------------------|---|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (b)(4) | | |

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: NONE | Industry Category Title: NONE |
|---|----------------------------------|

| | | | |
|---|---------------|--------|-------------------|
| Address (Street Number and Name): NONE | City: NONE | State: | Zip Code: NONE |
|---|---------------|--------|-------------------|

| | | |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| (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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| NONE | | NONE | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| NONE | NONE | | NONE |
| 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: | |
| NONE | | NONE | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| NONE | NONE | | NONE |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| 0 | 0 | 0 | |

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: NONE | | Industry Category Title: NONE | |
| Address (Street Number and Name): NONE | City: NONE | State: | Zip Code: NONE |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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 checked="" 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: NONE | | Industry Category Title: NONE | |
| Address Street Number and Name: NONE | City: NONE | State: | Zip Code: NONE |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| 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 checked="" 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.)

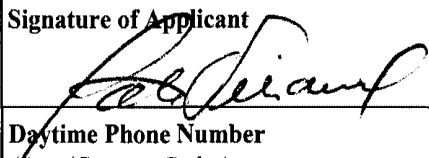
(b)(4)

| 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.

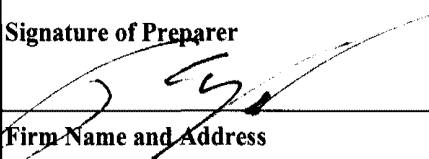
| | | |
|--|---|--|
| Signature of Applicant  | Printed Name of Applicant MACEDONIO VILLARREAL | Date (mm/dd/yyyy) 12/15/2015 |
| Daytime Phone Number (Area/Country Codes) (713) 787-1175 | E-Mail Address MASSEY@LONESTARREGIONALCENTERS.COM | |
| Relationship to the Regional Center Entity (Managing Member, 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 JESUS C. RIOS III | Date (mm/dd/yyyy) 12/15/2015 |
| Firm Name and Address LONE STAR REGIONAL CENTERS, 9801 WESTHEIMER RD, STE 803, HOUSTON, TX 77042 | | |
| Daytime Phone Number (Area/Country Codes) (713) 787-1195 | Fax Number (Area/Country Codes) (713) 787-1196 | E-Mail Address JESUS.RIOS@LONESTARREGIONALCENTERS.COM |

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 Wagner & Robbins | First Jeff & David | Middle M |
| In Care Of: Southwest Kansas Regional Center | | |
| Street Address/P.O. Box: 9905 East Fifth Port Drive | | |
| City: Garden City | (b)(6) | State: KS Zip Code: 67846 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (620) 276-9201 | Telephone Number (include area code): (620) 276-9200 |
| Web site address: http://www.TekVet.com | | |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1221250717

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: Southwest Kansas Regional Center LLC

| | | |
|--|---|--|
| Street Address/P.O. Box: 9905 East Fifth Port Drive | | |
| City: Garden City | State: KS | Zip Code: 67846 |
| Web site http://www.TekVet.com Address: | Fax Number (include area code): (620) 276-9201 | Telephone (include area code): (620) 276-9200 |

B. Name of Managing Company/Agency: N/A

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: | | |
| City: | State: | Zip Code: |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

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): |



RCW1534453560

maging 1924A 12/10/2015

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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: N/A | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| b. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| c. Industry Category Title: | | NAICS Code for the Industry Category _____ | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

| | | | |
|---|---|----------------------------|-----------|
| a. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| | | | |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| | | | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|---|---|----------------------------|-----------|
| b. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code |
| EB-5 Capital Investment | Direct and Indirect Job Creation | Jobs Maintained | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|------------------------------------|---|----------------------------|-----------|
| c. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

Part 3. Information About the Regional Center (Continued)

| | | | |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. | | | |
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| e. Name of Commercial Enterprise: | | Industry Category Title: | |
| Address Street Number and Name: | City: | State: | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: | |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

| | | | |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |
| (2) Business Name: | | Industry Category Title: | |
| Address (Street Number and Name): | City: | State: | Zip Code: |
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: | |

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

(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.)

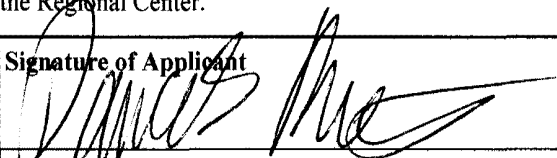
(b)(4)

| 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 David Robbins | Date (mm/dd/yyyy) 11/05/2015 |
| Daytime Phone Number (Area/Country Codes) (620) 276-9200 | E-Mail Address drobbins@tekvet.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 | |