

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

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

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

Action Block



Fee Receipt



RCW1500852427

egarcia2 1924 01/08/2015

G-28 attached

Attorney's State License No.

146597 / 208665

Part 1. Information About Principal of the Regional Center

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

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

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy): <input type="text"/>	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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Web site address: www.cmbeb5visa.com

Part 2. Application Type (Check one)

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

Part 3. Information About the Regional Center

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

A. Name of Regional Center: CMB North Dakota Regional Center, LLC

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

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



Part 3. Information About the Regional Center (Continued)

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

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

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

C. Name of Other Agent:

Street Address/P.O. Box:

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

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

CMB North Dakota Regional Center, LLC ("CMB North Dakota") will be operated by the same principals, management team, and highly experienced staff that operate the CMB Export LLC, CMB Summit LLC, CMB Texas Regional Center, LLC, CMB Pennsylvania Regional Center, LLC, CMB Southeast Regional Center, LLC and CMB Illinois Regional Center, LLC (collectively, the "CMB Regional Centers"). The CMB Regional Centers have operated collectively for more than 17 years and have raised over \$1.5 billion in capital from over 3,000 EB-5 investors. CMB's senior management consists of the following individuals:

President: Patrick F. Hogan ("Mr. Hogan")
Senior VP, Worldwide: Kraig A. Schwigen
VP of Company Operations: Pam Ellis
VP of Project Development: Ryan Butler
VP Asia Market: Ky Boyle



Part 3. Information About the Regional Center (Continued)

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

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

CMB North Dakota Regional Center is a limited liability company, ownership of which is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member.

b. Date the Regional Center was established(mm/dd/yyyy): 07/25/2014

c. Organization Structure for the Regional Center:

- 1. Agency of a U.S. State or Territory (identify) _____
- 2. Corporation
- 3. Partnership (including Limited Partnership)
- 4. Limited Liability Company (LLC)
- 5. Other (Explain) _____

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

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

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

CMB North Dakota Regional Center, LLC intends to include the entire state of North Dakota within its geographic scope as a regional center (please see attached map).

4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

The CMB Regional Centers have been operating collectively for over 17 years. Throughout this period, Mr. Hogan has overseen the Regional Centers' successful compliance with all monitoring and reporting requirements with USCIS, and will continue to follow compliance procedures for CMB North Dakota Regional Center, LLC. CMB Export LLC is among a very small group of regional centers with investors that have obtained I-829 approvals, based in part on evidence of job creation. To ensure that job creation is carefully tracked, CMB Export includes reporting requirements in loan agreements with the third-party borrower receiving EB-5 capital. CMB Export and outside experts track the spending activities of each borrowing entity and the resulting job creation from the capital expenditures, which is later provided to each investor for his/her I-829 petition.



Part 3. Information About the Regional Center (Continued)

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

Please refer to attached Addendum and Operational Plan regarding promotional activities.

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

CMB North Dakota Regional Center, LLC will conduct due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to attached Addendum and Operational Plan for additional details.

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

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



Part 3. Information About the Regional Center (Continued)

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

Each organized offering will be structured as a limited partnership with CMB North Dakota serving as a General Partner or Co-General Partner. The General Partner will hold 20% interest in the limited partnership, and EB-5 investors will collectively own the remaining 80% of the enterprise.

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

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) _____

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

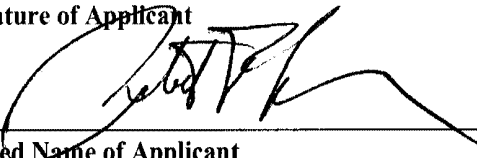
- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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

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

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

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

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

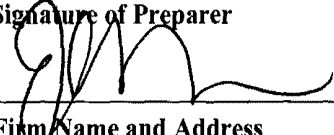


Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

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

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

No Yes

Signature of Preparer 		Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy) 12/10/2014
Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017			
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address lincoln@sggimmigration.com/elsie@sggimmigration.com	

